Improving Physical health monitoring for psychotropic medication in Forensic Intellectual Disability inpatients.
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1.) **Background:**
Psychotropic medication (medication that affects a person’s mental state) can have impacts on physical health. Monitoring guidelines exist to prevent and reduce physical health complications of psychotropic medication. People with Intellectual Disability (ID) have a higher rate of existing comorbid physical health problems, as well as increased risk of side effects from medication. So monitoring of psychotropic medication is essential in the ID population to prevent discontinuation, physical health co-morbidities, and impacting mental health.

2.) **Our Aims & objectives:**
To simplify the process of physical health monitoring, and to make it understandable for staff and patients.

3.) **Method:**
Discussion group to identify the problems in the process, using cause and effect (fishbone diagram). Then taking a PDSA approach, to identify problems, implement a solution, and possible changes for further cycles.

4.) **Personal learning:**
Recurring theme throughout Intellectual Disability Psychiatry
Previous project to standardise letters written to GPs, included standardising physical health monitoring wasn’t successful, therefore interested in what area of the process we could target to improve monitoring.

5.) **Area to tackle – distil the policy document**

6.) **What change could manage this problem?**
Create individual tables for each drug from the policy document
- tables go into care plans, reviewed monthly and identify monitoring required
- monitoring discussed during Care Program Approach (meeting) (CPA), clarifying responsibilities

7.) **Discussion:**
- Review of care plans shows 100% (4/4) of Dr Dolman’s patients have specific physical health monitoring care plans.
- reflected in notes and discussed at CPA.
- care plans reviewed monthly
- clarity of what needs to be done, when and why.

8.) **Active listening to gather staff and patient feedback:**

Staff feedback:
- “clear process”
- “simple tables”
- “easy to care plan”

Patient feedback:
- “I’m only having the tests I really need”
- “I know why I’m having tests”

9.) **Conclusion:**
Setting out & distilling the policy documents into easy to use tables allows for improved understanding and transfer into care plans.
- staff (& patients) aware of what needs to be done and when
- avoids duplication of tests & is incorporated into other mandatory health monitoring
- co-morbidity from prescribed medication can be identified and addressed.

Overall:
- improved the process of physical health monitoring
- the collaborative approach has ensured it’s appropriate for all staff
- kept patient safety and health at the forefront

10.) **Lessons learnt:**
- Patient engagement is vital, and is enhanced by staff engagement
- Sometimes the simplest solution is the best! It can be very easy to overthink a problem, and miss that the simple solution has yet to be tried.
- Policy documents are very useful tools, but can feel overwhelming. To ensure they can be used as intended, can mean the need to repackage information in a more accessible way.
- Personally, I found this a very useful project. Physical health monitoring is often an area of difficulty in Intellectual Disability Psychiatry, and is so vital. This project gave me a different way to think about the problems associated with it, and to tackle this, so that it becomes something where the whole MDT is taking ownership of it.