

Knowing Where You Are Going: Co-Producing and Standardising Information About Child and Adolescent Mental Health Services Inpatient Units

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Aims. At-distance and out-of-region admissions form a significant proportion of inpatient admissions in CAMHS. The recent national “Far Away from Home” study which investigated the impacts of these admissions for young people, parents/carers and services identified an inconsistent and/or lack of easily accessible information about inpatient units. Parents and young people reported that when there was a lack of easily accessible information about the unit they would be admitted to, this increased their distress and negative views about the admission before they had even arrived. In contrast, those who found useful and positive information felt more reassured about the admission, even if it was far away. Our aim was to create an expert-by-experience designed standardised template of the minimum information that all inpatient units would be required to make publicly available.

Methods. We carried out regular expert consultation meetings with young people and parents/carers with lived experience to co-design a standardised template of information that units would provide for young people and their families on their websites and in printed form.

Results. In early meetings the information currently presented by inpatient units was reviewed and discussed. Young people and parents/carers highlighted what they found helpful and unhelpful as well as what was missing. The young people and parents/carers discussed the layout, aesthetics, and functionality that they would like to see on unit websites. They also discussed the content which would be helpful for young people and their parents individually as well as what both groups would want to know. This included realistic and practical information about the unit itself, visiting, local amenities and available funding support.

Conclusion. In collaboration with young people and parents/carers we have created an expert-by-experience designed standardised template of information that all inpatient units will be asked to provide on their website. Better information provision prior to admission will reduce anxiety and uncertainty for young people and their families. We anticipate this project will also contribute towards improved staff/patient/carer relationships because of clearer expectations and understanding.

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Rapid Quality Improvement Project (RQIP): Analysis of All Referrals to the Newcastle Psychiatric Liaison Team (PLT) From the Emergency Department (ED) During April 2023

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Aims. In light of increasing referral rates, the RQIP aimed to review all referrals made to PLT by the ED during April 2023. The purpose was to identify ways to improve working practices to benefit patients, the ED team and the PLT.

Methods. All ED referrals in April 2023 were identified and the following was gathered from each record.

Patient information:

1. Record number, sex, age

Circumstances of attendance:

2. Date/time
3. Who directed patient to ED and arrival method
4. Attendance reason
5. Presence/absence of physical health condition requiring ED
6. Intoxication on arrival and if assessment required after sobriety
7. Outcome

Patient involvement with other services:

8. Number of previous PLT referrals in past 90 days
9. Currently under care of another team, if yes, were they contacted before ED attendance
10. Contact with crisis team in previous 72hours

Results. During April 2023 there were 356 referrals from ED to PLT. 284 represented single attendances and 72 represented repeat attendances by 44 patients. 34% (n = 123) self-presented to ED. Emergency services directed 21% (n = 75) to ED. 71% (n = 253) had physical health reasons to attend whilst the rest presented with mental health crisis alone (n = 103). 25% of patients attending ED and referred to PLT were intoxicated and a third of these did not require assessment following sobriety. 41% (n = 145) patients were open to another mental health team within the trust who could potentially have provided crisis input. Of all referrals 27% (n = 97) were signposted to other services, 26% (n = 93) left before they were seen. PLT referred 11% (n = 40) to crisis teams and 3% (n = 11) to Mental Health Act assessment.

Conclusion. Findings indicate that a large proportion of patients attending ED could have had their mental health needs met elsewhere in the absence of a medical reason for attending, thus potentially avoiding long waits in ED. Patients that are referred but leave before assessment, those without acute medical need to be in ED, those that do not require assessment after sobriety or those open to other planned care mental health teams may have their needs best met outside of the acute ED environment. It is hoped that community transformation work will enable community services to become more responsive to such needs.

The team propose working collaboratively with the acute trust and trialling embedding a PLT clinician in the ED triage process in order to redirect patients to the most appropriate care in a timely way.

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Striving for a Higher Completion Rate of Patient Reported Outcome Measures in Kent and Medway NHS Trust

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Aims. A Patient Reported Outcome Measure (PROM) is a form that patients complete about their health status at a single point in time. The Recovering Quality of Life (ReQoL) questionnaire is a new PROM, developed in partnership with mental health service users to enable them to report on their mental state, and can be utilised by clinicians to track progress. The Commissioning for Quality and Innovation (CQUIN) framework set a target that 40% of adult and older adult patients accessing secondary mental health services should have their PROM recorded at least twice in a 6-month period. The primary aim of this quality improvement project was for 50% of patients under the Kent and Medway NHS Trust (KMPT) to be ReQoL compliant.

