Aims. To establish the improvements in the quality of seclusion medical review after introducing a template to complete the review.

Background. The Mental Health Act – Code of Practice outlines the standards of patient care while in seclusion. It also emphasis that supportive engagement/observation schedules should be reviewed in person and continued at the point an episode of seclusion was initiated.

Furthermore, NICE also set up standards to monitor side effect profile while prescribing psychotropic for such patients and regular management review. It also gives importance to staff training to ensure these standards.

To improve the quality of the seclusion medical review, we completed an audit in July 2019 to ascertain whether medics are following Trust Policy.

We identified good results (above 90%) in the following areas:
Time of seclusion review
Record keeping
Management plan
Good documentation of risk, mental state examination and physical health.

We also noticed that the following areas can be improved:
Prescribed Medications. (60%)
Medication side effects. (40%)
Physical Observations (40%)

We used the following audit standards for our audit after our last audit and a template was designed and after discussion with medics incorporated into the existing documentation template.
Time of review
Reason and duration for seclusion
Psychiatric diagnosis
Mental State Examination/Behaviour
Physical health (including physical observations)/Environment
Medication (prescribed, rapid tranquilisation, side effects, or adverse effects)
Risk (to self-DSH or accidental) (risks to others)
Plan :(frequency of physical obs./medical review, management, restrictions, exit plan for terminating seclusion, patient's capacity to understand it)

Method. We considered the following aspects:
Retrospective data collection from 01.03.2020 to 30.08.2020.
Sample selection: random selection of mixture of clinicians on different times and days of the week.
Data analysis was carried out by using Microsoft Excel.

Result. We noticed a marked improvement in the quality of seclusion medical review (between 95% and 100%) after introducing a template for it. There were no major concerns identified during the re-audit.

Conclusion. To continue to use the template for Seclusion Medical Review which has shown significant improvement in the quality of the reviews which will improve patient care.

It also helped us to deliver person centred care and safe practice.

To continue teaching and training of doctors.

This QIP project motivated nurses to do an audit on nursing seclusion review and made necessary changes.

Quality of seclusion medical review according to trust guidelines

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Aims. We accessed whether medics are following Trust Policy while conducting seclusion medical review and identify the strengths in quality of seclusion medical review and identify the areas which need improvements to improve our quality and standards of patient's care and safety and to reduce risks.

Background. The Mental Health Act Code of Practice sets an expectation for mental health services for restrictive interventions (use of restraint, seclusion and rapid tranquilisation) by following good standards. Medical reviews provide an opportunity to evaluate and amend seclusion management plan. This clinical audit was undertaken by looking at quality of record keeping about seclusion review by junior doctors, staff grades and consultants at different times (day, night, and weekend).

Method. Data analysis was carried out by using Microsoft Excel. The audit had Humber Teaching NHSFT approval. We assessed electronic healthcare records. Data collection was carried out or retrospectively in 2019(n = 40) using following parameters:

1) A review of patient's physical and psychiatric health.
2) An assessment medication prescribed and adverse effects of medication.
3) A review of observations required.
4) An assessment of the risk posed by the patient to others.
5) An assessment of any risk to the patient from deliberate or accidental self-harm.
6) An assessment of need for continuing seclusion, and whether it is possible for seclusion measures to be applied more flexibly, or in a less restrictive manner.
7) Time of Seclusion Review: Within first hour after seclusion and then every 4 hours until internal MDT. After MDT twice a day.
8) Record Keeping.

Result. Key Successes (above 80%)
Time of seclusion review (with in first hour or when required)
Record keeping (accurate time and place for clinical notes).
Plan for continuing need for seclusion.
Good documentation of Risk to self and risk to others.
Good documentation of mental state examination.
Comments on physical health although it can be improved.
Key Concerns(Less than 60%):
Prescribed Medications.
Medication side effects.
Physical Observations

Conclusion. Medics are missing some important parts in seclusion medical review. We developed a template for seclusion medical review according to trust guidelines which are based on Code of Practice and to incorporate in already existing seclusion review form. We also delivered teaching and training to doctors and also showed junior doctor's an example of documentation. We will re-audit in 1 years' time to see improvement.

Pilot project: easy read psychiatry clinic appointment outcome letters

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Aims. To improve communication with patients and carers by sharing information in an easily comprehensible manner.

Background. According to the department of health guidelines, there is legal requirement to provide copies all clinical correspondence to the patients. Therefore, after any clinic review, letters summarizing the consultation are sent out to GP and patients are copied in. However, these are not very meaningful for patients with special needs, as they struggle to comprehend information. Previous studies have shown that patients with learning disability would prefer letters in a simple language and would also like to participate in the decision making process. According to Accessible Information Standard, we have a legal obligation to deliver information to our service users in an easily understandable manner. We undertook a quality improvement pilot project of easy read templates to improve the understanding of patients and their carers/families.

