

response about satisfaction with running of Multidisciplinary Team Meetings (MDTs), availability of name nurse and medical team and information provision around MDTs, leave arrangement, discharge planning and follow up.

Conclusion. This quality improvement project has highlighted inconsistencies in the quality of and satisfaction with information provision during admission and has helped to recognised areas that needed to be improved. Several steps have been taken to improve quality of care such as copies of care plan and "Welcome to Tissington" booklet have provided. Discharge pathways and name board displayed in reception. Ward round appointments given to patients in advance and named nurse to support patients in writing MDT meeting plan. Invite families to attend care plan reviews, ward rounds and discharge meeting in person/via online. Additional craft items made available for activity, and exercise and walking groups have been introduced. Additional time made available for carers to speak with ward staff. Recruitment of Psychologist and occupational therapists now in post and Carers meeting to commence.

It is important to repeat this quality improvement project regularly to monitor the progress and get more information from families and patients to improve the quality of care given by the ward.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Increasing the Interval Between Anti-Psychotic Depot Injections for Service Users on 3-Weekly Injections: A Quality Improvement Project

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Aims. Our aim was to improve service user satisfaction by increasing the interval between their depot injections where clinically feasible. By doing this, we aimed to reduce attendance at the South Kensington and Chelsea Community Mental Health Team (SK&C CMHT) depot clinic by 25% over a period of 3 months, improving the workload for nurses running the clinic.

Methods. Our first baseline measure was data gathered about service user satisfaction with their depot. Our second baseline measure was the average number of service users attending the depot clinic per week between May and November 2022. The balance measure was a medical review 3 months post-interval change to ensure there were no negative impacts from this change.

10 service users on 3-weekly anti-psychotic depots were identified. Our team devised criteria to select service users who were appropriate for our project. This included: a stable mental state, minimal side effects on the current dose, no breakthrough symptoms, good engagement with the depot clinic, and scope to increase the current dose. These service users were discussed with their care coordinator, consultant and depot clinic nurse. If the criteria were met, the dose and interval change was discussed with our pharmacist. Finally, service users were consented and their depot charts were amended.

Results. The interval between depot injections for 2 service users was increased from 3 to 4 weeks on December 5th, 2022. The

other 8 service users failed to meet the criteria set out in our methodology.

These 2 service users were asked to fill in a questionnaire on January 23rd, 2023. They reported that "it was not comfortable having an injection" and that "having it every 4 weeks was better" and "less hassle". Their first medical review did not raise any safety concerns.

On average, 20 service users attend the SK&C CMHT depot clinic every week. There was no change in the average number of patients attending the depot clinic in the last two months as only 2 service users had their depot interval successfully altered.

Conclusion. Service users on depot injections can benefit from increasing the interval between their injections where clinically feasible. We would like to repeat this project for service users on 2-weekly depots and reassess if that makes an impact on satisfaction levels and attendance numbers at our depot clinic.

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Community Mental Health Team (CMHT) Book Club: A Staff Well-being Improvement Project

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Aims. COVID-19 lockdown had reduced face-to-face interaction amongst staff with work-from-home and hybrid models adapted by most NHS organisations which had impacted team morale and reduced learning opportunities within the team. Book clubs are an effective way to enhance social process of learning especially in mental health. Our aims were to improve face-to-face interaction to boost morale within the Community Mental Health Team (CMHT) and increase the reading habit within the team around mental health fiction.

Methods. A questionnaire was sent initially to gauge interest on the idea of a book club and how it should be conducted. Next, we digitalised the book club with a WhatsApp group to facilitate discussion on selection of books and the first book was selected via polling (*The Fat Lady Sings* by Jacqueline Roy). After 4 weeks reading time, we gathered on a selected day (30th September 2022) for moderated discussions with potluck-style lunch. Anonymous feedback was collected via surveys. The cycle was repeated on 28th October 2022 (second book was *Inheritance of Loss* by Kiran Desai).

Results. Questionnaire to gauge interest and how the book club should be conducted revealed that the majority preferred a once-a-month discussion during working hours on a mental health and/or social care-related fiction of about 200-300 pages in length. The 8 respondents were made up of 6 doctors, 1 nurse and 1 social worker.

Feedback surveys on the impact of the book club on interaction with colleagues showed 30% improvement after the first book club (50% to 80%) and was 100% after the second cycle. Respondents also noted 60% improvement in interest in mental health-related fiction and 60% felt that the book club and

discussions generated would help them in their day-to-day work in psychiatry (this figure rose to 100% after the second cycle).

