

The incorporation of guidelines into routine practice such as proformas or the pathway itself contributes to good compliance. This may be due to these standards being auditable as well as acting as prompts for staff members or even requirements for patients to proceed in the pathway.

This was also a reminder that clinical judgment may differ from guidelines; this may not necessarily be an indicator of poor practice but may result from pragmatic decision making for individual patients.

The findings were presented at a consultant meeting, the result of which was that the guidelines will be reviewed with likely inclusion of blood pressure monitoring. This is an illustration of the role of audits and quality improvement in improving standards of care.

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Mental Health Triage Form Use in Emergency Department Clerking – Audit at Royal Cornwall Hospital

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Aims. The aim of this audit is to assess use of the Mental Health Triage Form (MHTF) at the Royal Cornwall Hospital Emergency Department (ED), during June 2021 and to determine whether MHTF use increases rates of psychiatric-specific information being documented by ED staff. Patient attendances to Accident and Emergency (A&E) departments in the UK during 2020-21 decreased by 30.3% in comparison to 2019-20. However, attendances to A&E at the Royal Cornwall Hospital (RCH) in June 2021 increased by 51.2% compared to June 2020. Psychiatric patients accounted for 2% of attendances to A&E at RCH in June 2021. The Royal College of Emergency Medicine (RCEM) have recommended use of a mental health proforma document in line with recommendations from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) document ‘Treat as One’. Based on these guidelines, the Psychiatric Liaison department at RCH have produced a local Mental Health Triage Form (MHTF) to be used in A&E when assessing and clerking psychiatric patients.

Methods. This was a retrospective audit of clinical records of 125 mental health cases attending the Accident & Emergency Department (A&E) at Royal Cornwall Hospital during June 2021, which were referred to Psychiatric Liaison.

NHS numbers were identified for each referral made during the study period. Each referral’s A&E clerking documents were reviewed on an online patient records system. Information was recorded on whether each question in the Mental Health Triage Form had been answered with or without use of the form.

Results. The Mental Health Triage Form (MHTF) was used in 44 out of 125 patients (35%). 15 patients (12%) had missing Accident & Emergency Department documentation on online records. Where the MHTF was used, there was an 25% average increase in information recorded. Over half of the questions on the MHTF were answered more when the form was used versus when it was not used.

Questions relating to the patients ‘Triage Code’, which are used to determine the level of observation, urgency of referral, and

appropriate place of assessment, had the highest rates of improvement using the form.

Conclusion. Overall use of the Mental Health Triage Form during June 2021 reduced to 35% in comparison to 46% use during June 2020. This implied that patients attending the Accident & Emergency Department at the Royal Cornwall Hospital with psychiatric presentations were not being assessed fully. This may be due to various reasons such as staff unfamiliarity with the triage form and increasing pressure on Emergency Department services.

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Audit on the Adherence to Guidelines for the Management of Alcohol Withdrawal Syndrome in a General Hospital

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Aims. Problematic drinking of alcohol is a common problem in the United Kingdom. As alcohol is a central nervous system (CNS) suppressant, when a chronic user abruptly stops drinking alcohol, the alcohol-mediated CNS inhibition is withdrawn and the glutamate-mediated CNS excitation is left unchecked leading to a total excitation of the CNS. This results in alcohol withdrawal syndrome (AWS). The aim of this audit was to assess the compliance to the health board’s policy for management of AWS available in the intranet as NU16 which was developed based on the NICE guidelines, across the wards in the General hospital. We aimed to assess compliance concerning four aspects:

1. Initial clinical and laboratory assessment
2. Prescribing for alcohol detoxification (benzodiazepines and vitamins)
3. Scoring of and adherence to CIWA-Ar
4. Specialist advice during the admission

Methods. We requested for the case records of patients admitted to the Wrexham Maelor Hospital during May 2022 with problematic alcohol consumption. We have received 56 case notes from the medical records department among which, 50 fulfilled the inclusion criteria. A case report form was prepared based on the NU16 and anonymized data were collected.

Results. Average age of the participants was 56 years ranging from 21 to 95. There were 29 males and 21 females. Mean days in the hospital was 3.25(+0.88). Only 4% of the records had complete documentation of drinking history, 84% had documentation of physical examination, and 20% had the documentation of signs of Wernicke’s encephalopathy. CIWA-Ar was applied in 44% with correct scoring only in 24%. Compliance to laboratory investigations varied from 16% for gamma glutamyl transferase (GGT) to 84% for full blood count. Benzodiazepines were prescribed for 38%, oral thiamine was prescribed for 58%, 42% had two pairs of intravenous pabrinex three times a day and 6% had received 1 pair once a day. Benzodiazepine regimen was completed in 75% and alcohol liaison opinion was obtained only in 16%

Conclusion. We could find that there were omissions in multiple areas of adherence to the guidelines in all the four domains. Alcohol

liaison team is conducting special training programs for the management of AWS for all the clinical staff in the general hospital with the aim that compliance should improve in the near future.

