Method. An audit of patients MDT medical notes on 38 admitted to Angelton clinic was carrired out in March. It was documented if the patient had a clear DNAR or Escalation plan that was easily accessible in the front of the notes. The guidelines compared to were the GMC recommendations that patients 12 months of should have a discussion about risks and benefits associated with Cardiopulmonary Resuscitation. If the patient lacks capacity a best interest decision should be made with nearest relatives. Discussions should also be had with patients and family in in regards to and transfer to a medical ward.

Upon completion of the initial PDSA cycle, views were sought from the wider MDT a new escalation of care proforma was designed. This was implemented by education and communication with members of the medical team. This was to be clearly placed in the notes, with the DNAR form if that was appropriate.
Result. All inpatient notes were audited at Angelton Clinic in March 2020. It was found that only 18% of patients had Escalation of Care plans in comparison to 84% of notes which had DNAR forms. Previous escalation of care forms were not being utilised appropriately.

Upon implementation of the Escalation of Care proforma, a re-audit of the audit cyle was completed. In July 2020 it was found that 78% of notes had completed Escalation of Care forms with 83% had completed DNAR forms.
Conclusion. To enable ongoing sustained improvement, the unit Nurse Practitioner will champion its completion. The audit findings have been shared with the newly rotated junior doctors and proformas were made available on all inpatient wards.

You have to acknowledge the problem before you can address the problem: Audit looking at identification of co-existing substance misuse in a Liaison Psychiatry patient population

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Aims. To evaluate if patients referred to Ealing Liaison Psychiatry Service (ELPS) with co-existing substance use are being appropriately identified as per NICE guidelines.

Patients with co-existing substance misuse have greater morbidity and mortality and it is therefore important to identify these patients to optimise their management. NICE recommends that all patients are asked about their substance use.

Anecdotally, our team felt we were doing a good job of identifying and managing such patients but we had no objective evidence of this.
Method. Completed a retrospective audit looking at a sample of patients referred to ELPS over two weeks in December 2019.

A training session for ELPS was then held to highlight the initial audit results and NICE guideline recommendations.

We then repeated the audit over two weeks in March 2020.
Result. Initial audit (100 patients):

Only 69% of patients asked about substance use. From those asked, 50-65.2% were using a substance, most commonly alcohol.

None of the patients over the age of 80 were asked about substance use vs 79.5% of patients aged 20–40 years.

55% of females vs 81% of males were asked about illicit substances.

33.3% of ward referrals vs 74.2% of Emergency Department referrals asked about substance use

Re-audit (53 patients):

Significant improvement across all areas

93% now asked about substance use

60% of over 80s, 96% of females and 85% of ward referrals were now being correctly asked about substance use
Conclusion. We were surprised to find that we were initially not meeting NICE standards regarding asking patients about their substance use.

Acknowledging this problem during our training session proved to be effective.

This knowledge will help us develop our care pathways with our Acute colleagues and the Drug and Alcohol Liaison Service.

Antipsychotic prescribing in dementia

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Aims. The majority of people with dementia will develop one or more behavioural or psychological symptoms of dementia (BPSD) as the illness progresses. Treating these symptoms in diverse residential environments is a challenge, with frequent prescribing of antipsychotic medications. The risks and limited benefits of antipsychotic use in this context are well recognised, prompting national guidelines in Ireland to improve prescribing patterns.

1) Assess the frequency and appropriateness of prescribing of antipsychotic medication in older adults with BPSD referred to Psychiatry of Old Age service in the West of Ireland (Sligo) by comparing with best practice guidelines.

2) Address identified deficits via quality improvement initiatives within department.
Method. Audit standards were set using draft National Clinical Guidelines and NICE guidelines for prescribing in dementia to develop a study specific audit tool.

Items assessed included: the frequency of review of antipsychotic use, whether or not non-pharmacological methods were trialled, if there was an assessment of benefit of the antipsychotic and discussion or risks, if a reduction/discontinuation of antipsychotic was considered, if metabolic monitoring was achieved.

Clinical records for all patients actively under the care of the clinical team with a diagnosis of BPSD were assessed using this tool at the time of the study.
Result. 49 patients with BPSD were attending the service in this time period. 58% (n = 29) of the entire cohort were prescribed an antipsychotic, most commonly quetiapine. Patients cared for at home showed the lowest levels of antipsychotic use at 50% (n = 18), while those who were in nursing home (80%, n = 8) and hospital care (100%, n = 3) showed higher rates, though this sample size was too small to demonstrate statistical significance, $\chi^2 = 5.12$ $p = 0.077$.

Exploration of non pharmacological management of BPSD, documentation of discussion of risks of AP medication (metabolic, cardiovascular, falls, sedation, extrapyramidal), attempt at dose reduction or antipsychotic withdrawal were all achieved in less than 45% of cases (range 33–45%).
Conclusion. This audit revealed higher than expected rates of antipsychotic prescribing in our BPSD cohort. It also revealed suboptimal documentation around the use of antipsychotics in this population during clinical interactions.