Methods. Following engagement with various stakeholders, a survey was circulated to better understand the barriers stopping staff from facilitating ReQoL completion. Moreover, a poster was created to raise awareness of ReQoLs and illustrate the practicalities behind gathering and recording patient scores. Additionally, local ‘champions’ were assigned for each community/inpatient mental health team to foster a sense of responsibility for PROM collection. Data on PROM compliance was obtained monthly, with meetings subsequently organised to scrutinise the results and brainstorm further ideas to drive improvement, such as providing patients with paper ReQoL copies to fill out in advance of their consultation/ward round.

Results. The survey revealed that 23% of staff were unfamiliar with the ReQoL questionnaire, and only 31% routinely obtained and inputted ReQoLs. A lack of time to assist patients in filling out PROMs was the main barrier cited by staff, alongside ambiguity as to whose job it was to ensure ReQoL collection. Through the distribution of the poster, the establishment of local leads and other changes such as the paper ReQoL initiative, there was a notable uptick in the rates of PROM completion. Indeed, over a 4-month period, compliance rose locally from 46% to 61% at the acute inpatient unit, and from 0 to 21% in the community mental health service. However, over KMPT as a whole, change was modest.

Conclusion. This was a successful quality improvement project, resulting in an increase in PROM completion rates, especially at a local level. The measures implemented, particularly the poster and formation of ReQoL leads, were effective – although more work and participation is required to change Trust-wide compliance. Future ideas include adding a ReQoL tool into nurse/doctor clerking templates to reduce friction in completing PROMs.

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Creating a Simulated On-Call Scenario to Measure Stress and Improve Confidence in Medical Students

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Aims. Previous literature has reported that medical students are objectively and subjectively more stressed than the general population. The transition between medical school and commencing a career as a foundation doctor can cause a significant amount of stress. The first aim was to investigate stress and anxiety and how this may impact performance, with the aim being to better

understand stress in medical students about to embark on a career as a doctor. The second aim was to create a simulated 1-1 on-call shift scenario to allow final year medical students to practice the skills and improve confidence.

Methods. 16 final year medical students from two UK medical universities took part in a simulated on-call scenario acting as the foundation year 1 doctor. During the scenario, participants were scored on their performance. Fitbits measured heart rate data as an objective measure of stress. Subjective data was collected using the State-Trait Anxiety Inventory (STAI). They were asked a series of questions regarding their confidence before and after the scenario.

Results. Participants reported higher states of anxiety after the on-call simulation compared with a regular day on placement ($t=-6.93$, $p < 0.001$). There was a trend between reported higher levels of state anxiety and lower performance scores ($r=-0.475$, $p=0.063$.) There was no correlation between average heart rate and reported levels of state anxiety ($r=0.452$, $p=0.105$). Prior to the on-call scenario participants reported their confidence as follows; 26.09% no confidence, 65.22% slightly confident, 8.7% somewhat confident, 0% confident/very confident. After the scenario participants reported their confidence as follows; 4.35% no confidence, 34.78% slightly confident, 52.17% somewhat confident, 8.7% and 0% very confident. 100% of participants reported that they would recommend the session to colleagues.

Conclusion. The results highlight that an on-call scenario has a significant impact on the feelings of stress in medical students. It also shows that stress can have a negative impact on performance. However, experience completing a simulated on-call scenario helped to improve confidence and was recommended to colleagues. Future research should aim to further investigate acute stress in a real-life setting and use objective measures of stress. Over time researchers should aim to create a targeted intervention aimed at supporting medical students and junior doctors during their on-call and provide opportunities to improve confidence.

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Fantastic Lists and Where to Find Them: Implementation of Centralised Jobs Lists Into Psychiatric Workplaces

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Aims. This quality improvement project aims to address the current gaps in safe handover between doctors on psychiatric wards by implementing a “live jobs list” that can be remotely accessed and edited by all members of the ward medical team. It should create accountability between different members of the medical team and allow colleagues to track which jobs have been started, completed or are not yet assigned; avoiding duplication or non-completion of outstanding ward tasks.

Methods. Qualitative surveys were sent out to junior doctors working within inpatient psychiatric wards. The survey focussed on identifying the opinions of doctors about jobs lists and their views regarding collaborative vs. individualised lists. The survey was sent out prior to creating ward-specific online channels with collaborative task lists that could be accessed by the whole