Results. This project improved the collection of outcome data in the department from 0% to 98.16%, indicating an improvement of outcomes measurement by >98%. Other outcomes collected showed that patients were predominantly 21–30 years of age and referred to community mental health teams when discharged. The IRAC tool showed most patients were referred for assessment and diagnosis, with the majority of these aims marked as 'fully achieved'. The CGI-I tool showed most patients were 'much improved' upon discharge.
Conclusion. The collection of these outcomes led to the creation of an outcomes measure form on the primary electronic software system (Carenotes) utilized by the department and local trust. This electronic form is now currently being used by the Liaison Psychiatry department at UCLH for their patients and makes this improvement sustainable while providing an easier means to continue collecting data. Ultimately, the collection of these outcomes will guide future changes and improvements for both the liaison psychiatry department and its patients.

Communication Skills in Group Psychoeducation

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Aims. To Improve the mental health of psychiatric inpatients and caregivers. To improve communication skills of postgraduate trainees.
Methods. Setting; Consented, monitoring and observation of communication skills during weekly, inpatient Psychoeducation sessions at Department of Psychiatry and Behavioural Sciences, JPMC, Karachi.

Data collection; Retrospective, communication skill records of postgraduate trainees from last 10 sessions from July 2019 to October, 2020. Based on a 13-items self-made questionnaire for communication skill. The overall communication skills of each postgraduate trainee were recorded from excellent, very good, good, improvement needed and lots of improvement needed category based on their performance.
Results. Current practice showed that communication skills of 70% of postgraduate trainees were recorded as very good communication skill, 30% into excellent while none was noticed in another category.
Re-audit. : It was started soon after implementation of action plan from November, 2019 to January, 2020, with monitoring of weekly inpatient psychoeducation sessions similarly as done previously. The result of reaudit concluded significant improvement in individual and overall communication skill which were recorded as very good 50% and excellent 50% and none had other poorer categories of communications Skills.
Conclusion. Individual feedbacks to doctors immediately after the psychotherapy session according to the audit tool questionnaire to improve current communication skills.

Improving the Referral Process Between Acute Wards and the Psychiatry Department at Tameside General Hospital

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Aims. The project aims to address the barriers faced by the acute hospital and the psychiatry department in the referral process for a psychiatric opinion, at Tameside General Hospital (TGH). The Care Quality Commission (CQC) undertook a review of how people's mental health needs were met in acute hospitals in 2017 and concluded that there were barriers to this, for multifactorial reasons. Examples included: acute hospital staff not feeling adequately prepared to treat mental health conditions and lack of mental health care services 24/7. The current referral process at TGH for the acute hospital doctors requesting a psychiatric opinion presents a challenge for the referring doctor and psychiatry doctor in receipt of the referral. Many at the acute hospital have found the process of referral unclear, and many in the psychiatric department have found that referrals seldom contain sufficient information to determine whether a psychiatric review is required and whether it needs to be prioritised.
Methods. To understand the specific difficulties encountered during the referral process, two questionnaires were created. One for TGH acute trust doctors and one for the psychiatry doctors, asking what the perceived barriers were and how these could be overcome. Data were collected between September and October 2021.
Results. We obtained results from 17 acute trust doctors. The results revealed that most referring doctors found the referral process unclear. 100% agreed that they would benefit from guidance with the referral process e.g., a psychiatry specific referral form and/or a flow chart outlining the referral process. All responders wanted guidance around the roles and responsibilities of the psychiatric team in relation to the hospital setting.

We obtained results from 7 psychiatry doctors. Most were not satisfied with the referrals received. 100% would like to see a specific psychiatry referral form implemented in the acute hospital.
Conclusion. Key findings were: the referral process is unclear, acute trust doctors don't feel well enough equipped to manage mental health concerns, referrals don't contain sufficient patient information, and that the acute trust doctors don't know where to ask for help. The project reflected earlier CQC findings.

After discussion with the acute trust, our action plan includes creating a psychiatry-specific referral form, to be distributed together with a flow chart which directs acute trust doctors to the appropriate source for psychiatric opinions. We also aim to join departmental and junior doctor teachings regularly to distribute and educate on the process.

Urine Testing in a Local Drug and Alcohol Service: How Has the COVID-19 Pandemic Affected the Frequency of Urine Testing in Patients With Opiate Addiction?

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Aims. When a dependant opiate user seeks help from a substance misuse service, it is vital that some form of drug testing is conducted. This is commonly a urine test and will show the patient's

drug use over recent days and is used as a basis to guide treatment. All patients should have a urine sample collected and tested on the same day as their initial appointment, however, we hypothesised that the switch to remote consultations would have reduced the number of urine tests conducted post-pandemic.

Methods. All the patients initially assessed by the substance misuse services for treatment of opiate addiction within the Sheffield Health and Social Care NHS Foundation Trust between 01/03/19 (1 year prior to the pandemic) and 01/03/21 (one year after the pandemic).

