

A skype-based workshop was convened for all relevant parties. In advance, attendees reviewed concerns using the 6 self-guided CCaRM headings, in line with the original CCaRM, as follows:

Having a good circle of support  
 Having a good shared understanding  
 Having clear problem areas thought about  
 Social Participation and Living a Good Life  
 Keeping people safe and well  
 Making progress

For each theme, areas of strengths, concerns, and possible fresh approaches were explored. Subsequently, collaborative care plans were refreshed accordingly.

**Result.** There were 8 such workshops conducted in first PDSA cycle. Participants included support staff and family members, though no service users in this period. All gave positive feedback: that the experience helped with understanding and confidence in roles, and generated fresh ideas to try.

**Conclusion.**

- This approach helped counter the impact of lockdown in a critical area.
- It was interesting to adapt the CCaRM framework to the online environment.
- The perceived simplification seemed to improve the engagement of carers
- Further work needs to explore potential service user involvement also, and to evaluate the approach longer term.

### Supporting mental health during the COVID-19 pandemic: implementation of an e-guide

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**Aims.** The COVID-19 pandemic has caused significant disruption to activities of daily living, which in turn has had a profound impact on the mental wellbeing of the public. An e-guide was designed to provide remote support to the general public through the application of a Behavioural Activation approach. Interactive, brief evidence-based exercises were included in the e-guide, along with mood ratings after each exercise to assess any improvements observed.

**Method.** The e-guide was designed using the Xerte On-Line Toolkits open source software. Videos and interactive exercises were embedded within the resource, forming part of the brief intervention based on cognitivist and behaviourist principles. Information and further support was also provided for young people and parents. Videos from the public highlighting their experiences during the pandemic were also sourced and included (with consent). A pilot was launched to assess the impact of the e-guide. Participants were recruited from Cardiff University, mental health services and a local charity.

**Result.** The e-guide was piloted on a sample of volunteers (n = 3), who completed a brief survey after engaging with the resource. Following the results of the pilot, the e-guide was promoted by the university's marketing team and made available to the public. At the 6-month mark, the e-guide had been accessed by 3228 individuals throughout the UK.

**Conclusion.** The e-guide has since been disseminated by support services for young people, places of employment and education institutions. The national impact of the e-guide is evidenced from the number of people accessing the resource exceeding 3000. With the long-term effects of the pandemic taking hold, it remains crucial to support the wellbeing of the general public through such initiatives that are administered remotely

### A quality improvement project to improve the number of section 136 GP discharge summaries from the place of safety

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**Aims.** A Quality Improvement project with the aim to increase the number of patients discharged with a GP discharge summary from the Chase Farm Place of Safety over a 12 month time period by 50%.

**Background.** An initial audit was conducted at Chase Farm Place of Safety (POS) to see if patients held under Section 136 of the Mental Health Act (S136) and then discharged home had a GP discharge letter completed and sent. The audit revealed that 0.02% of patients who were under S136 and discharged home did have a discharge letter sent to the GP.

As a result of the initial audit, key stakeholders were contacted, and involved in the intervention design and implementation. The intervention was introduced and all doctors working in the trust were emailed the new protocol

**Method.** We implemented the following intervention:

If a patient was registered at a GP Practice then the nursing staff in the POS copied the entry of the discharging doctor from the electronic progress notes and pasted this in to the S136 discharge template on the electronic progress notes and this was emailed to the GP.

We informed Doctors to be aware that their entry would go out to the GP and should contain the following: Impression, Outcome/Plan, Specific Risk /Safeguarding concerns and specific management plans.

**Result.** In the initial audit the notes of all patients discharged from the POS under S136 were reviewed over a 3 month period between November and January 2018. We found that 2 out of 89 patients (0.02%) had a completed GP summary which was emailed to the GP Practice.

After the intervention was introduced the notes were audited between July and September 2019. We found 33 out of 60 patients (55%) had a completed GP summary which was emailed to the GP Practice.

**Conclusion.** There was an improvement of 54.8% in the number of discharge summaries. Further consideration needs to be given to improving this percentage and understanding what remaining barriers there are.

### A quality improvement project to improve handover in the integrated assessment liaison team

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**Background.** Efficient handovers are integral to patient care. Challenges to handover for liaison psychiatry included high patient and staff turnover and varied handover approaches across the multidisciplinary team (MDT).

**Method.** MDT focus groups and questionnaires explored change ideas. PDSA cycles were used to design a structured handover.

We aimed to:

Reduce handover time to 30 minutes.

