A Re-Audit Assessing the Standardisation of Admission Blood Tests for Patients on Norbury House (PICU)

Dr Raminderjit Kaur, Dr Sarah Sargent,
Dr Hari Shanmugaratnam and Dr Mark Winchester*

Midlands Partnership NHS Foundation Trust, Stafford, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.501

Aims. Assess if variation exists for routine blood tests performed on admission, evaluate compliance with MPFT guidelines when performing routine admission blood tests, compare results with the previous audit completed in October/November 2020 and identify strategies to improve and standardise admission blood tests.
Methods. Retrospective blood result data were collected for all admissions to Norbury House (PICU) at St George's Hospital in Stafford over a two month period. For the original audit, this was between October and November 2020, following which a staff education programme raised awareness of trust guidelines regarding admission blood tests. This was then re-audited in May and June 2021 to assess its impact. Patients transferred from acute wards were included but repeat admissions were omitted. Data analysis was completed through Microsoft Excel.
Results. 17 patients were included in the audit in October and November 2020 while 13 patients were included for the May and June 2021 audit. As per trust guidelines, the number of patients having the appropriate admission blood tests increased to 69% in 2021. Certain mandatory blood tests were requested far more regularly such as TFTs increasing from 71% in 2020 to 100% in 2021. Other vital blood tests on admission also increased substantially, such as Glucose increasing from 6% of admissions in 2020 to 69% in 2021 and Prolactin increasing from 77% in 2020 to 100% in 2021. All mandatory blood tests either increased in frequency or maintained a 100% completion rate, with the exception of Calcium which decreased slightly from 94% in 2020 to 92% in 2021.

In the 2020 audit, unnecessary blood tests were requested for 88% of patients which was reduced substantially to just 21% of admissions in the 2021 audit. The total number of unnecessary tests also greatly reduced from 23 tests in total in 2020 to 3 in 2021.
Conclusion. It is vital that patients being admitted to the PICU have the appropriate blood tests completed on admission, as they may be prescribed psychotropic medication that impacts their physical health and may have been self-neglecting prior to admission. Although the audit shows that the interventions completed following the last review have been hugely successful in improving compliance with trust guidelines and reducing waste of NHS resources, there is still significant room for improvement through the continual education of staff. This should then be re-audited again in Spring 2022 to ensure that the improvement continues.

Inpatient Ward Review Safety Documentation Re-audit

Dr Oksana Zinchenko*, Dr Yasmin Meakin, Dr Lloyd Davies and Dr Shafalica Bhan - Kotwal

Essex Partnership University NHS Foundation Trust, Colchester, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.502

Aims. In 2018 the Psychiatry Ward Review Safety Checklist was created for ward reviews on the Trust electronic clinical recording system with the aim to improve the documentation of legal and safety information. In 2019 an audit was conducted to ensure compliance with the safety checklist and in 2022 a re-audit was conducted to evaluate the effectiveness of the ward review checklist. Both audits examined 6 questions: Have you discussed the legal status of the patient? Is the patient for resuscitation? Does the patient currently have capacity for admission? Does the patient demonstrate deteriorating health? Does the patient have any physical health concerns? Review indication, current dosage and side effects of medications.
Methods. A retrospective case note review of three ward round assessments of a sample of 25 patients. First male and first female admission of the month to Tower Ward (Landermere Centre, Clacton On Sea) were selected over the period from 1st December 2020 to 1st December 2021. Inclusion criteria: all patients. Exclusion criteria: None.

We maintained the same standards as the previous audit in 2018 and 2019: 80% completion.
Results. 12 male and 13 female patients were identified.
Q1. This was documented in 88% patients during the 1st week, and in 100% patients in mid-point stay and pre-discharge. In 2019 it was documented in 93% of the cohort.
Q2. This was documented in 42% in the 1st week, in 53% patients in midpoint and 45% in pre-discharge review. In 2019 this was recorded as 39% compliancy.
Q3. This was documented in 92% in the 1st week and midpoint, and in 67% during the pre-discharge review. In 2019 capacity was only documented in 14% of the cohort.
Q4. It was directly mentioned in 100% patients in all three reviews. In 2019 this was recorded in 64% of cases.
Q5. It was documented in 92% in the 1st week and mid-point review, and in 88% of the cohort in the pre-discharge review. In 2019 it was recorded for 69% of the cohort.
Q6. The information was included in 88% of the cohort during the 1st week, in 83% in mid-point and 75% in the pre-discharge review. In 2019 it was recorded for 81% of the cohort.
Conclusion. Compared to the 2019 audit the overall compliance with the documentation was satisfactory (over 80%) in all audited points with the exception of question 2 regarding resuscitation status for all audited weeks (40–50%).

