co-producing the care plans and meeting agendas with the patients and their carers.

Quality Improvement Project to Improve the Implementation of Mental Health Act Code of Practice Guiding Principles and Patient Knowledge About MHA in In-Patient Psychiatric Unit

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Aims. To improve the efficiency of MHA documentation, patient education on MHA and implementation of guidelines of Code of Practice in in-patient unit. We also aimed to involve patients at some stages of the QI project to ensure they remain updated about the legal framework and associated documents and their voice remains central.

Methods. The QI Project was started after an initial audit was conducted which included MHA documentation on admission and during the length of stay, patients' legal rights, section-17 leaves, capacity and treatment forms, tribunal reports, section-117 meetings and arrangement of independent managers hearings prior to Section Renewals. Using 5-Why QI methodology, the medical team and the MHA administrator reviewed the gaps in the initial audit. Using the QI "theory of change" model, three primary drivers of "Responsible Clinician and MHA Administration Liaison", "Patient Education on MHA" and "Policies and Guidelines Implementation" were established. Secondary drivers for "RC and MHA Administration Liaison" required inputs from doctors, secretaries, nurses and MHA Admin. Change ideas of introducing weekly email template for required MHA actions, section paper scrutiny template made for approval by MHA Admin/ RC prior to patient's admission, Introduction of MHA relevant actions section in the morning handover and patient's review record form.

Secondary drivers and change ideas for "Patient Education on MHA" included discussions with MDT, easy- language information leaflets, discussion slots with pharmacists about medications before consenting for treatment forms, discussion slots with the key nurse and RC about MHA related decisions and going through statutory reports together to understand the nature and degree of illness, and risks necessitating the renewal of admission.

Secondary drivers and change ideas for "Policies and Guidelines Implementation" included teaching sessions for nurses on report writing, giving evidence at tribunals, and how to inform patients about legal rights, and liaison with medical management QI committee to ensure capacity and treatment certificates are up to date and filed in the medical folders. The initial audit tool was repeated on quarterly basis in addition to the PDSAs to measure results.

Results. Results showed 100% score in capacity assessments, treatment certificates and timely reports. There was still improvement needed in organising managers hearing prior to section renewal, likely section renewals left till late. A pre-and-post intervention score on patients' knowledge of rights and MHA showed an improvement of 68%.

Conclusion. The QI-project helped in implementing MHA code of practice guiding principles and patients' knowledge about MHA and their rights.

Expeditious multipronged Interventions strike down Geriatric Memory Clinic No Shows in the Department of Geriatrics -a Value Enhancing Initiative via Memory Outreach Program and Telephone Triaging

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Aims/background. One of the biggest challenges faced by the healthcare sector is devising ways of tackling No shows in the Clinics. Patients are classed as no-shows when they fail to attend scheduled appointments without prior notification to the Health Care Provider. Some factors contributing to clinic No shows amongst frail Older Adults include lack of transportation and non-availability of family members to bring them to the clinic. Along with this, forgetfulness and poor insight into their condition also can contribute to No shows. Memory clinics in Rumailah Hospital under Hamad Medical Corporation in Qatar are the leading specialized multidisciplinary clinics that carry out an assessment, diagnosis, and management of people presenting with Memory Concerns.

Implementation of Quality Improvement projects to tackle the No shows in the Geriatric Memory Clinics in Rumailah Hospital under Hamad Medical Corporation in the State of Qatar.

Methods. Various process improvement initiative based on LEAN methodology got implemented from January 2022 to reshape the service and reduce No shows

1. Initial nurse triage contacts with the patients or their family members to identify any inappropriate referrals are signposted to the right service and offer appointments for the appropriate referrals at a date and time convenient for them
2. Telephone triage by the Physician and Case manager of new cases offered a clinic appointment and conduct a brief assessment to agrees risk and order investigations prior to the initial appointment . Patient's requesting rescheduling and cancellations are dealt with immediately. In addition, any new slots which becomes available during this process are offered to other patients and their appointments are brought forward
3. Nurses contact with the patient caregiver of the person with Dementia and remind them of the appointment a day before the appointment.
4. Geriatric Memory Outreach Service to carry out home visits for patients who are unable to attend clinic appointments because of frailty, significant cognitive impairment, and mobility issues.

Results. The No shows rates were as follows
2019 -26%.
2020 -13% (COVID-19 impact).
2021 -13%
Intervention was implemented in January 2022 and No Show reduced to 9% in 2022. This indirectly reduced the waiting time (from referral to Consultation) from three months to 5 weeks.