Improving equity in urine drug screening in an general adult female psychiatric ward

Onabanjo, F.
North East London NHS Foundation Trust, Barking Havering & Redbridge University Hospitals

Rationale:

Comorbid drug induced psychiatric disease composes a significant proportion of inpatient presentation in a north east London general adult female psychiatric ward. Concerns had been frequently raised by staff about the frequency of urine drug screening of patients on admission

Aim:

A ward based QI project was implemented to align with the trust Risk Assessment Schedule to double the number of patients undergoing urine drug screening (UDS)within 7 days of admission from 25%-50% over a 4 week interval.

To increase the frequency of documentation of UDS refusals from 0-90% over a 4 week interval

Method

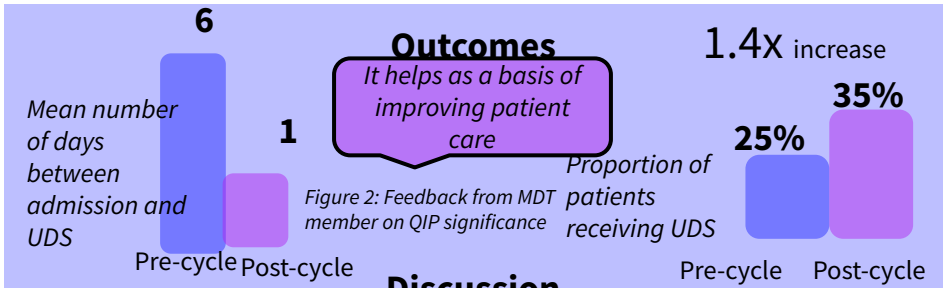
Phase 1: Stakeholder mapping and interview and baseline audit of UDS rates

Phase 2: Ward-based Data driven tutorial on UDS

Phase 3: Universal ward urinalysis triple assessment policy implemented

Phase 4: Infographic of Risk Assessment schedule designed and disseminated in ward

Outcomes



Discussion

- Baseline data suggested that UDS were conducted solely on black and minority ethnic (BME) patients despite white british patients with documented history of polysubstance misuse
- QI implementation closed gap completely
- Stakeholder engagement particularly sponsorship from ward matron was key driver in change
- MDT feedback heavily suggests keenness to continue cycles including focus on nurse digital literacy on centralised technology
- Further cycles should increase tutorials of bias in clinical decision making and implication on patient risk and prognosis