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Introduction Older patients with frailty are vulnerable to hospitalisation and transitional care due to limited intrinsic resources to overcome stressors. Thus, specialized interdisciplinary and cross-sectoral approaches are needed to provide high-quality care. Despite well-documented interventions, healthcare systems still struggle to fulfill patients’ needs. To address deficiencies, a national clinical database is being established to monitor variation in care.

The Danish Clinical Quality Program is co-designing the database with clinicians and relatives using evidence-based indicator monitoring and Plan-Do-Study-Act circles. Comprehensive Geriatric Assessment (CGA) designates domains-of-interest to ensure patient-centered outcomes. The database will be implemented nation-wide.

Methods At first, steering committee was established comprising physicians, nurses, dietitian, physio-, and occupational therapists from both primary and secondary sector. The patient’s perspective was represented by a relative and a representative from the DaneAge Association. Through four full-day meetings, the definition of an older patient with frailty was specified along with indicator domains using Comprehensive Geriatric Assessments framework and patient-journey mapping. For each domain evidence-based and obtainable indicators were specified. The indicator set will be finalized in consensus meetings with focus on level-of-evidence and use-of-resources. Implementation will be preceded by public consultation.

Results The population was pragmatically defined as patients ≥80 years, acutely admitted to a hospital and assessed to have a Clinical Frailty Scale (CFS) score ≥5 two weeks prior admission. Following domains were identified as process-indicators: 1) CFS screening, 2) Delirium screening, 3) Mobilization, 4) Do-not-resuscitate evaluation, 5) Nutrition plan, and 6) Activities-of-Daily-Living. Further, 7) Medication review and 8) Basic needs indicators are being developed.

To monitor the effect of the process indicators, result indicators included all-cause mortality and acute readmission within 7 or 30 days.

Despite concurrent views on domains, underlying areas of interest important to relatives were not possible to incorporate by the existing data sources e.g. experience of care provided.

A national Danish database covering older patients with frailty will be implemented in all Danish hospitals in 2024, to improve quality-of-care. When well-established, the database will expand to include patients aged 65-79 years and primary care contacts to monitor during the entire patient-pathway. To better accommodate the relative’s perspective on quality-of-care, future attention is to gather qualitative data in structured format. Besides improving quality of care, the database has a huge research potential with baseline data and information on continuity of acute care for all older patients with frailty.

REFERENCES


13 WEEKLY MEDICAL ROUNDS IN PSYCHIATRIC WARDS IMPROVE IDENTIFICATION AND TREATMENT OF PHYSICAL ILLNESS IN A COHORT OF PATIENTS WITH SEVERE MENTAL ILLNESS

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Introduction Excess morbidity and mortality due to poor physical health is well described among people with severe mental illness. Interventions targeting this matter are sparse.

We describe an intervention, Liaison somatic, that improves the identification, diagnostics, and treatment of physical illness among patients with severe mental illnesses during admission in psychiatry. The intervention was a liaison service co-designed with patients and consisted of weekly medical ward rounds at adult psychiatric wards.

A significant mortality gap persists between people with and without mental illness. Poor physical health contributes significantly to the excess mortality.

Different models of shared or integrated care models between mental health services and primary care settings have been tested, however, providing evidence of a feasible and effective method has been difficult.

Solid evaluation and evidence of a hospital-based model for integrated care between psychiatric and non-psychiatric services has been called for.

The aim of this initiative was to investigate the effect of weekly medical ward rounds in psychiatric wards on the identification and treatment of physical illnesses.

Methods A cohort study describing the outcomes of weekly medical ward rounds (‘Liaison Somatic’) at Aalborg University Hospital Psychiatry in a subgroup of patients admitted with schizophrenia or bipolar disorder from November 2016 - June 2020.
The intervention was co-designed with patients and was implemented stepwise in our organisation inspired by the PDSA (Plan-Do-Study-Act)-methodology from August 2017.

Outcomes were defined as the utility of selected clinical services and selected clinical interventions. We assessed the effect of the intervention using Statistical Process Control (SPC).

Results During the study period, 917 unique patients were admitted with a main diagnosis of schizophrenia or bipolar disease. Of these, 193 patients were consulted by the medical team. Each patient received from one to twenty-four consultations within the study period.

When considering SPC-charts, the use of chest x-rays, echocardiography’s, urgent cancer referrals, and drug administration for diabetes and hypertension increased. In contrast, immediate transfer to non-psychiatric wards, visits to non-psychiatric out-patient clinics, and drug administration of lung inhalers, cholesterol-lowering medication, and antibiotics did not show the presence of special cause variation.

Identifying and treating physical co-morbidity during admission to a psychiatric ward using weekly medical ward rounds may be a valuable method to improve physical health in patients with mental illness.

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