Improve communication using the SBAR tool.

Implement a multidisciplinary teaching schedule in the time saved.

Daily measures:

Handover timing

Team Satisfaction (Individuals ranked handover as 'good', 'average', or 'poor')

Weekly measures:

Semi-qualitative questionnaires triangulated areas for improvement.

Emails, posters and team meetings provided team feedback regarding QI progress.

**Result.** A structured twice-daily handover format incorporating SBAR, allocated handover coordinators and documentation was created. Weekly MDT teaching sessions were developed.

Over 4 weeks, 'good' handover ratings increased from 22% to 65%; 'poor' ratings decreased from 25% to 8%. Mean handover time decreased from 37 minutes to 28.5.

The team viewed SBAR as a positive efficiency-promoting tool. MDT teaching improved team communication and confidence. Documentation is an area to improve.

**Conclusion.** Structured handover has promoted efficiency and effective information-sharing amongst the liaison psychiatry team.

Interdisciplinary teaching can promote inclusive team feeling and encourage confidence across the MDT.

### Are we adequately reviewing confusion inducing drugs in patients referred to the memory assessment service?

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**Aims.** The aim of this quality improvement evaluation project is to establish the standard of current practice in relation to reviewing confusion inducing drugs (CIDs) at the time of referral, as it has been hypothesised that these medications contribute to short term cognitive impairment. This is essential in order to establish the validity of the diagnostic processes of dementia syndrome in the memory assessment services.

**Background.** It has long been established that anti-cholinergic medications (ACMs) have contributed to short-term cognitive impairment in patients taking them. This is compounded with the fact that these medications may be continued without review, for longer than was originally intended. The impact of polypharmacy, subsequent anti-cholinergic burden, and the overlapping presence of delirium, may call into question the validity of a diagnosis of dementia in patients who have not been correctly vetted during the course of their assessment. This quality improvement evaluation aims to assess whether patients' medications are being reviewed before diagnosing a memory disorder. This is in accordance with guidance set out by the NG97 NICE guidelines, The Royal College of Psychiatrists Memory Service National

Accreditation Programme (MSNAP), and the National Institute on Ageing and Alzheimer's Association (NIA-AA).

**Method.** All new referrals to the memory assessment service during July and August 2019 were systematically reviewed and data extracted from the memory referral document and entries on RIO from first point of contact. The following data were recorded: patient ID, GPCOG/6CIT score, final diagnosis, CID prescriptions and CID review.

**Result.** The results were collated using a data-set of 216 patients (136 females and 80 males,) of which the mean age was 79 years. It was noted that 36% of patients had not had any sort of cognitive assessment before referral, which identifies an area for improvement. However the most substantial finding was that only 10 patients (5%) had a CID prescription review documented in the RIO notes.

**Conclusion.** Our data suggest that in our memory assessment service, only a small proportion of patients are having a documented review of their CIDs prior to diagnosis of dementia. In order to improve this and thus improve compliance with guidelines from the Royal College of Psychiatrists MSNAP and the NIA-AA, measures will be taken to issue each dementia support worker and nurse with a CID prescription review card, which will list those medications to consider and flag for review.

### The physical healthcare of patients in secure hospitals: setting standards for medical equipment

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**Aims.** The increased morbidity and mortality relating to the poor physical health of patients with severe mental illness has repeatedly been an area identified as requiring improvement. Despite this, no national minimum standard has been published around the minimum level of physical health equipment that should be available within an inpatient psychiatric setting.

The aim of this project was to improve and standardise availability of physical health equipment across the five clinical areas within a medium secure inpatient forensic setting, thus enabling optimal and timely medical care and physical examination of patients to occur.

**Method.** This project used a combination of audit and quality improvement practices. An audit standard was created and current practice was established within the 5 clinical areas of a Medium Secure Forensic Unit. Improvements were made in a systematic and measured way and two audit cycles were completed.

**Result.** At baseline, the attainment of audit standard ranged from 14-76%. Clinical areas were sharing equipment and there was an inconsistency as to where and how equipment was being stored. Changes implemented included redistribution and reorganisation of equipment which increased attainment to between 48% - 86%. Following this further equipment was ordered and the equipment was separated into that which was required on a daily basis to conduct physical observations and more specialist specific examination equipment. Re-audit found attainment across the five clinical areas being between 90-100%.

**Conclusion.** Monitoring of physical health within psychiatric inpatient settings is a key area of patient care, and is frequently identified as requiring improvement. Without access to equipment to monitor and assess physical health, this becomes