Management of Physical Health Conditions in Old Age Psychiatry: A Quality Improvement Project

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Aims: Psychiatric patients on elderly psychiatric wards often have multiple physical comorbidities and there is also a clear link between mental and physical health. Trainees on old age psychiatry wards, both during the day and on call, have to manage acute and routine medical conditions. We wanted to evaluate how confident trainees find managing acute and routine medical conditions on the psychiatry wards, and whether they know where to gain advice from.
Methods: A survey via googleforms was designed to assess confidence in managing medical conditions in old age psychiatry patients, whether they often require advice, and if they know who to contact. We also asked which conditions they felt they required more guidance on.
Results: 9 responses were collected. 66.7% of trainees felt quite confident in managing day to day medical conditions, 22.2% did not feel confident at all and 11.1% were neutral. In managing medical emergencies, 11.1% felt very confident, and 22.2% felt quite confident, however 33.3% felt neutral, 11.1% felt only slightly confident and 22.2% felt not confident at all.

There was a range in responses to whether trainees tend to rely on advice from others, as opposed to managing medical conditions themselves. With 22.2% disagreeing with the statement, 33.3% neither agree nor disagree, 22.2% agreeing and 11.1% strongly agreeing.

Based upon these results, a brief guide was created with management tips of common medical problems and links to useful guidelines. A second survey was then sent out to assess usefulness.

80% of respondents felt it was very useful in both emergencies and day to day conditions, and 20% felt it was useful. 80% felt it contained information they did not already know and 100% felt it was a useful addition to the trainee handbook and it covered all medical conditions they wanted it to.
Conclusion: There was a range in confidence levels in managing medical conditions, however some trainees reported not feeling confident at all, or only slightly confident. Based upon these results, a brief guide to management of common medical conditions was created, for both day to day and routine medical conditions, and links to useful guidance. This was created by trainees, with advice and information provided by the ward GP. Trainees found this handbook very useful.

Reducing Did Not Attends (DNAs) at a Community Mental Health Service Through the Implementation of SMS Reminders: A Closed Loop Audit

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Aims: This audit aims to ascertain the rate of Did Not Attends (DNAs) in the St John's Wood PCN, North Westminster CMHT between 01 March 2024 to 31 May 2024 and to evaluate the rate of DNAs following the implementation of SMS reminders one working day prior to a scheduled appointment between 01 June 2024 and 31 August 2024.
Methods: The rate of DNAs for outpatient appointments booked between 01 March 2024 to 31 May 2024 were reviewed by scoring the number of DNAs out of the total number of appointments booked. The percentage was calculated and tabulated using Microsoft Excel for simple statistical analysis.

SMS reminders were sent one working day prior to a scheduled appointment for appointments booked from 01 June 2024 onwards. A re-audit of the rate of DNAs was conducted for the period 01 June 2024 to 31 August 2024 and the results were presented to the Multidisciplinary Team.
Results: The data collected reflects an overall mean improvement of 33.3% in the rate of DNAs following the implementation of SMS reminders one working day prior to a scheduled appointment. The mean percentage of DNAs decreased from 7.5 % to 5.0% following the implementation of SMS reminders one working day before a scheduled appointment.
Conclusion: This audit reflects an overall improvement of 33.3% in the rate of DNAs by successfully reducing the rate of DNAs from 8.3% (highest) to 4.1% (lowest) with a mean improvement of 2.5%. The intervention is deemed successful and feasible for long-term implementation within the service. We recommend a re-audit 12 months post intervention to evaluate its sustained effectiveness within the service.

Valproate Annual Risk Acknowledgement Form: Evaluating Compliance and Creating Digital Solutions

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Aims: Valproate is a commonly prescribed drug in neurology and psychiatry, licensed for epilepsy as an anticonvulsant and in bipolar disorder as a mood stabiliser. Valproate is highly teratogenic with evidence suggesting that use in pregnancy leads to neurodevelopmental disorders (approximately 30–40% risk) and congenital malformations (approximately 10% risk). Consequently valproate must not be used in females of childbearing age unless conditions of pregnancy prevention programme (PPP) are met.

To aid the monitoring of risk, the Annual Risk Acknowledgment (ARA) form for valproate forms a key part of the UK's valproate pregnancy prevention programme. It documents the patient's awareness of risk, reinforces the PPP, promotes informed decision making and vitally ensures compliance monitoring to ensure prescribers are following national guidelines.

To measure compliance with completion of the ARA form for all adult female patients (18–65) prescribed valproate within our local mental health outpatient and inpatient services.

To devise digital solutions for record keeping and reminders with the aim to support clinicians to complete the forms in a thorough and timely manner.