

**Conclusion.** This quality improvement project has shown that educational awareness through teaching sessions and written guidance can improve adherence to national legal guidance. However, further work is required to ensure all psychiatric patients receive adequate information regarding their fitness to drive.

### Time to Rectify the Neglect? Audit on Prescription Writing the Neglected skill.

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**Aims.** Prescribing is a neglected skill amongst trainees. Prescription errors can harm patients. A recent Economic analysis published in *BMJ Quality & Safety*. Estimated that 237 million medication errors occur in England annually. Costing the NHS £98,462,582. Prescribing errors contributed to 21% of the total errors. It is important that all prescribers are aware of principles of safe prescribing. Our aim is to establish whether our practice is meeting standards of prescription writing in old age psychiatry ward setup.

**Methods.** We used prescription standards set by BMA, BNF and SABP (Surrey and Borders Partnership Foundation NHS Trust) to assess all prescriptions. The following parameters were checked: GMC number, Sign, Name of Doctor, Name of drug, Indication, Dose, Route, Frequency, Original start date, current Date, medication timings.

**Data collection and handling.** We performed a closed loop audit. A retrospective data of 228 prescriptions were collected from August 2020 to January 2021 from patients admitted in Victoria Ward. The data were analysed and presented at departmental meeting. Re-training on prescription writing conducted. New data was prospectively collected comprising of 230 prescriptions from March 2021 to June 2021 to complete the audit cycle.

Excel sheet was used to collect the data and to get the results. All Prescription charts were collected from SystemOne (clinical software system). Data from both the Audits were analysed and compared.

**Results.** We found errors in all parameters, except for medication timings. Comparison of the data from the first audit and re-audit showed an increase in prescription errors.

There was an increased 20.33% error in writing GMC number, 16.87% error in writing name of the doctor, 12.94% error in indication and 5% error in original start date. There was improvement of 10.88% in one parameter, "Name of the drug".

**Conclusion.** A significant error was found in writing the GMC number and the Doctor's name, despite regular training during induction. There are no clear guidelines on the writing of GMC registration being compulsory on Drug chart. With one exception if online and you are not the patient's regular prescriber, then your GMC registration number is required.

#### Recommendations.

1. We recommended the trust to issue stamps with GMC number and doctor's name.
2. Re-audit in 6 months' time after introduction of the stamps.
3. Quarterly regular training of new Trainee doctors.

**Service improvements.** After the Audit was submitted locally, stamps were introduced and issued to junior doctors at Victoria Ward by the Trust.

### How Readable Are Consultant Psychiatrist Letters From the Mental Health Liaison Team?

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**Aims.** To assess whether consultant discharge letters from the mental health liaison team are: 1. Written to patients as advised by NICE shared decision making guidance. 2. Easy to read using the Flesch Reading Ease Test as advised by the Academy of Medical Royal Colleges, which equates to a score of 60 to 70.

**Methods.** 50 consultant discharge letters were collated from April to November 2021. Each letter was assessed whether they were written directly to a patient and scored according to their Flesch Reading Ease (FRE) and Flesch-Kincaid Grade Level (FKGL) via Microsoft Word.

FRE scores a text from 0 to 100 from the average length of sentences and the number of syllables in words to indicate its difficulty to read. The higher the score achieved, the easier it is to read the text. It is a recommended tool by The Academy of Medical Royal Colleges' guidance on outpatient clinic letters, however, does not specify a target level of readability. A score of 60 to 70 equates to plain English easily understood by students aged 13 to 15 years and was concluded to be the equivocal score expressed in the guidance.<sup>4</sup>

The FKGL presents a score as a U.S. grade level to indicate the level of education generally required to understand a text. Words per sentence and syllables per word are factored in to calculate the grade.<sup>5</sup>

**Results.** The median FRE was 50.9 (n = 50, IQR 8.9). Only one letter met the desired standard. The mean score was 50.6 (SD 6.4). This mean was significantly different from a hypothetical ideal mean of 65 (t(df) = 15.9(49), p < 0.0001) so could not, unfortunately, be explained by chance. The median FKGL was 10.1.

**Conclusion.** Overall, the letters were of greater difficulty than the desired score of both FRE and FKGL. Lay language and patient-directed writing will aid in improving scores.

### Harmful Outcomes in Patients Admitted to Yeovil District Hospital in Acute Alcohol Withdrawal

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**Aims.** Our aim was to assess what proportion of patients in Acute Alcohol Withdrawal (AAW) experience harm during their admission to hospital. Our hypothesis was that patients who came to harm were likely to have had sub-optimal withdrawal management. Therefore, we also aimed to identify any underlying issues in the way AAW is currently managed which may be contributing to harmful outcomes.

**Methods.** Inclusion criteria for the audit was inpatients at Yeovil District Hospital over a three-month period from May to July 2021, clinically coded under the heading 'alcohol abuse', with a minimum two-day admission. Data were gathered from the patients' medical notes. An outcome was determined as harmful if firstly, it occurred during the withdrawal period, and secondly it was clinically feasible that it had occurred at least in part, as a result of poor AAW management. Notes from 15 patients

were qualitatively reviewed, guided by NICE recommendations, to assess both adherence to, and suitability of YDH AWW policy.