Method. A standard easy read template was co-produced after collecting feedback from different service users and clinicians. Pictures were incorporated into the questionnaire to facilitate understanding. We collected reviews over a period of 2 months from Nov 2019- Dec 2019. This proforma did not replace the routine clinic letter send out to the GP and the patients. This easy read template began with the introduction of the doctor (with photograph) and it encompassed mental health, physical health, current medication (and the benefits and side effects if any) and changes of medication. It also included epilepsy and the risks (risks to self and to others), vulnerability, behaviours of concern and the day-to-day activities that a service user engages in and finally about the plan formulated at the end of the consultation. At the same time, there was a separate form (with self-explanatory pictures), which collected feedback about the above mentioned appointment outcome review form.

Result. Templates were handed out to 65 patients and carers, and 60 completed the form. All patients found the template useful and helpful, mainly because it was easily comprehensible, with pictures, and also "provided instant updates".

Conclusion. This easy read template improves patients' understanding and participation in the clinic review. This contributes to greater patient satisfaction. As Specialist Learning Disability services, we need to ensure that information is imparted to the patients and the carers in an easily understandable manner and this easy read template should be incorporated in the routine clinic practice.

Abstract : stomp in HPFT

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Aims. Analyse the pattern of psychotropic drug use and deprescribing (in the context of STOMP) in people with Intellectual disability and Challenging behaviour in Hertfordshire community team(s) during 2016-17. STOMP stands for Stopping Over Medication in People with Learning Disability, Autism or both.

Background. Public Health England in 2015 estimated that on an average day in England, between 30,000 and 35,000 adults with a learning disability, autism or both were taking prescribed psychotropics without appropriate clinical indications . HPFT signed up to the STOMP pledge in 2017 to actively review psychotropic prescribing in line with NICE guidance alongside patients, carers and professional partnerships. This audit provides the outcomes of applying the STOMP Pledge to clinical practice.

Method. Data collection for the current audit occurred over Q1-5 in 2016–2017. All patients with Intellectual Disabilities on psychotropic medication were reviewed in psychiatric clinics. Awareness was raised about STOMP in teams. A semi-structured tool was developed based on the Self assessment framework published by the ID faculty RCPsych and prospective data were collected after each outpatient visit.

Result. 347 patients were prescribed psychotropic medication and reviewed quarterly between 2016-2017. 96 patients were prescribed antipsychotics for challenging behaviour. Other prescribed medications included mood stabilisers, anticonvulsants, anti-depressants and benzodiazepines. Common antipsychotics used: Risperidone (63), Aripiprazole (14), Quetiapine (9), Olanzapine (4); Chlorpromazine (2). Four patients were maintained on two antipsychotics in varying combinations. The data collection tool noted that alternatives to medication were tried in 32 cases. Deprescribing occurred in 41 cases

Conclusion. This study represents an attempt to capture the impact of the STOMP principles in a clinical sample. Various alternatives to medications were pursued in the sample such as positive behaviour support, sensory integration, psychological therapies, social support. Younger adults (under 30 years) represented the largest proportion of cases where medication was increased. Adults over 30 years represented the largest proportion of cases where a STOMP reduction occurred. This may reflect the individual factors at play. Younger people with ID and /or Autism are more likely to experience changes in support and structure at transition, whilst older adults may have more physical comorbidities that may influence this decision.zcvv

Audit for prescription and administration of PRN buccal midazolam for people with learning disabilities and epilepsy in the Hertfordshire & Essex

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Aims. The current audit aims to identify the gaps in the practice of administering prn buccal midazolam, for management of epilepsy in people with intellectual disability and to review training needs, with a view to improve patient care.

Background. Convulsive status epilepticus is a medical emergency requiring admission to hospital and has a mortality as high as 20% (SUDEP -Sudden Unexpected Death in Epilepsy). It is imperative that the carers are fully aware of the risks associated with the epileptic attacks, are able to recognize the attacks and offer rescue medication to the patient in a timely and effective manner. National guidelines have been drafted jointly by ESNA (Epilepsy Specialist Nurses Association) and ILAE (International League Against Epilepsy) for prn administration of buccal midazolam. The use of rescue medication by trained carers can significantly improve the outcome and reducing the risk of hospital administration and chances of SUDEP. Buccal midazolam is widely used to manage prolonged seizures. Administration should be undertaken only by people who have received both epilepsy awareness and buccal midazolam training.

Method. All patients with intellectual disability with epilepsy were studied and patients who were prescribed prn midazolam have been shortlisted shortlisted for data analysis. A template was designed and data are being collected from the carers, community nurses and the prescribing clinicians. Data are categorized under headings of background information about epilepsy, recognizing complications during a seizure and the ability to administer