

introduced from this QIP. We have shared our learning within the wider trust and plan to spread and scale our changes across a wider area.

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## Assessing Clinical Coding Compliance in a Mental Health Inpatient Unit: An Audit and Intervention Study

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**Aims.** Clinical coding (CC) is the translation of medical terminology into a coded format that is recognised both nationally and internationally. NHS trusts must record the clinical care given to inpatients and the resources used for inpatients while they are in hospital care. CC ensures accurate patient records, communication and data exchange between providers and can aid in epidemiological research, healthcare planning and quality as well as cost control. An audit was carried out in a mental health inpatient unit to assess whether CC was completed as per the local and national CC guidelines, followed by an intervention to improve compliance.

**Methods.** 2 inpatient wards were identified, 1 male and 1 female, and 10 patients from each ward were selected at random on the 15<sup>th</sup> of December 2023. Their notes were assessed to determine whether: the CC has been updated during their current admission, CC has been updated if new diagnosis, CC had been completed on last discharge, physical health conditions were included in the CC and the number of physical health diagnosis changes and their documentation. Intervention was carried out and a re-audit completed on the 31<sup>st</sup> of January 2024.

**Results.** Out of 20 patients: 5 (25%) had a completed CC during their admission and 4 had a diagnosis change but only 1 (25%) CC was updated. 9 had a physical health diagnosis but only 3 (33%) were included on CC. 16 (89%) had a completed CC on last discharge and 2 were admitted for the first time.

Doctors on the wards were informed about CC, how to access the form on the system and the importance of updating CC. This was communicated in teaching sessions and doctor communication groups.

The re-audit showed some improvement. Out of 20 patients: 10 (50%) had a completed CC during their admission, 4 had a diagnosis change and 3 (75%) CC were updated. 7 had a physical health condition and only 2 (29%) were included on CC. 12 (75%) had a completed CC on last discharge and 4 were admitted for the first time.

**Conclusion.** The audit showed a lack of awareness of CC and its importance. The intervention helped to improve compliance of CC in current inpatients. Further intervention and improvement is required for physical health CC and can be attempted with posters in the doctor's rooms and regular reminding during group sessions.

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## Are Patients Aware of Clozapine Side Effects?

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**Aims.** Patients should have a comprehensive understanding of the side effects, and monitoring requirements of the medications prescribed to them. Making the patient aware of serious side effects is important for patient safety and informed consent. Patients should know when and how to seek help for side effects. Health literacy also increases patient autonomy and shared decision making.

As an inpatient, a psychiatric patient's medications are closely monitored, and there is frequent contact with healthcare professionals who can identify any health needs. Within our trust, there is a side effect checklist to be completed by community staff each time a community patient has clozapine monitoring. However, in our clinical practice, we have observed that some patients have needed prompts regarding need for re-titration if dose missed for 48 hours.

We aimed to assess medication safety information awareness in a small sample of patients open to forensic community team who are prescribed clozapine.

**Methods.** A 26-point questionnaire was used to assess the participant's depth of knowledge of clozapine. A combination of 3 open and 22 closed questions were used. Patients were scored for their answers to the closed questions, using a predetermined marking scheme, being awarded 1 point per appropriate answer. We set the standard as maximum score of 22.

All participants (n = 7) were male and had been prescribed clozapine for at least one year.

**Results.** All participants were able to accurately state why they were prescribed clozapine. The mean score was 16. Zero participants scored 22. Lowest score was 14. One participant omitted two questions (Do you know what to do if you take more clozapine tablets than you are supposed to? Do you know what to do if you forget to take clozapine?). He stated that he was very careful regarding his medication and therefore, will not forget or miss any doses.

71% of patients were unsure what they should do if they were to accidentally take more tablets than prescribed.

Five out of seven participants were able to cite at least one side effect of clozapine without prompting.

Two patients were not able to spontaneously recall the monthly blood test requirement.

**Conclusion.** There was a range of knowledge deficits about clozapine in our sample. After including reminders of safety information about clozapine at quarterly care coordination reviews, we plan to re-assess in a year's time.

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## Clinical Supervisors' and (Junior) Doctors' Experiences of Breastfeeding Risk Assessment, and Where We Go From Here

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