

Quality improvement by introduction of 72-hour admission pathway in Forest House Adolescent Unit (FHAU) for young people in crisis

Sadaf Mufti* and Linda Zirinsky

HPFT

*Corresponding author.

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Aims. Short admissions for crisis management among young people suffering with Emotionally Unstable Personality Disorder (EUPD) as recommended in National Institute for Health and Care Excellence (NICE) 2009 guidelines are not routinely offered in the United Kingdom (UK). Our aim was to introduce crisis admissions lasting for 72 hours. During this brief admission the families of young people presenting with suicidal behaviour are offered an assessment and diagnosis of young person's difficulties, psychoeducation, and safety plan for future risky behaviour, in addition to respite.

Background. Three-day Crisis admission was set up with the aim of reducing inappropriate long admissions in people who may have more negative effects from admission than positive ones. A need was felt for a brief admission pathway in order to be able to provide treatment for patients suffering from EUPD traits in keeping with NICE guidelines. NICE guidelines suggest that people with borderline personality disorder should be considered for acute psychiatric inpatient admission only for the management of crises involving significant risk to self or others that cannot be managed by other services. The guidelines also recommend ensuring that the decision is based on an explicit and joint understanding of the potential benefits and likely harm that may result from admission and agreeing to the length and purpose of the admission in advance.

Method. A retrospective study comparing length of hospital stay in the 2018 (when this model was introduced) with previous years, the number of serious incidents was carried out to assess the impact of this new admission model. The rate of readmissions in the same year was also assessed. For qualitative feedback regarding the effectiveness of the crisis admission as an intervention, a survey was carried out to assess parent satisfaction and the nursing staff was asked for their views.

Result. There was a marked reduction in the number of serious incidents linked to suicide and length of hospital stay was reduced to half in the year when the crisis admissions were introduced as compared to the previous year. Only about 10-15% of patients required re-admission in the same year. About 90% of parents gave a positive feedback confirming the effectiveness of this intervention.

Conclusion. 72-hour crisis admissions for adolescents are effective, appropriate, clinically indicated alternative to routine admissions with a high parent satisfaction.

Bridging the gap: improving liaison psychiatry documentation quality to meet the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) treat as one recommendations at newcastle hospitals

David Ou^{1*}, Sara Ibrahim¹, Sahar Basirat² and Sarah Brown²

¹The Newcastle upon Tyne Hospitals NHS Foundation Trust and

²Cumbria, Northumberland, Tyne And Wear NHS Foundation Trust

*Corresponding author.

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Aims. This project aimed to assess and improve the quality and frequency of documentation from Psychiatric Liaison Team

(PLT) to ward-based medical colleagues against the Treat as One recommendations. From experience, we hypothesised that written documentation of information crucial to patient care is not consistently meeting standards. This communication breakdown directly affects patient safety, potentially introducing additional risks to our already vulnerable patient group.

Effective communication between PLT and our medical colleagues bridges the gap in providing continuity of care and ensures patients' mental and physical health needs are met in acute trusts. The NCEPOD found that there remains many barriers to high quality mental healthcare provided to patients in general hospitals and recommended 7 elements that PLT documentations should encompass.

Method. We audited initial PLT assessments and the resulting documentation to determine if these met the 7 standards set by NCEPOD. Baseline audit undertaken from 21-27/09/2020 encompassing 130 patient referrals to PLT.

A period of time was allotted to implement robust changes to improve the service. This included a streamlined e-template that automatically populates in the acute hospital eRecord system which prompts clinicians to document according to the NCEPOD standards, structured clinician training and education, and the nomination of "Treat as One Guardians" in the team to ensure that acute trust documentations are present during daily multidisciplinary meetings.

The cycle was then completed on 22-28/02/2021 with a re-audit capturing 55 referrals.

Result. Implementation of our recommended changes saw an increase from 58% of documentations with $\geq 50\%$ NCEPOD elements to 98% in the re-audit.

We also saw an increase in number of the NCEPOD 7 elements included following intervention: formulation (0% to 8%), legal status and capacity (47% to 79%), risk assessment (2% to 28%), risk management (18% to 53%), and discharge plan (2% to 29%).

Completion rate of acute trust documentation increased from 74% to 96%.

Our interventions also led to more contemporaneous communication, significantly reducing mean time from assessment to documentation in both acute trust and mental health records from 6.02 to 3.53 hours, ($p = 0.04$) and 6.12 to 3.50 hours, ($p = 0.05$) respectively.

Conclusion. Following our interventions, the results showed improving trends in the frequency and quality of our documentation with secondary outcomes showing increased documenting efficiency. Our current practice is not yet optimal and retains potential to adversely affect our patients. We propose further investigating barriers to change using the quality improvement PDSA (Plan, Do, Study, Act) methodology to continue innovating.

Remote psychotropic medication advice for general practitioners: a quality improvement project

Emily Rackley* and Rosemary King

Gloucestershire Health and Care NHS Foundation Trust

*Corresponding author.

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Aims. Our first aim was to first find out how confident general practitioners were about referring in to the Gloucester Recovery Team and managing psychotropic medications. Our second aim was to then improve general practitioner's self-rated scores of confidence in managing psychotropic medication

whilst also improving general practitioner's satisfaction with waiting times for patient's referred to the Gloucester Recovery Team.

Method. We planned to introduce an email address for GPs to use to seek medication and diagnostic advice for patients known to and not known to the Recovery Team. We initially introduced this for the 'Team 2' catchment area consisting of five practices within Gloucester. These were then read and replied to by the Team 2 consultant, Dr Ikram, as appropriate. A further survey was then sent out. These results provided both quantitative ordinal data through a likert scale, which was then transformed into binomial data, such as those scoring 'extremely confident' 'very confident' 'somewhat confident' vs 'not so confident' and 'not confident at all' which is then compared using relative risk.

