

liaison team is conducting special training programs for the management of AWS for all the clinical staff in the general hospital with the aim that compliance should improve in the near future.

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### Introduction of a Standardised Admissions Template Improves Adherence to Physical Health Assessment Standards on Admission to an Inpatient Psychiatry Unit

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**Aims.** The risk of omitting an admission Electrocardiogram (ECG) in psychiatric inpatients can be high - patients may be more likely to have comorbid disease or require antipsychotic medication. Lack of an ECG represents inadequate physical health assessment, and may impact on morbidity and mortality from physical illness – impairing the ability to safely treat psychiatric illness, for example with antipsychotic medications. This audit aimed to establish achievement of admission ECG within 24hours, and to improve this if possible.

**Methods.** Two doctors gathered data retrospectively using written and electronic admission records for 41 psychiatric admissions in a one week period in September 2019.

Following the first audit cycle demonstrating low levels of policy adherence, an admission proforma containing prompts and requiring a signature of the admitting doctor was introduced. Data collection was repeated on 16 admissions during September 2020 using an identical process.

**Results.** The intervention led to an increase in ECGs performed within 24hours (65% to 83% in 18-65 year olds, 52% to 60% in over 65 year olds), whilst documentation of delayed ECGs being justified and reattempted also improved (28% to 100% in 18-65 year olds, and 50% to 100% in over 65 year olds).

The proforma was utilised in 75% of audited general adult admissions, and 66% of audited older adult admissions. **Conclusion.** This admission unit was failing to meet expected standards of physical health assessment, which could result in harm. Reasons for this varied, but were attributed to inconsistent admission processes resulting in junior staff being unaware of the requirement, or miscommunication between staff. Handover of outstanding tasks occurred, but was not taken ownership of.

Data collection was unfortunately impaired by reduced patient numbers secondary to COVID-19 admission processes – particularly in the older adult ward. As such some of the results in those over 65 years are positive, but may be spurious. It would be useful to repeat the audit once admission levels return to normal.

The unified assessment document provided a framework for inclusion of all relevant elements and reminders for the admitting doctor. It required formal responsibility to be taken by the admitting doctor to ensure completion. Qualitative feedback demonstrated that it improved the quality and ease of admission documentation, and enabled thorough assessments which were useful when planning patient care and discharge letters.

This audit demonstrated that use of an assessment proforma results in improved adherence to physical healthcare policies, and contribute towards improved patient care.

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### Audit of DNA & Disengagement of Patients in West Essex Community MH Teams

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**Aims.** Non-attendances (DNAs) and cancellations are a very costly waste of resource within the NHS and so it is important to have a focused plan of action to proactively manage them. The Trust recognises that people may choose not to attend appointments, or discontinue contact with the services we provide for them. There will be occasions where a person's non-attendance is an indicator that :

- they may be at risk to themselves or others through deterioration in their mental health, or other issues preventing them from attending.
- Therefore, any failure of planned contact should be regarded as a potentially serious matter and should lead to an assessment of potential risk. Hence we aimed this study to see if trust policy of DNA and disengagement is being followed.

**Methods.** Data were collected for 51 patients who missed their scheduled appointment between February and August 2021, using a pre-designed questionnaire tool.

**Results.** Out of the 51 patients, 37 of them Did not attend the initial assessment whereas 14 of them did not attend follow-up appointments.

18 patients had the diagnosis of depression, 9 of them had anxiety as the diagnosis and 8 had the diagnosis of personality disorder. Please see figure above for distribution of Mental Health diagnosis.

98.1% patients were notified adequately and for all the patients, letter was sent to the patient and the GP.

In 50.9% cases Risk Assessment was completed (although 37 patient did not attend, they were already known to our services). In 25% of cases, risk assessment was updated.

Review of the Contingency plan was done in case of 26 patients.

Out of the 51 patients, family was contacted for only 3 patients. Remaining 48 patients other known contacts were contacted in 4 cases.

Out of the remaining 44 patients, 3 patients were referred for home visits or AHMP.

Out of the remaining 41 patients, police/welfare check was done for 4 of them.

The remaining 31 patients were discharged from the services after they did not respond to our multiple correspondences including phone calls and letters.

**Conclusion.** Though trust policy is being followed to a good extent in regards to adequately notifying and contacting service user, offer another appointment and informing GP, we are failing to adhere to trust policy in regards to updating risk assessments, review crisis plans or doing welfare checks.

