

Background. Efficient handovers are integral to patient care. Challenges to handover for liaison psychiatry included high patient and staff turnover and varied handover approaches across the multidisciplinary team (MDT).

Method. MDT focus groups and questionnaires explored change ideas. PDSA cycles were used to design a structured handover.

We aimed to:

Reduce handover time to 30 minutes.

Improve communication using the SBAR tool.

Implement a multidisciplinary teaching schedule in the time saved.

Daily measures:

Handover timing

Team Satisfaction (Individuals ranked handover as 'good', 'average', or 'poor')

Weekly measures:

Semi-qualitative questionnaires triangulated areas for improvement.

Emails, posters and team meetings provided team feedback regarding QI progress.

Result. A structured twice-daily handover format incorporating SBAR, allocated handover coordinators and documentation was created. Weekly MDT teaching sessions were developed.

Over 4 weeks, 'good' handover ratings increased from 22% to 65%; 'poor' ratings decreased from 25% to 8%. Mean handover time decreased from 37 minutes to 28.5.

The team viewed SBAR as a positive efficiency-promoting tool. MDT teaching improved team communication and confidence. Documentation is an area to improve.

Conclusion. Structured handover has promoted efficiency and effective information-sharing amongst the liaison psychiatry team.

Interdisciplinary teaching can promote inclusive team feeling and encourage confidence across the MDT.

Are we adequately reviewing confusion inducing drugs in patients referred to the memory assessment service?

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Aims. The aim of this quality improvement evaluation project is to establish the standard of current practice in relation to reviewing confusion inducing drugs (CIDs) at the time of referral, as it has been hypothesised that these medications contribute to short term cognitive impairment. This is essential in order to establish the validity of the diagnostic processes of dementia syndrome in the memory assessment services.

Background. It has long been established that anti-cholinergic medications (ACMs) have contributed to short-term cognitive impairment in patients taking them. This is compounded with the fact that these medications may be continued without review, for longer than was originally intended. The impact of polypharmacy, subsequent anti-cholinergic burden, and the overlapping presence of delirium, may call into question the validity of a diagnosis of dementia in patients who have not been correctly vetted during the course of their assessment. This quality improvement evaluation aims to assess whether patients' medications are being reviewed before diagnosing a memory disorder. This is in accordance with guidance set out by the NG97 NICE guidelines, The Royal College of Psychiatrists Memory Service National

Accreditation Programme (MSNAP), and the National Institute on Ageing and Alzheimer's Association (NIA-AA).

Method. All new referrals to the memory assessment service during July and August 2019 were systematically reviewed and data extracted from the memory referral document and entries on RIO from first point of contact. The following data were recorded: patient ID, GPCOG/6CIT score, final diagnosis, CID prescriptions and CID review.

Result. The results were collated using a data-set of 216 patients (136 females and 80 males,) of which the mean age was 79 years. It was noted that 36% of patients had not had any sort of cognitive assessment before referral, which identifies an area for improvement. However the most substantial finding was that only 10 patients (5%) had a CID prescription review documented in the RIO notes.

Conclusion. Our data suggest that in our memory assessment service, only a small proportion of patients are having a documented review of their CIDs prior to diagnosis of dementia. In order to improve this and thus improve compliance with guidelines from the Royal College of Psychiatrists MSNAP and the NIA-AA, measures will be taken to issue each dementia support worker and nurse with a CID prescription review card, which will list those medications to consider and flag for review.

The physical healthcare of patients in secure hospitals: setting standards for medical equipment

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Aims. The increased morbidity and mortality relating to the poor physical health of patients with severe mental illness has repeatedly been an area identified as requiring improvement. Despite this, no national minimum standard has been published around the minimum level of physical health equipment that should be available within an inpatient psychiatric setting.

The aim of this project was to improve and standardise availability of physical health equipment across the five clinical areas within a medium secure inpatient forensic setting, thus enabling optimal and timely medical care and physical examination of patients to occur.

Method. This project used a combination of audit and quality improvement practices. An audit standard was created and current practice was established within the 5 clinical areas of a Medium Secure Forensic Unit. Improvements were made in a systematic and measured way and two audit cycles were completed.

Result. At baseline, the attainment of audit standard ranged from 14-76%. Clinical areas were sharing equipment and there was an inconsistency as to where and how equipment was being stored. Changes implemented included redistribution and reorganisation of equipment which increased attainment to between 48% - 86%. Following this further equipment was ordered and the equipment was separated into that which was required on a daily basis to conduct physical observations and more specialist specific examination equipment. Re-audit found attainment across the five clinical areas being between 90-100%.