Result. Our response rate for our initial survey was 8 general practitioners, and for our follow-up survey 1 general practitioner and 2 nurse prescribers. Confidence in continuing psychotropic medications increased from 7 out of the 8 (78%) stating somewhat confident to extremely confident to 3 out of the 3 (100%) after the introduction of the email; a relative change of 1.14 (95% confidence interval 0.87-1.48 $p = 0.318$). Confidence in initiating psychotropic medications increased from 4 out of the 8 (50%) stating somewhat confident to extremely confident to 2 out of the 3 (66%) after the introduction of the email; a relative change of 1.33 (95% confidence interval 0.46-3.84 $p = 0.594$).

Conclusion. Analysing the qualitative data showed the email address was used for a variety of requests and advice including: 1) A capacity assessment, 2) Initiating medications for depression and anxiety, 3) Medications during pregnancy, 4) Medication for those with Intellectual Disability, 5) Switching medication, 6) Medications for poor sleep and 7) Mood stabilising medication.

This change appeared to be well received, however the response rate was very low which makes full analysis difficult. We also included nurse practitioners working in primary mental health in our second survey, whereas the initial survey was only sent to GPs. This initiative was also only started for 5 of the GP practices within Gloucester, and there may be a different knowledge base/confidence amongst the other practices.

An audit into the monitoring of off-label antipsychotics in primary care

Damir Rafi^{1*}, Javier Ferreiro-Pisos¹, John Millwood Hargrave² and Cristina Losada Pérez³

¹South London and Maudsley NHS Foundation Trust; ²Guys and St Thomas' NHS Foundation Trust and ³grupo doctor oliveros

*Corresponding author.

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Aims. To ascertain whether patients prescribed second generation antipsychotics for off-label indications are being monitored and screened adequately for physical health side-effects.

Background. The prevalence of off-label antipsychotic use has increased significantly over recent decades. Common off-licence uses include dementia, post-traumatic stress disorder, adjunctive treatment for unipolar depression and personality disorders. Recent studies have demonstrated that up to 65% of antipsychotic prescriptions are now off-label. Since the metabolic side-effects of second-generation antipsychotics are well-established, guidelines have emphasised the need for active, routine physical health screening of all individuals taking these drugs. However, there have been few studies or reviews which have specifically

investigated screening rates of individuals receiving antipsychotic medications for off-licence indications.

Method. An audit of patients taking second-generation antipsychotics for off-label indications, under the caseload of Neighbourhoods 1, 3 and 4 of Lewisham Assessment & Liaison team, was conducted. After isolating individual patients fulfilling inclusion criteria, patient investigation documents were requested from relevant GP practices. 40 patients were isolated in total, and data were successfully collected in 60% ($n = 24$). Data were collected via a proforma. This consisted of patient information, indications for antipsychotic use, and each variable to be monitored. The audit standard used was the recommendations of the 12th Maudsley guidelines. Data were then entered into SPSS and analysed.

Result. The most common reasons for off-label antipsychotic prescribing were Emotionally Unstable Personality disorder (42%, $n = 10$) and depression (29%, $n = 7$). Findings demonstrated that 54% ($n = 13$) of patients audited had 'basic' blood screening (FBC, U&E, LFTs), however glucose (38%, $n = 9$), Prolactin (13%, $n = 3$), and Creatine Kinase (0%, $n = 0$), and monitoring was less frequent. 0% ($n = 0$) were completely monitored as per audit standard.

Conclusion. Primary care monitoring of off-label antipsychotics is unsatisfactory, with no patients having a complete set of investigations. Reasons for this are unclear at this stage, however based on initial discussion with GP surgeries, may be due to lack of education regarding screening investigations, patients lost between primary and secondary care services, and a lack of clarity regarding responsibility and designated roles. This audit will be expanded to also include patients from Neighbourhood 2 of the Lewisham Assessment & Liaison team. A more detailed investigation will be conducted into the barriers to physical health screening, such that a targeted intervention can be implanted.

Nile Ward PICU violence reduction quality improvement project

Mehtab Rahman*, Claudia Taylor, Roda Abdullahi, Anthony Okwuokei, Matthew Waugh, Mahomed Kaji and Biganani Magadla

Central & North West London NHS Foundation Trust

*Corresponding author.

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Aims. To reduce incidents of inpatient violence and aggression at Nile Ward Psychiatric Intensive Care Unit (PICU), St Charles Hospital by at least 30% between December 2019 and December 2020. Reducing inpatient violence is a major quality improvement (QI) priority for CNWL NHS Foundation Trust.

Method. As a Psychiatric Intensive Care Unit, Nile Ward looks after male patients suffering from severe mental illness (SMI). This usually includes patients presenting with high levels of violent and aggressive behaviour. Prior to this QI project, there were high levels of patient assaults towards staff and other patients. This required a lot of medication use, including rapid tranquilisation, restraint and the use of seclusion. This QI project was started to allow the Nile MDT to explore ways to reduce serious incidents on the ward in the least restrictive manner.

We implemented a number of change ideas within this project. Our change ideas included: 1. A new risk management tool: 'Ragging', a daily risk assessment tool, was created to assess patients' risk of violence and aggression to allow signposting of appropriate interventions to safely manage risk. 2. A brand new Staff Photo board: New photos of all permanent and bank staff displayed in the ward with no hierarchy of positions. 3. A new Patient Feedback board: Patient experience, comments and