The resultant sample contained 1403 patients: 739 patients were referred to Sheffield substance misuse services prior to the start of the COVID-19 pandemic; 664 patients were referred to Sheffield substance misuse services during or after the start of the COVID-19 pandemic.

An algorithm was developed to allow interrogation of the electronic notes to record whether or not urine samples were taken and recorded in the relevant section of the patient's electronic record. This information was then transferred to an Excel spreadsheet.

Results. The proportion of patients who had a urine test on the same day as their initial appointment was significantly higher in the year prior to the pandemic (79.0%) than the subsequent year (35.8%).

Conclusion. 36% of the sample in the year subsequent to the pandemic had a urine test the day after their initial assessment, rather than on the same day. This delay in urine analysis can be attributed to the large number of initial appointments being conducted via telephone during the COVID-19 pandemic. This led to a delay in getting patients into clinic to give a urine sample. However, the remaining 64% of patients had no sample recorded in their notes in the appropriate proforma. Suggestions for improvement are to include a session on urinalysis as part of the weekly CPD to drive an improvement in this score back to pre-pandemic levels.

Improving Continuity of Care of Patients Transferred Between Medical and Psychiatry Wards During the COVID-19 Pandemic and the Increasing Demands on Core Trainees to Manage Medical CoMorbidity

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Aims. An existing transfer document at FVRH recognised that patients presenting to one specialty may require transfer to another depending on the changing needs of that patient. This document was not often used prior to the COVID-19 pandemic however demands for medical beds resulting in prompt return of patients to psychiatry highlighted the need to adhere to a safe transfer process. Unlike many psychiatry units where physically unwell patients are taken to ED, the MHU for Forth Valley is attached to the general hospital. This results in the view that physically unwell patients can be managed for longer before requiring transfer. Despite the proximity to the medical wards however, the unit is not equipped to manage physically deteriorating patients. This QI project aimed to improve communication between psychiatry and medical staff to improve patient safety.

Methods. Patients transferred during their admission between the MHU and medical or surgical wards in May 2020, or in Oct-Dec 2021 were identified from 5 psychiatry wards. Electronic and paper notes were checked for a transfer form for each stage of transfer. Medications prior to transfer, on return and changes during admission were cross checked on Hepma, ECS and care partner as well as within documentation from medicine/surgery.

Results. In May 2020, no patients admitted from medical wards had a transfer form completed, 62.5% transferred to medicine and 57.1% returned from medical wards had forms. 20% of transfers had medication errors Identified. After making the transfer form electronic and following hospital wide changes to the Trakcare and Hepma systems, 27.8% of patients admitted from medical wards had forms, 75.9% transferred to medicine and 72% of those returned from medicine had forms. There were no further medication errors identified. During the timeframes studied only 1 patient was transferred due to COVID-19 but 29 transfers were carried out for other acute physical issues.

Conclusion. Changing the documentation process to make it as easy as possible for psychiatry juniors to document treatment plans for transferred patients improved continuity of care and decreased medication errors. This also ensured that patients were medically fit to return to psychiatry wards. The range of physical comorbidities that psychiatry trainees were expected to manage extends beyond caring for patients who contract COVID -19.

Developing Inpatient Management Strategies for Behavioural and Psychological Symptoms of Dementia (DIMS-BPSD)

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Aims. This project details the development of a Quality Improvement Project aiming to review and improve the management of behavioural and psychological symptoms of dementia (BPSD) on an old age psychiatry ward. BPSD refers to a constellation of non-cognitive symptoms and signs which arise in people with dementia, including disturbed perception, thought content, mood or behaviour. Examples include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, and socially inappropriate behaviours. BPSD arise in 5/6 of people with dementia over the course of their illness and are associated with a deterioration in cognition and progression in dementia plus secondary harms such as falls and hospitalisation. Pyrland Two ward is a mixed gender specialised organic old age psychiatry inpatient unit serving the county of Somerset. Most patients have a diagnosis of dementia, are being cared for using either MHA or MCA legislation and exhibit one or more BPSD. There was no structured or formalised approach to the management of BPSD at inception.

Methods.

1. A point-in-time audit was conducted to produce baseline measurements of BPSD management on the ward, measured against NICE criteria.
2. Plan-Do-Study-Act (PDSA) methodology was employed to incorporate incremental quality improvement interventions such as a ward-round checklist and staff education.

Results.

- Baseline: (n = 14) 4/14 formally diagnosed with BPSD. 6/14 were prescribed antipsychotic medications, of which 1/6 fully met NICE standards. 2/14 had structured assessment tools used.
- Results following introduction of improvement methods: (n = 8) 8/8 formally diagnosed with BPSD. 7/8 were prescribed antipsychotic medications, of which 4/7 fully met NICE standards. 7/8 had structured assessment tools used.