Psychopharmacology

Assessment of Legibility and Completeness of Prescriptions at Tertiary Care Hospitals: A Cross-Sectional Study

Mr Sajeel Saeed[1], Mr Kashif Tousif[1], Mr Tehseen Haider[1], Mr Rubaid Azhar Dhillon[2], Mr Mohammad Ebad ur Rehman[1], Mrs Attiya Munir[1], Mrs Omaima Asif[1], Mr Nabeel Asif[1] and Mr Muhammad Arish[1]*

[1]Rawalpindi Medical University, Rawalpindi, Pakistan. and [2]Riphah International University, Rawalpindi, Pakistan
*Presenting author.

doi: 10.1192/bjo.2022.503

Aims. The aim of this study was to assess the legibility as well as components of a prescription prescribed by doctors in tertiary care hospitals of Rawalpindi, Pakistan.
Methods. An analytical cross-sectional study was conducted in pharmacies of two allied hospitals of Rawalpindi Medical

University. Data were collected using stratified randomized sampling. A total of 661 prescriptions were selected and analysed for legibility by three experts. SPSS version 26.00 and Graph Pad Prism were used to enter and analyze the data. Descriptive statistics, correlational model and multinomial logistic regression were applied.
Results. A total of 1982 drugs were prescribed in 661 prescriptions. A total of 46.0% prescriptions were classified in grade 2 and 32.1% in grade 3. On average, 55.74% prescriptions were found to be complete. On average, prescriber's information, patient's information and medication details were present in 72.64%, 57.25%, and 36.73% prescriptions, respectively. Grade 1 (AOR = 0.62), grade 2 (AOR = 0.83), and grade 3 (AOR = 0.85) prescriptions had less odds of being complete compared to grade 4 prescriptions.
Conclusion. Majority of the prescriptions prescribed at tertiary care hospitals were barely legible and also quite a number of prescriptions were incomplete.

'Just Say No' (Or at Least Ask Why) STOMP Medication Reviews in Tower Hamlets Community Learning Disability Service

Dr Anthony Jones*, Ms Shiva Fouladi-Nashta, Dr Nicole Eady, Mr Simon Bedeau and Dr Hannah Hafezi

East London NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.504

Aims. 'STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organizations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life'. Our aim was to reduce the percentage of psychotropic burden on the LD and/or autism caseload in Tower Hamlets.
Methods. We reviewed the internal LD caseload that fit STOMP eligibility criteria (prescribed antipsychotics without an indicated mental health diagnosis).

We calculated the% of BNF maximum dose for individual service users, aimed to reduced this, and reviewing the cumulative dose reduction achieved across the service, before and after an intervention.

The primary intervention was the introduction of a pharmacy led clinic for service users meeting the criteria. This allowed closer f/u from LD pharmacist, thorough medication histories independent of their routine psychiatric reviews, and using GASS and BAI scales to quantify change achieved to their quality of life.

We used early and rigourous people participation to consider the role medications (and their overprescription) in service users quality of life, and asked what service users want out of these medication reviews. Several focus groups were ran without People Participation Lead.
Results. Prior to starting of clinic - Of 29 STOMP eligible patients within TH CLDS, we have reduced antipsychotics in 8 of them through general raising awareness of STOMP (presentations to staff, reviews of GP letters to identify service users within the caseload who are likely to benefit and/or be receptive to dose reductions etc). So far total reduction of 45.4%, (and a total of three patients have been stopped all together).
Conclusion. The majority of the results and intervention are yet to be collated, and we are collecting these over the next 2 months, but provisionally we hope to conclude that by reducing the quantity of psychotropic medication we prescribe will improve the quality of life for our service users

What Is the Evidence for Using Anti-Epileptic Drugs to Treat Agitation and Irritability in Huntington's Disease?

Dr Kok Keong Leong* and Dr Mark Paramlall

Cygnet Brunel, Bristol, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.505

Aims. Background: Huntington's disease (HD), due to the pathological expansion of CAG trinucleotide repeats within the Huntington's gene on chromosome 4p (1), is an autosomal dominant progressive neurodegenerative disease with motor, cognitive and neuropsychiatric symptoms that includes irritability and agitation in an estimated 38–73% of HD patients (2) which is characterized by impatience and a tendency to become angry in response to minimal provocation. Expert consensus recommends implementation of environmental and behavioural strategies then commencing treatment with SSRI's, Neuroleptics or Anti-Epileptic Drugs (AED) (3). No previous papers, to our knowledge, have examined the newest antiepileptic agents or have identified the most efficacious antiepileptics for this use. Aim: We present a review of the literature describing antiepileptic treatments for agitation and irritability in HD focusing on identification of the most efficacious antiepileptics and the role of newer antiepileptic agents for this use.
Methods. A search in the main database sources (EMBASE, MEDLINE, Allied and Complementary medicine) was performed in order to obtain a comprehensive evaluation of available antiepileptic psychopharmacological treatments in HD for agitation and irritability.
Results. Antiepileptic (AED) agents described in consensus statements and case studies have included sodium valproate, carbamazepine and lamotrigine, which work by inhibition of voltage gated Na and Ca channels, and are often combined with antipsychotic agents for improvement of pathological mood swings and irritability. However, none of the papers identified were Level III or better.
Conclusion. No specific mood stabilizing antiepileptic psychopharmacological treatment of the Psychiatric symptoms of irritability and agitation in HD was identified. Overall, the use of AED have weak evidence base with no quantifiable outcome measures, such as such as the Disruptive or Aggressive Behavior behavioural subscale of the Unified Huntington's Disease Rating Scale or the Neuropsychiatric Inventory, indicating improvement of symptoms identified. Surveys and expert opinions were based on their personal knowledge of the HD populations and the selection of the experts surveyed was not systematic which could influence the practice pattern results. The review indicates a pressing need for treatment studies to determine which psychopharmacological and behavioral treatments are most efficacious.