

time to get patients to consider quitting smoking, admission does at least provide an opportunity to educate patients on the negative effects on physical health that smoking has. This evaluation has highlighted that physical health comorbidities are common in this patient group. Admission to the psychiatric ward provides a golden opportunity to provide education to patients on the importance of making healthy lifestyle choices and also to assess any physical health comorbidities and ensure the management of any such comorbidities is optimised prior to discharge.

### Off-label prescribing of quetiapine in HMP Elmley, a Category B remand prison: a re-audit

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**Aims.** This was a re-audit of off-label prescribing of quetiapine in order to identify the number of patients on off-label quetiapine in HMP Elmley, to monitor compliance by the Mental Health Inreach Team (MHIRT) psychiatrists with the Royal College of Psychiatrists guideline on off-license prescribing, to compare findings with the baseline audit and to identify areas for improvement.

**Method.** All patients on quetiapine in HMP Elmley were identified and their electronic patient record was reviewed against the standards outlined in the Royal College of Psychiatrists "Use of licensed medicines for unlicensed applications in psychiatric practice (2nd edition).

**Result.** There were 60 residents on off-license quetiapine prescription in HMP Elmley.

Of this number, four had their prescription initiated by a general practitioner, either while in prison or in the community. Two residents were on quetiapine first prescribed while they were on admission in hospital. 5 patients had been initiated by the MHIRT psychiatrists. 38 residents were commenced off-license quetiapine by another psychiatrist, either while they were in the community or in another prison. In 17 patients, electronic records were inadequate to determine who had prescribed the quetiapine.

The number of inmates prescribed off-label quetiapine in HMP Elmley had dropped from 82 to 60 in the 1 year since the initial audit. Of these figures, prescriptions initiated by the MHIRT psychiatrists, had dropped from 28.1% (23/82) to 8.3% (5/60).

For those prescribed quetiapine by the HMP Elmley psychiatrists, notes were audited against the RCPsych guidelines:

Licensed medication was considered first in 80.0%  
 Risks and benefits were considered and documented in 80.0%  
 The benefits and potential risks were explained to patient in 80.0%  
 There was documentation of informed consent in 80.0%  
 Quetiapine was started at a low dose and monitored in 100%  
 No residents required withdrawal of medication due to ineffectiveness or adverse effects.  
 Baseline physical health assessment was performed in 80.0%, though all had an ECG done.

**Conclusion.** Over the past year there has been an improvement in off-label antipsychotic prescribing practice within the MHIRT.

However, the number of off-label antipsychotic prescriptions still remains high throughout the prison. There should be

continued effort at minimizing off-label prescribing within the MHIRT, monitored by auditing. However, work needs to be done jointly with other prescribers, such as GP colleagues, in order to avoid unnecessary prescriptions and to monitor regularly the physical and mental health of those on off-label quetiapine.

### An audit during COVID-19: monitoring of CMHT-patient contact and physical health assessments in a rural Welsh setting

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**Aims.** The enforcement of lockdowns and restrictions on non-essential contact have changed Community Mental Health Team (CMHT) practice. Therefore, this audit carried out its 4th cycle of physical health monitoring for patients on antipsychotics with severe mental illness (SMI) under the CMHT during the period of the COVID-19 pandemic in order to observe its impact on physical health monitoring. In addition, with the increased use of telepsychiatry substituting routine face-to-face appointments during the pandemic, this audit also reviews the effect of lockdown on maintenance of contact between CMHT and people with SMI.

**Primary Objective:** to compare the current clinical practice with the standards derived from NICE guidelines which include parameters like weight, body-mass index, blood pressure, ECG and blood tests, then compare with the previous three audit cycles, which collected identical data.

**Secondary Objective:** to monitor amount of contact between healthcare staff and people with SMI on antipsychotics during the three months of Welsh lockdown and compare current clinical practice with the clinical practice achieved in the identical period in 2019.

**Method.** Method for Primary Objective: Clinical practice on physical health checks were split into 10 standards derived from the NICE guidelines (NICEQS80, Quality Standard 6). Data collection surrounding physical health checks of patients on antipsychotics from 26th June 2019 to 26th June 2020 were collected and compared with the previous three audit cycles, which collected identical data.

**Method for Secondary Objective:** Retrospective data surrounding amount and type of contact between CMHT and people with SMI was collected from 26th March 2020 to 26th June 2020, a period of enforced lockdown in Wales, and compared with the identical period in 2019.

**Result.** The audit iterates trends over the last 4 cycles (2016/2017, 2017/2018, 2018/2019 and 2019/2020). The current audit cycle increased in 2/10 standards and decreased in 8/10 standards, compared with the average compliance in the 3 previous audit cycles. Out of the 10 derived standards, certain standards fared worse than others.