**Results.** Alcohol abuse was identified at the time of medical clerking in all 15 patients. Audit-C scores were completed in 7 patients. All 15 patients had CIWA scoring initiated within 1 hour of clerking, and chlorthalidone prescribed as a STAT dose and then a fixed PRN dose according to whether CIWA score was above 10 or not. 10 patients had their CIWA scores monitored for at least 24 hours. 3 out of 15 inpatients had harmful outcomes, including falls, intracerebral haemorrhage, fractured neck of femur, and cardiac arrest.

**Conclusion.** Overall, adherence to YDH guidelines was good. Despite this, a high proportion of patients admitted under our care were harmed as a result of inadequate management of alcohol withdrawal. Where issues were identified, these were arguably linked to problems with the YDH AAW policy itself. Unclear guidance over how long to monitor CIWA scores, limitation of chlorthalidone doses to 10 mg for even the highest CIWA scores, and omission of Audit-C score in the current hospital guidelines, are suggested as contributors to harm in the three patients identified. Going forward, it will be important to review and make appropriate changes to the YDH policy in these areas according to NICE recommendations, to protect our patients from further harm. These results may well have wider implications in terms of adjustment to AAW policy at other hospitals across the UK.

### An Audit to Assess the Level Pregnancy Screening Conducted on Admission for Female Inpatients on an Acute Psychiatric Ward

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**Aims.** Currently, practice is that if patients of childbearing age provide a urine sample on admission they will also be consented to test for pregnancy. As many new patients may refuse to provide a urine sample often due to their mental state or concerns about drug testing this results in some patients not being tested for pregnancy during admission unless required for medication or at patient request. Given the high level of vulnerability and the medication implications for pregnant patients, ascertaining pregnancy status early on in admission is beneficial to patients found to be pregnant. Therefore, we aimed to audit how pregnancy status is assessed and documented on admission and aim to improve the practice where areas for development are identified.

**Methods.** Over the 6 month period July-December 2021 there were 105 inpatient admissions on an acute female psychiatry ward. Using a random number generator 15 patients from this cohort were selected and their notes audited as to whether a urine pregnancy test or bHCG serum pregnancy test was completed on admission. If not, we searched the admission notes for documentation of 'pregnancy, last menstrual period (LMP), sexually active status, contraceptive use'.

**Results.** Of the 15 patients audited, 7 had a documented urine pregnancy test on admission (47%). Of the 8 patients that had not had testing only 1 patient had documentation of contraceptive use prior to admission, the other 7 non-tested patients had no notes regarding their LMP/contraception. 2 patients who did

not have a pregnancy test had in fact had a urinary drug screen on admission, this coincided with a time of approximately 1 month when there were no urine pregnancy test strips available on the ward. At this time serum bHCG or LMP were not routinely used. One of these patients was found one month later to be pregnant.

**Conclusion.** We propose based on our findings that a more robust enquiry as to the risk of pregnancy should be conducted on admission for female acute inpatients. We have made recommendations that this should be in the form of a checklist to be conducted as part of the nursing admissions assessment such that if a urine sample is refused then a form detailing LMP, contraceptive use and any recent unprotected sexual activity will be completed. This can then be reviewed by the medical team prior to commencing medications. The use of this checklist will be re-audited between January-June 2022.

### Audit of Adherence to Prescribing Guidelines of Psychotropic Drugs for People With Intellectual Disability and Behaviours That Challenge -Specialist Support Team -SST-Merseycare NHS Foundation Trust

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**Aims.** There are concerns following the Winterbourne view investigation and from the Learning Disabilities Census that psychotropic medications are being inappropriately given to people with learning disability as a means of managing difficult behaviours. Stopping Overuse of Medication in People with Learning Disability (STOMP) is a key area which has been identified as needing improvement for the Transforming Care Programme which is being supported by the Royal College of Psychiatrists. Members are encouraged to include STOMP in their local audits. It is for this reason that the topic has been chosen. The overall aim of this project is to capture the snapshot of prescribing of psychotropic medications for people under SST care. This information has been used for establishing baseline of current practice as they are happening and to develop SST base response to support STOMP agenda.

**Methods.** The population audited was patients open to the SST LANCS/GM. Patients had to be between 18 and 65 years old, have a diagnosis of a learning disability and be known to have challenging behaviour. Patients were excluded from the audit if they had no challenging behaviour, had been discharged from services. The sample size was 20 (10 from GM and 10 from LANCS). Data were collected using the proforma and then entered into Microsoft excel for analysis.

**Results.** Four overall standards were audited, each with key lines of enquiry within the standard audited to help determine compliance. Overall compliance for standard one, the indication and rationale should be clearly stated, was 50%. For standard 2, consent to treatment procedure, the third standard, regular monitoring of the treatment response and side effects, and the final standard, review and evaluation of the need for continuation or discontinuation of the psychotropic drug, the compliance was less than 10%. It should be noted that the audit erred on the side of counting in any information that suggested that the