**Conclusion.** The full cycle audit demonstrated marginal improvements in appointment attendance rates following targeted interventions. While Phase 2 showed a higher attendance rate, it also highlighted ongoing challenges, particularly in managing patient leaves and transportation. These findings underscore the need for continuous monitoring and adaptable strategies to further enhance attendance rates. Recommendations include improved communication during patient transfers, proactive leave management, addressing transportation issues, and ongoing evaluation to sustain improvements in health appointment attendance in psychiatric settings.



## Do Not Attempt Resuscitation (DNAR) Orders in an Older-Age Psychiatric Hospital

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**Aims.** We aim to see whether DNAR discussions are being undertaken at an appropriate time for our patients, as well as seeing whether these are recorded formally and regularly reviewed, as per local protocol. We also aim to see whether the immediate medical/nursing teams are aware of the local guidelines, as well as which of their patients have a DNAR in situ, and how to find this out. As an old-aged psychiatric unit, this is very important.
**Methods.** We used 2 methods of data collection. One was questionnaires that we gave out to medics, nurses, and HCAs on our wards. We collected quantitative data from them on whether they knew where DNAR forms were and which of their patients had DNAR forms. We then also collected quantitative data from our online notes, looking into which patients had DNARs, whether these were recorded online and in a physical copy, whether it was discussed on clerking, and whether it was regularly reviewed and documented in MDTs. We used data from 51 inpatients over 3 wards.
**Results.** Over 30% of patients have a DNAR in situ across the 3 wards. The dementia-focussed wards have a higher number of DNARs in place. All patients with a DNAR had a purple form completed and kept on the ward. 75% of staff knew where these were. Only 20% of those with DNARs had these documented online as per local guidelines; only 45% of staff knew where to find this information online. Only 8% of patients had their DNAR status discussed on admission, and 10% in their first MDT. Only 60% staff knew which patients had a DNAR in situ.
**Conclusion.** There is evidence that purple forms are completed appropriately and stored well. The main issue is the online record-keeping; staff either don't know how to or that they can document this online. This is reiterated as many did not know where the information was online. This demonstrates a lack of knowledge and education.

DNAR conversations are not occurring in the first place; the status is not being regularly reviewed, leading to issues where these conversations are rushed during acute events. It is important to think about these things earlier to ensure everyone, patient, family and staff, understands the process and rationale.

Lack of staff knowledge on which patients have DNARs in situ could be a great issue if an acute event were to occur, and compromises patient safety.



## Clozapine Monitoring in Older Adults: An Audit Evaluating Compliance With Clozapine Guidelines in Community Settings

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**Aims.** To review compliance with current blood monitoring guidelines of Older Adult Community Mental Health (OACMHT) patients who are on clozapine within the community teams of Herefordshire and Worcestershire Health and Care NHS Trust. This is for full blood count, prolactin, glycated haemoglobin (HbA1C), liver function, renal function, lipid profile, glucose, and clozapine assay.
**Methods.** Our trust guidelines state the following blood parameters should be monitored every 6 months:

1. Full Blood Count (FBC)
2. Glucose (fasting if possible)
3. Prolactin
4. Urea & electrolytes (U&E)
5. Lipid profile (fasting if possible)
6. Liver Function Tests (LFT)
7. HbA1c (annually)
8. Clozapine plasma assay (annually)

We reached out to the medical secretaries of the following OACMHTs: Wyre Forest, Malvern Evesham & Pershore, Worcester & Droitwich, Redditch & Bromsgrove to collate a list of patients on clozapine. We then retrospectively looked at blood test results in the past 1 year from 31.12.22 to 31.12.23 and assessed compliance of the 8 haematological parameters.
**Results.** In total, 7 patients were identified across the 4 OACMHTs caseloads who were on clozapine. In the past 1 year, we would expect 2 episodes of monitoring for FBC, Glucose, U&E, Prolactin, Lipid profile, and LFT, as well as 1 episode of HbA1C and clozapine drug levels.

Compliance for FBC monitoring for 2 episodes was achieved for 100% (n = 7) of the patients. Compliance for 2 episodes of glucose and prolactin monitoring were 0%. Compliance for 2 episodes of renal profile monitoring was 57% (n = 4), but 86% (n = 6) of the patients had at least 1 episode of renal profile monitoring. Compliance for 2 episodes of Lipid profile monitoring was 0%, however 43% (n = 3) of the patients had at least 1 test. In terms of LFTs, 71% (n = 5) of the patients achieved the expected 2 episodes of monitoring, and 100% of them at least 1 episode of monitoring. For HbA1C monitoring, 100% of the patients had the expected 1 episode of monitoring annually. For clozapine plasma levels, 43% (n = 3) of the patients achieved their expected annual episode of monitoring.

An interesting observation of note was that a number of blood parameter investigations were performed by GPs/hospitals as part of another investigation, not exclusively for the sole purpose of clozapine monitoring. For example, 50% of the U&Es, 33% of