United States as a 'therapy dog.' A 'patient questionnaire' (PQ) and a 'staff questionnaire' (SQ) assessed the acceptability and self-rated benefits of the intervention.

Result. All patients (100%) rated highly on the enjoyment, anxiety, calmness, and comfort domains during the dog therapy, and expressed willingness to receive further sessions in the future. The SQ measured staff perceptions of patients' engagement, enjoyment, comfort and emotional response to the therapy. 100% of staff rated highly on all questions and thought the interventions had recovery value. Engagement was one key factor noted in the feedback. There were no reported adverse reactions to the intervention.

Conclusion. Our preliminary results showed high acceptability and perceived value for Animal assisted therapy in a psychiatric rehabilitation setting. Given the impact of social isolation and need for connectedness, we recommend access to pet therapy where possible to be integrated into individual recovery programmes.

A quality improvement project on timely completion of bloods and ECGs on a tier 4 child and adolescent inpatient unit

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doi: 10.1192/bjo.2021.579

Aims. Physical health monitoring is paramount to optimal care for psychiatric patients. Blood tests and ECGs are invaluable tests throughout a patient's care. At baseline, they aid investigation of potential organic causes of psychiatric presentations and provide organ and electrolyte status before starting medication. Common psychotropic medications carry physical health risks: bloods and ECGs aid in monitoring potential side effects of prescribed medication.

In this local Tier 4 inpatient unit, anecdotal observation revealed completion of these basic investigations was noted to be suboptimal.

This project aimed to improve timely completion of baseline (within 72 hours of admission) and monitoring (within one week of due date) bloods and ECGS.

Method. This project was completed within a 12-bed child and adolescent inpatient unit. Using Plan Do Study Act (PDSA) methodology, the multidisciplinary team collated driver diagrams to identify potential areas for intervention. Following baseline analysis, colleague communication was considered key. Consequently, a chart for bloods and ECG completion was created.

Each monthly PDSA cycle included the following consecutive interventions:

PDSA cycle 1: chart implementation
PDSA cycle 2: chart simplification and font size increase
PDSA cycle 3: allocated change in team leader for this cycle
PDSA cycle 4: Blood request pocket in office
PDSA cycle 5: chart simplification through removal of dates
PDSA cycle 6: ECG pocket
PDSA cycle 7: box on handover list

Result. Monthly investigations and admission numbers are unpredictable and inconsistent in this cohort: relevant case numbers per PDSA ranged from zero to ten. The results were presented as percentages to allow for direct comparison between cycles.

Baseline and results of each consecutive PDSA cycle described above were as follows (N/A represents a cycle where no investigations were required):

Admission bloods were completed within 72 hours in 50%, 100%, 50%, 80%, N/A, 100%, 100%, 100%

Admission ECG was completed within 72 hours in 30%, 66%, 50%, 70%, N/A, 100%, 100%, 100%

Monitoring bloods were completed within one week of due date in 25%, 33%, 0%, 80%, 100%, 100%, 100%, 100%

Monitoring ECG was completed within one week of due date in 0%, 0%, N/A, 66%, 100%, 66%, N/A 100%

Conclusion. Through close multidisciplinary collaboration and chart implementation, completion of bloods and ECGs improved. Low patient numbers per PDSA cycle resulted in large changes in percentage results, limiting the significance of these findings. Wider implementation of the chart within local Trust inpatient wards is considered.

Redesigning community care for safer staff and patient experiences: quality improvement project to improve safety and reduce incidents of violence and aggression in a community mental health team

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doi: 10.1192/bjo.2021.580

Aims. Violent or aggressive incidents can be relatively common in community settings, and perhaps more difficult to manage than at inpatient wards due to the relative isolation and peripatetic delivery model, which can put staff at higher risk during incidents. Carshalton and Wallington Recovery Support team was identified as an outlier in the Trust and was invited to partake in a Safety Collaborative across South London Partnership.

Stakeholders agreed on the aim of reducing incidents by 20% over 1 year by the end of 2020.

Method. Data about incidents were analysed and staff surveys conducted to evaluate violent events. Patient discharge was highlighted as a particular time of increased aggression. Involvement of patients and carers through patient focus groups and co-production was essential to elicit areas of improvement. These included staff confidence and awareness of existing guidelines. Additional secondary drivers were communication with patients, care pathway development, discharge process and multidisciplinary approach, which each had associated change ideas.

The team identified change ideas that have been tested over one year using the Quality Improvement methodology of small-scale testing and PDSA. Example ideas tested include multidisciplinary Risk meetings, Safety huddle tool, Staff Safety training, co-produced Welcome and Discharge Packs with informed care pathways.

Result. There has been a 30% reduction in incidents by December 2020 across a total of 280 patients. Surveys have shown an increase in staff confidence and safety protocol awareness from 40% to 70% by October 2020. 100% of patients in focus groups found the Welcome and Discharge Packs helpful.

Conclusion. A structured improvement approach focused on staff safety and minimisation of known and potential contributing factors can lead to a reduction in incidents. Safety huddles and risk meetings allow a formal multidisciplinary approach to management of violence and aggression. Staff feel more reassured about safety policies in the trust, with better communication between senior management