Letters to the editor

More work is needed on structured admission pro formas

We read the recent article by Smallwood *et al* with interest.[1] We agree that clerking pro formas can increase the completeness of initial information gathering, but we are concerned that they do not always reflect the needs of the elderly population who form the majority of unplanned medical admissions.[2]

We recently contacted all English trusts delivering acute general medicine to survey their clerking documents for features particularly pertinent to older people. We received replies from 53 trusts using a pro forma. Table 1 shows the results.

Encouragingly, most documents included a cognitive assessment, perhaps driven by the recent dementia Commissioning for Quality and Innovation (CQUIN) national goals. However, we found it astonishing that despite its

widespread availability, four documents reproduced the 10 question abbreviated mental test (AMT) incorrectly, with one document containing three inaccuracies. Only 38% of documents included a tool for assessing for delirium, despite delirium being present on admission in up to 29% of older patients.[3]

No single pro forma can be universally suitable, as they should reflect local service models and availability of facilities. However, there is room for improvement in many of the documents currently in use. ∎

References

1 Smallwood N, Russell J, Forbes-Pyman R, Coates A. Do medical admission pro formas improve the completeness of documentation? A multisite observational study. *Future Healthcare Journal* 2018;5:121

2 Cornwell J, Levenson R, Sonola L, Poteliakhoff E. *Continuity of care for older hospital patients.* The Kings Fund, 2012.

3 Korevaar JC, van Munster BC, de Rooij SE. Risk factors for delirium in acutely admitted elderly patients: A prospective cohort study. *BMC Geriatr* 2005;5:6.

ROSIE BELCHER
Consultant in geriatric medicine,
Imperial College NHS Healthcare Trust, London, UK

LISA NOLAN
Specialty registrar in palliative medicine,
Imperial College Healthcare NHS Trust, London

Table 1. Rates of prompts for features particularly pertinent to the care of older people

	Prompt or tool	Number (%) of documents N=53
Social circumstances	Type of accommodation	35 (66.1)
	Cohabitees	29 (54.7)
	Usual mobility	31 (58.5)
	Services received	33 (62.3)
	Usual ADL function	22 (41.5)
Common problems in older people	Falls	14 (26.4)
	Incontinence	19 (35.8)
	Cognitive impairment	14 (26.4)
	Hearing impairment	11 (20.8)
	Visual impairment	13 (24.5)
Ceilings of care	CPR	30 (56.6)
	Other, eg level 2 or 3 care	24 (45.2)
Cognition	Any form of assessment (eg AMT, 6CIT)	51 (96.2)
	Delirium assessment tool	20 (37.7)

ADL = activities of daily living; AMT = abbreviated mental test; CPR = cardiopulmonary resuscitation

Good Signal? Bad Signal?

With technology developing faster than the health services can keep pace with, outsourcing of digital communications services such as DrDoctor patient appointment system, used in Guy's St Thomas, have already shown a 17.2% improvement in patient appointment attendance, simply by adapting to the way in which people communicate today.[1] Now, a greater number of medical professionals are turning to solutions that can provide them with a greater level of convenience and security, for communication between each other.

Apps such as the Facebook-owned WhatsApp have become ubiquitous to our everyday lives and are already being used on a regular basis in an informal manner by some in clinical practice. However, there are a number of other contenders in the ring determined to take the crown and topple the longstanding king (the dreaded bleep). Now, since the Information Governance Alliance (IGA) has drafted new guidelines on the use of instant messaging,[2] and new rumblings are emerging from top healthcare ministers in the government, we may see a rise in the available options.

A recent article in Digital Health (**www.digitalhealth.net**) stated that 'Jeremy Hunt backs call for Whatsapp-style messaging app for NHS staff', following a recent report by Alan Mak, conservative MP, called *Powerful Patients, Paperless Systems* which seeks