

is perhaps because of the higher turnover of patients but it would be interesting to consider the reasons for the disparity in data.

Improvement seems to have been driven by the teaching around the RRA and weekly review of the RRA at MDT

None of the wards audited had completed the Return to Ward Questionnaire. The ward staff made comment that the questions within this document are asked but more informally.

Alcohol Screening on Admission to an Acute Mental Health Ward

Dr Sutapa Gesell*, Dr Yvonne Tsitsiou and Mr Josef Prochazka
Central and North West London NHS Foundation Trust, London,
United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.295

Aims. Alcohol misuse is estimated to cost the NHS £3.5 billion/year. Only 6% of people suffering from alcohol dependence in England, receive treatment per year, highlighting that alcohol misuse is under-identified. During the COVID-19 pandemic, people have significantly changed their drinking habits, evidenced by government tax receipt data, suggesting alcohol sales increased by 3% to 5% in the UK compared to 2019. Problems associated with harmful alcohol consumption were intensified by the crisis, even though the long-term impacts of COVID-19 on alcohol consumption are uncertain. There was a notable increase of patients with dual diagnosis of mental illness and alcohol misuse on our ward, which is a general adult inpatient psychiatric ward. As such, the aim was to assess and improve alcohol screening on admission to an acute mental health ward.

Methods. Through a System One review, we assessed whether alcohol consumption is documented on admission (within 72 hours) in units, and a validated screening tool is used (AUDIT-C), which was expected in all patients. Their notes were initially retrospectively analysed and subsequently reviewed approximately six weeks following the implementation of interventions.

Interventions included presenting the findings of the primary survey to our colleagues during a multidisciplinary team meeting on the ward and a trust-wide audit meeting attended by both junior and senior doctors. Additional interventions included posters outlining the importance of alcohol screening in the interview rooms of the acute wards (including a QR code link to our presentation and findings).

Results. Out of the 17 patients on the ward, 47% (8/17) were not appropriately screened for alcohol misuse during their first 72 hours of admission. 47% (8/17) had no documented alcohol history on admission clerking. Only 12% (2/17) had partially quantifiable alcohol intake, both drinking above the recommended weekly amount. None of the 'Current Drinker' patients had AUDIT-C screening. Improvement was noted following the interventions during the secondary survey.

Conclusion. Although alcohol screening in acute psychiatric admissions is often vague or incomplete, simple reminders and education can improve screening. If the alcohol history cannot be obtained from the patient on admission, which is often the case, the clinician should clearly document review of notes for historical alcohol use, to avoid potential complications, such as alcohol withdrawal, delirium tremens or seizures.

This project raises further questions on how effective brief interventions for excessive alcohol consumption in acutely unwell/psychotic patients are, encouraging a further area of research.

Outcomes of a Quality Improvement Project to Reduce Unnecessary Blood Tests in Beechcroft Regional Child & Adolescent Mental Health Unit, Belfast Trust

Dr Catherine Gillanders*, Dr Frances Doherty
and Dr Sarah Fitzsimmons

Beechcroft Regional Inpatient Unit, Belfast, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2022.296

Aims. An estimated 25% of blood tests are unnecessary with an annual cost to the trust of approx. £26.5 million. Aside from the huge financial impact, patients are undergoing unnecessary invasive procedures with detrimental impact on lab flow processes and inappropriate use of Doctor and Nursing Staff time. Some young people have multiple admissions to Beechcroft in a short space of time or bloods checked in A + E prior to transfer are missed and replicated. Longstanding use of blood template terms "Admission bloods" or "Eating Disorder Bloods" has added to the problem. Initial scoping exercise found one young person had 40 blood tests during their admission. AIM STATEMENT: Reduce baseline blood testing of Glucose, Lipids and TFTs by 10% by June 2021

Methods. QI project commenced December 2019 using the IHI Model for Improvement Methodology was promoted by the project team through conversations with staff, unit meetings, email and posters.

Outcome Measure: Total glucose, lipid and TFT blood tests recorded fortnightly for the unit over 18 months

Process Measures: Training as part of new nursing staff induction, reminders in daily nursing handover, number of staff attending Biochemistry liaison meetings

Balance Measures: Reduced blood test costs, reduced unnecessary staff workload

Change Ideas

6 PDSA cycles were implemented

- Separate Bloods Diary for each ward – January 2020
- Blood diary brought into weekly care planning meetings – July 2020
- Education Posters displayed in ward clinical rooms – September 2020
- MDT meeting with Clinical Biochemistry – April 2021
- Junior Doctor to update bloods diary post weekly care-planning – May 2021
- Bloods diary brought to daily nursing handover & dissemination of new monitoring guidelines – June 2021

Results. Glucose tests reduced by 68% with new median of 2.2 instead of 7. Lipids and TFTs median of 10 remains unchanged.

Conclusion. COVID-19 has disrupted monitoring. Fundamental changes made within our service by stopping blood glucose monitoring and using BMs instead has led to significant improvements. We will continue to monitor results following 2 recent change ideas. We hope to include patient feedback moving forward.

Improving Oncall Handover Through Digitalisation / a QI Project at Newham Centre for Mental Health

Dr William Loveday¹, Dr Kajanes Ratneswaran¹,
Dr Georgios Nerantzis¹, Dr Alexia Haysom¹, Dr Nahid Hakim^{2*},
Dr Darena Dineva¹ and Dr Adam Richards¹