There was a 79% increase in the number of staff-patient contact during the lockdown period. The majority of the contact in 2019 was face-to-face (84.31%), however, as expected, in 2020 the majority of the contact was non face-to-face (61.75%). However, this was accompanied by an 85.79%

**Conclusion.** Despite being in a pandemic, patient contact was maintained. Physical health monitoring has decreased in the majority of standards, therefore greater attention is needed to address this. Recommendations are provided in the audit.

## Improving venous thromboembolism risk assessments on an older age psychiatric ward – a complete audit cycle

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**Aims.** Venous thromboembolism (VTE) is a common disease amongst hospital patients. Within acute hospitals, there are well established protocols for risk assessment and prevention of VTE via mechanical and pharmacological prophylaxes.

In psychiatry, assessment of VTE risk is more commonly overlooked despite many inherent risk factors which are unique to acute psychiatric admissions; including antipsychotic medications, physical restraint, catatonic states, and poor nutritional and hydration status[1]. The risk is compounded in older adult psychiatric patients, in which both patient and admission-related risk factors can act synergistically.

Anecdotally, it was reported that VTE assessments were not being completed and documented on the electronic patient record system. Our aim was to introduce a physical VTE risk assessment to attach to paper drug charts, which would act as a prompt for junior doctors, and serve to increase rates of completion.

**Method.** A baseline retrospective audit of all patients admitted to the older adult inpatient ward over an 11-week period (05/08/2019~20/10/2019) was undertaken. The number of completed electronic VTE risk assessments at admission, and at 24 hours post-admission were calculated.

Subsequently, a new paper VTE risk assessment proforma was developed, combining the Department of Health VTE risk assessment tool[3] with several VTE risk factors associated with psychiatric patients (catatonia, antipsychotic medication, reduced oral intake, psychomotor retardation). Education was provided to the ward doctors, and regular assessments of VTE risk was incorporated into the weekly MDT meetings.

A re-audit was completed to assess the completion rates of the new paper VTE proforma. A snapshot style audit of all inpatients on the ward on Thursday 24th February 2020 was performed.

**Result.** The baseline audit included 23 patients admitted during the 11-week period, consisting of 21 men and two women. The mean age was 74 years. Three patients (13% of total admissions) had their VTE and bleeding risk assessed on admission.

Following the implementation of a new VTE risk assessment proforma, the re-audit showed that all 19 inpatients (100% of total admissions) had a completed assessment. Although none of the patients required mechanical prophylaxis, one patient was receiving ongoing treatment for pulmonary embolism.

**Conclusion.** VTE is a preventable disease, which historically has been under-recognised by psychiatric doctors. The introduction of a paper risk assessment proforma increased completion from 13% to 100%. It also prompted regular review of VTE risk during the weekly MDT meetings. This intervention may reduce the incidence of VTE-related pathology on the ward.

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## Clinical audit of the inclusion of the Lester Tool details in discharge documents at Foss Park Hospital, York

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**Aims.** Patients with serious mental health illnesses die on average 15–20 years before the rest of the general population. Anti-psychotic medication, lifestyle and difficulty accessing healthcare services all have a detrimental effect on their life expectancy. To improve outcomes for these patients the Lester Tool; a method to assess the cardiovascular health of patients and implement change, was developed. Including the Lester Tool information in discharge letters allows transfer of information to other care providers (mainly GP's) who can implement and monitor any interventions made, improving outcomes for our patients. With this in mind, discharge documents should contain all of the information listed in the Lester Tool.

We aimed to check if 100% of data required by the Lester Tool is included in discharge documents of the inpatients at Foss Park Hospital.

**Method.** 20 patients from each of the male and female wards at Foss Park hospital, discharged in September or October 2020, were identified. A review of the discharge documents established whether the smoking status, BMI, ECG, blood pressure and blood results of each patient were recorded.

**Result.** Of the 40 discharges, none had 100% compliance. On average across both wards; only 23% of the Lester tool information was included in the documents. On the female ward, 40% had none of data recorded, while on the male ward, 15% had none of the data recorded. Across both wards, not a single patient had details about their cholesterol ratio recorded, only 50% of BMI's were recorded and only 27% had a smoking status included.

**Conclusion.** Our results have shown that compliance with the Lester Tool falls short of what is expected. As a result, information about the physical health of our patients is not being communicated effectively with other care providers. This in turn can prevent patients being offered interventions needed to improve their cardiovascular health.

Identifying this shortcoming in the transfer of information will allow us to educate the staff in our organisation and ensure that all the necessary physical health details will be included in future discharge documents. The result being improved outcomes and longer life expectancy of patients with serious mental illnesses, satisfying the purpose of the Lester Tool.

## Vitamin D monitoring and management in the inpatient services – reaudit

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