Conclusion. Monitoring of physical health within psychiatric inpatient settings is a key area of patient care, and is frequently identified as requiring improvement. Without access to equipment to monitor and assess physical health, this becomes

challenging and potentially poorly completed. By standardizing available equipment and furthermore through practical steps such as separating the equipment required on a daily basis and that used less frequently the retention of equipment improved. This enables delivery of high quality, timely and thorough monitoring and assessment of physical health to be achievable.

Improving cardiometabolic screening on an inpatient psychiatric ward: a quality improvement project

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Aims. Primary aim: To increase the proportion of patients receiving a full cardiometabolic screen whilst on the ward to 75%.

Secondary aims: To improve communication with GPs regarding cardiometabolic health, to improve the rates of intervention when abnormalities are found to 75%.

Background. People with serious mental illness are known to have significantly increased risk of cardiometabolic syndrome than the general population. Estimates suggest there would be up to 12,000 fewer deaths from cardiovascular disease if people with serious mental illness had the same outcomes as the general population. People with serious mental illness die on average 20 years earlier than the general population due to preventable physical health problems.

Whilst on the ward, we have an excellent opportunity to screen and treat patients with cardiometabolic risk factors, yet screens are often incomplete, not acted upon, or simply not carried out.

Method. Using the Plan-Do-Study-Act (PDSA) methodology, we trialed interventions to improve the cardiometabolic screening process on our 16 bed inpatient ward. Across 8 cycles, we set up a protocol to ensure all new patients received a full cardiometabolic screen during their admission reviews, engaged nursing staff with the process and managed inconsistencies with blood transportation and delivery. We also started using British Heart Foundation information leaflets, and treating patients in accordance with the Lester Tool: Positive Cardiometabolic Health Resource. We made design changes to the discharge summary template allowing for clear communication with GPs on discharge.

Result. At the end of 8 cycles, we had achieved 100% compliance with the full cardiometabolic screen (as defined by the Lester Tool) from a baseline of just 25%. We also improved intervention with identified abnormalities from a baseline of 0% to 100%.

Conclusion. Improvements in cardiometabolic screening and treatment were possible using the PDSA methodology. Given the success of this quality improvement project, we plan to introduce our methodology onto other wards in the trust.

Improving attitudes towards the COVID-19 vaccine in forensic mental health workers: a quality improvement project

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Aims. The primary aim of the project was to improve attitudes towards the COVID-19 vaccine in forensic mental health staff at a large regional tertiary forensic psychiatry unit. The main variable examined was attitudes towards safety of the vaccine. Secondary aims included decreasing misinformation about the vaccine and improving vaccine uptake.

Method. Paper questionnaires were distributed to willing staff members across 6 forensic inpatient wards within the North London Forensic Service. Participants included a range of allied health professionals including nurses, health care assistants, ward managers, occupational therapists, assistant therapists and administrative staff. Questionnaires used a mixture of Likert scale for agreement/disagreement with statements and yes/no questions.

Plan-Do-Study-Act (PDSA) methodology was utilised in implementing changes, and repeat questionnaires used to measure changes in attitude and behaviour. Change ideas implemented included the creation of 'mythbusters' posters which target vaccine misinformation, the creation and distribution of posters of staff members who had already taken their vaccine, the creation of vaccine champions to aid engagement in conversation about the vaccine, vaccine information packs being distributed to all wards and the opportunity for staff to 'drop-in' to clinics for information about the vaccine.

Result. Vaccine uptake improved from 7% before interventions to 69% after interventions.

The proportion of people very unlikely or unlikely to get the vaccine reduced from 25% to just 9%. The proportion of those feeling neutral reduced from 32% to 6%. The proportion of those either likely or very likely to get the vaccine increased from 34% to 85%.

Before interventions only 20% felt that the vaccine was either safe or very safe. This improved to 63% after interventions.

Before interventions, only 27% of respondents felt they had received enough information by the trust to make an informed decision. After interventions, 80% said they had received enough information.

The project was successful in reducing misinformation in every domain. Particularly reassuring was the reduction to zero of some of the most harmful misinformation claims, such as the presence of a tracking chip in the vaccine and the belief that COVID does not exist.

71% of respondents indicated the interventions we set out changed their view on the COVID-19 vaccine.

Conclusion. The changes implemented lead to clear improvements in all domains measured, suggesting targeted information is an effective strategy in improving uptake and attitudes around the vaccination program.

A quality improvement project to improve attendance to the physical health clinic at Southwark team for early psychosis

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Aims. The aim of this project was to improve the booking and attendance of patients under Southwark Team for Early Psychosis (STEP) into the physical health clinic.

Background. STEP is an Early Intervention Service which provides treatment to 230 adults (18-65 years) with first episode