Clinical Audit of Psychiatric Discharge Summaries Complying with STOMP (Stopping Over Medication Of People With a Learning Disability and Autism) from Learning Disability Services

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Aims: Long-term administration of psychotropic medications can be associated with significant side effects and physical health problems. There is evidence that people with intellectual disability have overall poorer health than their non-disabled peers. Psychotropic medication prescribed must be reviewed regularly to avoid routine continuation. NICE Challenging behaviour and learning disabilities [NG11] recommends medication should be initiated by a specialist and they should record:

The rationale for medication and the likely length of treatment.

A written strategy for reviewing and stopping the medication that must be shared with non-specialist colleagues.

The Learning disability teams within Tees, Esk and Wear Valleys NHS Trust already have a STOMP pathway and Primary care liaison nurses. The audit aims to identify a good practice with promoting STOMP in psychiatric discharge letters to primary care.

Methods: The audit looked at psychiatric discharges from 4 adult learning disability teams between October 2022 to October 2023 using a standard audit tool informing above standards by NICE (NG11). The data was collected by 2 authors using an Excel sheet and analysed by the lead author.

Results: A total of 110 of the 153 patients were prescribed psychotropics and hence included in this audit. We found 81 patients were prescribed medication for other mental health diagnoses highlighting good practice with reduced use in challenging behaviour. 102 patients (92.7%) had a documented rationale for prescribing which identifies good practice. However, only 44 (40%) and 32 (29%) patients had a strategy for review of medication and timescale for stopping medication documented. This area of concern highlighted the importance to develop recommendations to change practice.

Conclusion: Overall, the audit revealed poorer score in relation to documenting a strategy to review and stop psychotropic medication. The recommendations identified include increasing awareness of STOMP, promoting involvement of STOMP team in review of medications, and amending our standard psychiatric discharge templates to include prompts for timescale to stop or review medication. We also plan to review the STOMP pathway to incorporate guidance for general practitioners for when to seek specialist advice.

We hope our recommendations will improve standards regarding STOMP and patient care. We will re-audit in 6 months' time to record the progress with above recommendations.

Use of Rapid Tranquillisation in Acute Inpatient Wards at Lanchester Road Hospital, Durham – Tees, Esk and Wear Valleys NHS Foundation Trust

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Aims: To assess the current practice of rapid tranquillisation (RT) in acute inpatient psychiatric wards and compare this to trusts' protocols.

To evaluate the adherence to NICE guidelines in the use of RT.

To provide recommendations for improving safety and adherence to local protocols in RT practices.

Methods: A retrospective audit of medical records from 2 acute inpatient wards during a three-month period in 2024.

Sample: We had a total of 237 administrations of RT, divided in between 16 patients. This total sample was then randomized, and we selected 99 RT administrations for data collection.

Data Collection: Review of patient records from a 3-month period (July–September 2024). We requested RT administration data from the trusts' pharmacy team.

Key Indicators: We selected 18 key indicators which broadly belong to the following categories: Incident details, documentation, RT medication, patient characteristics and legal status.

Analysis: Descriptive and comparative analysis to identify trends, areas of non-compliance, and potential areas of improvement.

Results: Our data showed that in most cases (92%) there was a clear rationale recorded for using RT.

The majority of patients were under a section of the MHA (97%).

There was a record of oral medication offered prior to administration of RT in 68%.

Choice of RT medication was in line with the local TEWV RT guidelines in 75% of the cases. Lorazepam was the drug of choice in most of the cases.

In 80% of the cases, there was not adequate recording of post-RT observations, however we noted that in 57% of these cases there was a recorded refusal to have physical observations taken.

Conclusion: The audit revealed that while the use of rapid tranquillisation in acute inpatient wards is mostly in line with local protocols and NICE guidelines, however there are areas for improvement, particularly in documentation, post-RT monitoring, and adherence to RT protocols in terms of debriefing.

Recommendations for practice improvements include:

Ensure adherence to protocols to have consistent post-RT monitoring.

Regular audits to improve adherence to clinical guidelines.

By addressing these areas, we can improve patient safety, clinical outcomes, and staff confidence in the use of rapid tranquillisation in acute settings.