Conclusion. Staff well-being is paramount to ensure staff satisfaction and reduce burnout. Initiatives to address this must be tailored to specific teams. It is also essential to encourage medical education in informal settings to create a culture of learning and improvement from healthcare professionals of diverse backgrounds.

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Increasing Early Cardiac Screening in an Inpatient Psychiatric Setting Using the KardiaMobile 6 Lead Device

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Aims. The Royal College of Psychiatrists' core standards include a comprehensive physical health review as a vital part of an inpatient admission.

To determine whether using the KardiaMobile 6 lead (KM6L) device on an inpatient psychiatric ward would increase:

- the percentage of patients who receive an ECG during an inpatient stay
- the percentage of patients who receive an ECG within 24 hours of admission

Methods. The KM6L device provides a 6 lead ECG recording within 30 seconds. It enables ECGs to be performed more efficiently and less intrusively than a 12 lead ECG machine.

The study aimed to offer all patients (101) admitted to an acute inpatient ward (July 2022 – Jan 2023) an ECG using the KM6L device, unless reporting chest pain, having significant cardiac history, or doctor otherwise concerned – in that event a 12L ECG would be done instead.

The percentage of patients receiving an ECG during an inpatient stay and the percentage who received an ECG within 24 hours of admission were compared on the same ward when using:

- the KM6L device between July 2022 and Jan 2023; and
- a 12L ECG between July 2021 and July 2022

QT intervals were calculated manually as the automatic feature is still in development

Results. Between July 2021 – July 2022, using a 12L ECG:

- 217 patients admitted
- 142 (65.4%) had a 12L ECG during their inpatient stay. Of these, 83 were done within 24 hours of admission (58.5%). Overall, 83/217 (38.2%) of patients had an ECG within 24 hours of admission.

Between July 2022 – Jan 2023, when KM6L device available on ward:

- 101 patients admitted
- 66* (65.3%) had an ECG during their inpatient stay. Of these, 46 were done within 24 hours of admission (69.7%). Overall, 46/101 (45.6%) of patients had an ECG within 24 hours of admission

*Note: 15/66 patients had a 12L ECG as available clinician did not know how to operate KM6L device

Conclusion. KM6L, despite being easier to use and less intrusive, did not increase the percentage of patients who received an ECG during an inpatient stay. However, there was a notable increase in the percentage of ECGs performed within 24 hours of admission. KM6L offers a cost and time saving alternative for obtaining ECGs; earlier cardiac screening may also reduce risk.

Future work will consider further training of healthcare professionals in how to use the KM6L device and expand its use across healthcare settings.

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Quality Improvement Project to Reduce Restraints in Inpatient Wards at Lincolnshire Partnership Foundation NHS Trust 2020- 2023

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Aims. This QI was designed in collaboration with Trust's PMVA team to reduce the prevalence of physical restraints across inpatient wards by utilising model of improvement and measuring changes by studying number of restraints every six monthly. Secondary outcome considered were improvisation of recording of restraints, appropriate use of de-escalation measures and improvement in care planning surrounding the use of restraints.

Methods. The baseline audit was carried out to measure the prevalence of restraints and evaluate the practise of restraints in inpatient units during April to June 2020. The audit highlighted although there was 100% compliance in documentation of type and outcome of restraints, there were about 20 to 30 % restraints which did not utilise de-escalation measures, post incident debriefing and reflection within MDT. Only 12% of the restraints involved patients in post incident reflection. Using improvement model Plan- Do- Study- Act, following action plan was devised in 2021- 2022

1. To improve education and training of inpatient staff in management of crisis behaviour through de-escalation strategies via PMVA training and sharing good practise/ gaps via MDT processes.
2. To perform root cause analysis via quantitative and qualitative research to understand the clinical and demographic factors that influence restrictive practice.

Results. There has been downward trend or reduction of restraints by 10 to 30% in eleven wards across the trust from 2020 to 2022 and there has been reduction of violent incidents that resulted in restraints by 30% and self harm incidents that resulted in restraints has reduced in average by 10 to 30%.

In parallel there has been 30% improvement in the use of de-escalation measures, PRN medications and use of safety pods.

Re-audit was conducted during April to June 2022 concluded improvement in compliance of post incident debriefing and reflection, and involvement of patients for post incident reflection has increased by 60 % . The use of care -planning, and de-escalation strategies has improved by 10 to 15%.

Conclusion. The project has shown that improvement of training standards, holding monthly restrictive practise hub meetings sharing knowledge and reflection of ongoing practise relating to