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## Improving Medical Handover in the Tyrone and Fermanagh Psychiatric Inpatient Unit

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**Aims.** This project was undertaken in the Tyrone and Fermanagh Hospital, an inpatient Psychiatric Unit in Omagh, Northern Ireland. It was recognised that the previous method of medical handover via anonymised WhatsApp messages had several issues including patient data on personal phones, over-reliance on phone apps which have the potential to crash and short messages with limited details were included. The aim of our project was to improve patient safety by improving communication between medical staff members.

**Methods.** The previous method of medical handover was via text message on messaging platform WhatsApp. A message was sent the morning of handover, to the WhatsApp group.

We continued to use a digital platform, but used Microsoft word, and Western Trust email addresses to record and send the handover. At the start of this project, we allowed free space recording, resulting in variation in the handovers.

We agreed a minimum number of details to be included to ensure quality of handover, and audited the word documents, to assess the adherence to this.

This change, still does not require face to face handover. There have been pros and cons to the change, which will be discussed in this presentation.

We reviewed four months' worth of handovers. They were reviewed for specific elements of essential handover criteria. The areas included Patient Name, H&C, detained or voluntary, admission or review, presenting complaint, patient's history, risks, physical issues, and handover to specific person.

It should be noted that the doctors involved were aware of the changes made, and standards being introduced, and therefore were aware that they would be auditing their own handovers. This might have created bias in the subsequent handovers.

We then analysed each month to see what percentage of handovers had been concordant with the standards. These data were then represented in graphs, as we will show.

**Results.** We identified areas which were performed well when completing handover. The areas which were consistently 100% included the date of handover and patient name or initials. Outstanding jobs were performed in 97.5% of handovers.

Areas for improvement identified when collecting results were the status of admission (i.e. voluntary or detained), the main patient risks and use of the document password.

100% of the shifts used the new digitalised format for handover using Microsoft word and trust email system.

**Conclusion.** We reviewed the results of the data, which highlighted areas for improvement

We hope to implement a standard performa for handovers, reducing the chance of key information being missed, thereby improving patient safety. We aim to collect data following this 2nd intervention in the next rotation and continue to examine handover processes using PDSA cycles.

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## A Trust Wide Audit Evaluating Prescribing Practices in Clients With Emotionally Unstable Personality Disorder (EUPD)

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**Aims.** The aim of this audit was to evaluate prescribing practices in patients with EUPD at South West London and St George's Mental Health NHS Trust and compare these to NICE guidance on the management of EUPD. We are aware that for a multitude of reasons including high levels of distress and long waiting times for psychological therapy, clients with EUPD are often prescribed psychotropic medication. NICE guidance states that drug treatment including antipsychotics should not be used specifically for EUPD or for associated behavioural symptoms. Drug treatment for comorbid conditions and short-term use of sedative medication may be considered as part of a crisis treatment plan. If prescribing, NICE recommends that written material be provided to the client along with regular treatment reviews.

**Methods.** We obtained a list of patients in the trust with a recorded diagnosis of EUPD on their electronic patient record (EPR) system (N=869). 10% of these clients were randomly sampled (N=87).

The notes were assessed for any prescribed psychiatric medication including the documented rationale for prescribing. We also assessed if medication use was consistent with NICE recommended time limited crisis prescribing and whether there was evidence of regular reviews of prescribed medication and of written material being provided to the client.

**Results.** Of the sampled clients, 81.6% (n=71) were prescribed medication. Of these, 39.4% (n=28) had medication use consistent with NICE recommended time limited prescribing, and 57.7% (n=41) had timely reviews of medication. 4.2% (n=3) of those prescribed medication had evidence on their EPR of written material being provided.

**Conclusion.** Our results highlight the extent of drug prescribing for EUPD within the trust. Over half of patients sampled had timely reviews of prescribed medication. However, most were not consistent with NICE recommended time limited prescribing. The results were presented to the trust's Clinical Reference Group. A Working Group has now been formed to help bring prescribing practices better in line with NICE guidance, specifically around the provision and recording of written information of drug treatment to patients and reducing inappropriate prescribing and polypharmacy.

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## Reflecting on Episodes of Rapid Tranquilisation in Forensic MDT Settings

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