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Introduction of a Standardised Admissions Template Improves Adherence to Physical Health Assessment Standards on Admission to an Inpatient Psychiatry Unit

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Aims. The risk of omitting an admission Electrocardiogram (ECG) in psychiatric inpatients can be high - patients may be more likely to have comorbid disease or require antipsychotic medication. Lack of an ECG represents inadequate physical health assessment, and may impact on morbidity and mortality from physical illness – impairing the ability to safely treat psychiatric illness, for example with antipsychotic medications. This audit aimed to establish achievement of admission ECG within 24hours, and to improve this if possible.

Methods. Two doctors gathered data retrospectively using written and electronic admission records for 41 psychiatric admissions in a one week period in September 2019.

Following the first audit cycle demonstrating low levels of policy adherence, an admission proforma containing prompts and requiring a signature of the admitting doctor was introduced. Data collection was repeated on 16 admissions during September 2020 using an identical process.

Results. The intervention led to an increase in ECGs performed within 24hours (65% to 83% in 18-65 year olds, 52% to 60% in over 65 year olds), whilst documentation of delayed ECGs being justified and reattempted also improved (28% to 100% in 18-65 year olds, and 50% to 100% in over 65 year olds).

The proforma was utilised in 75% of audited general adult admissions, and 66% of audited older adult admissions. **Conclusion.** This admission unit was failing to meet expected standards of physical health assessment, which could result in harm. Reasons for this varied, but were attributed to inconsistent admission processes resulting in junior staff being unaware of the requirement, or miscommunication between staff. Handover of outstanding tasks occurred, but was not taken ownership of.

Data collection was unfortunately impaired by reduced patient numbers secondary to COVID-19 admission processes – particularly in the older adult ward. As such some of the results in those over 65 years are positive, but may be spurious. It would be useful to repeat the audit once admission levels return to normal.

The unified assessment document provided a framework for inclusion of all relevant elements and reminders for the admitting doctor. It required formal responsibility to be taken by the admitting doctor to ensure completion. Qualitative feedback demonstrated that it improved the quality and ease of admission documentation, and enabled thorough assessments which were useful when planning patient care and discharge letters.

This audit demonstrated that use of an assessment proforma results in improved adherence to physical healthcare policies, and contribute towards improved patient care.

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Audit of DNA & Disengagement of Patients in West Essex Community MH Teams

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Aims. Non-attendances (DNAs) and cancellations are a very costly waste of resource within the NHS and so it is important to have a focused plan of action to proactively manage them. The Trust recognises that people may choose not to attend appointments, or discontinue contact with the services we provide for them. There will be occasions where a person's non-attendance is an indicator that :

- they may be at risk to themselves or others through deterioration in their mental health, or other issues preventing them from attending.
- Therefore, any failure of planned contact should be regarded as a potentially serious matter and should lead to an assessment of potential risk. Hence we aimed this study to see if trust policy of DNA and disengagement is being followed.

Methods. Data were collected for 51 patients who missed their scheduled appointment between February and August 2021, using a pre-designed questionnaire tool.

Results. Out of the 51 patients, 37 of them Did not attend the initial assessment whereas 14 of them did not attend follow-up appointments.

18 patients had the diagnosis of depression, 9 of them had anxiety as the diagnosis and 8 had the diagnosis of personality disorder. Please see figure above for distribution of Mental Health diagnosis.

98.1% patients were notified adequately and for all the patients, letter was sent to the patient and the GP.

In 50.9% cases Risk Assessment was completed (although 37 patient did not attend, they were already known to our services). In 25% of cases, risk assessment was updated.

Review of the Contingency plan was done in case of 26 patients.

Out of the 51 patients, family was contacted for only 3 patients. Remaining 48 patients other known contacts were contacted in 4 cases.

Out of the remaining 44 patients, 3 patients were referred for home visits or AHMP.

Out of the remaining 41 patients, police/welfare check was done for 4 of them.

The remaining 31 patients were discharged from the services after they did not respond to our multiple correspondences including phone calls and letters.

Conclusion. Though trust policy is being followed to a good extent in regards to adequately notifying and contacting service user, offer another appointment and informing GP, we are failing to adhere to trust policy in regards to updating risk assessments, review crisis plans or doing welfare checks.