A Quality Improvement Project to Improve Audio Quality for Remote Attendees of a Ward Round at a London Older Adult Psychiatric Ward

Dr Omer Hamour[1,2]* and Dr Hamilton Morrin[1,2]

[1]Oxleas NHS Foundation Trust, London, United Kingdom and [2]King's Institute of Psyhiatry, Psychology & Neuroscience, London, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.284

Aims. Our aim was to investigate the extent and impact of poor audio quality during remote ward rounds using Microsoft Teams. We intended to compare attendees' audio quality experience with our expectation that a cardioid polar microphone would make it difficult for attendees to hear all members of the multidisciplinary team. We also hypothesized that switching to an omnidirectional recording system would improve perceived audio quality, communication, and patient care.
Methods. This study is a continuation of a previous quality improvement project carried out on a general adult ward within the same Trust. This iteration involved individuals who participated remotely in ward rounds at a dementia specialist ward over a four-month period in 2022/2023. Participants of the study included staff from the ward team, community care coordinators and patient family members, who completed a digital feedback questionnaire about the audio quality. Due to the nature of their illness, no patients completed the questionnaire.

There were no exclusion criteria. Data from Likert scale questions were analysed. Little demographic data were collected, and qualitative data were analysed by identifying themes and grouping responses based on thematic frequency.
Results. In the pre-implementation survey, 12 responses were received from patient family members, 9 ward team members and 2 community mental health workers. Before the intervention, 3/12 participants rated the sound quality as "bad" and the same number were "dissatisfied" with the sound quality during ward rounds (modal response "neutral" for both, 6/10). Only 3/12 attendees reported being able to hear and understand everyone present in the ward round all the time, and one person reported only rarely hearing and understanding a single person in the room when they spoke.

All respondents agreed that the sound quality impacted their experience of the ward round. The three most common issues reported were people speaking too far from the microphone, voices sounding muffled, and poor internet connection causing gaps in speech.

Common themes identified in the qualitative data included: frustration, disengagement, and damage to patient care.
Conclusion. In summary, our findings indicate that when using a built-in laptop microphone with unidirectional pick-up, remote ward round attendees were not satisfied with the audio quality. However, this may be improved through the use of an omnidirectional system. Potential benefits from this technology may be optimised through the use of automatic transcription for individuals who may be hearing impaired, and ensuring optimal positioning for adequate sound detection.

A Quality Improvement Project Reviewing the Quality of Information Included in Discharge Summaries Sent to General Practitioners (GPs) From a Home Treatment Team (HTT) in an Inner London Borough

Dr Fiona Harding*, Dr Rebecca Garvey and Dr Giles Constable

South London and Maudsley NHS Foundation Trust, London, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.285

Aims. To improve the quality of the information included in discharge summaries to GPs from HTT. To gather the views of local GPs as to what constitutes a good discharge summary. To streamline the process for creating the discharge summaries by developing a proforma, incorporating the views of local GPs.
Methods.

1. A cross sectional analysis of discharge summaries sent by HTT was performed.
2. Each summary was assessed if they included certain information and the reader also made comments.
3. A questionnaire was sent to local GPs asking for feedback on discharge summaries they had received.
4. The information from the cross sectional analysis and questionnaire were used to create a discharge summary proforma.
5. The findings and proforma were presented to the HTT. The team brainstormed further ideas which were incorporated in to the proforma.
6. The proforma was sent to the team to begin using.
7. The cross sectional analysis was repeated 6 weeks later.

Results. Initial cross sectional analysis:
46 patients (2 excluded).
25% of patients were discharged to the GP.
Over 80% contained all the information required.
Common issues included copy and pasting large amounts of irrelevant information, missing information, use of a lot of abbreviations with no explanation, unclear discharge medication, unclear discharge plans and not specifying who would prescribe.

GP questionnaire:
8 respondents. All GPs felt that they would want a brief summary of treatment, discharge medication (with any changes highlighted) and a plan with actions for the GP. They also felt that details of follow up with contact details for the community team would be useful. Brevity was mentioned as being of key importance, as was explaining abbreviations.

Second cross sectional analysis:
31 patients (6 excluded).
8% of patients were discharged to the GP.
12% of summaries had fully utilised the proforma and a further 16% had partially utilised it. With regards to the summaries not using the proforma the results were variable. The summaries which either fully or partially used the proforma covered all information screened for and were noted to be informative and easy to read.
Conclusion. A discharge summary proforma created using direct GP feedback is a useful tool to cover all the relevant information however the uptake of use of the proforma was poor. The reasons for the poor uptake would benefit from further assessment with a view to improving it further.