(DOP) in Cape Breton, Canada, which the group calls "clinical café meeting".
Methods: Qualitative data collected, were informal comments (with focus on the participants' experience and perceived benefits) from the group participants during the once a month, one-hour clinical cafe meetings.
Results: From September 2015 to September 2021, attendance ranged from 2 to 10 participants. All participants voiced that, they see each meeting as an opportunity to "analyze their feelings and knowledge relevant to clinical practice situations, especially those associated with uncomfortable feelings (Atkins & Murphy reflective model, 1993), and challenges they face, in relation to the healthcare system. Many participants voiced how input from group participants help them with gaining a new perspective on practice situations that were discussed, and ideas on how they could deal with similar clinical situations or challenges, in a more robust way, in the future. Many participants also find the clinical café meetings to be helpful in consolidating their resilience.
Conclusions: PSP (with case discussion) participants, in a Canadian DOP, described their experience of the group meetings, as beneficial, including contributing to strengthening of their resilience.

Disclosure of Interest: None Declared

EPV0880

Quality Improvement Project - Initial survey of a new Mental Health of Intellectual Disabilities Service established in Ireland in January 2022

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Introduction: A new mental health service specialising in intellectual disabilities in Ireland was set up in January 2022. Its current compliment of staff includes is a Consultant Psychiatrist, Trainee Psychiatrist, Social Worker and Administrator. The current National Directive in Ireland is to prioritize Mental Health of Intellectual Disabilities services.
Objectives: The aim of the project is to establish the current baseline level of diagnostics and interventions within the new service. Our aim is to develop this service by implementing and following the gold standard guidelines and determine what extra resources does the service need.
Methods: The first fifty case notes of patients assessed by the new service were inspected. The reviewer looked for evidence of the following clinical descriptions:Diagnosis of Intellectual Disabilities and its severity; Mental Capacity; Psychiatric Diagnoses; Physical health diagnoses; Medications and evidence of a Positive Behavioural Support Plan to manage complex challenging behaviours.
Results: The fifty patient audit contained 38 (76%) men and 12 (24% women) . One patient had Mild Intellectual Disabilities (ID), 39 (78%) had Moderate ID and 10 (20%) had Severe ID. All patents were very vulnerable and had limited or lacking Mental Capacity. Common diagnoses of the following were recorded in the following numbers and percentages; - Autism diagnosis 30 (60%); Epilepsy 19 (38%); & Down Syndrome 9 (18%). A Formal Psychiatric diagnosis was identified in 26 (52%) of patients. Challenging Behaviour (severe and complex) was identified for 41 (82%) of the patients. The full breakdown of psychiatric diagnoses was 'Psychotic illness' – 9 (18%); Anxiety – 7(14%); Bipolar Affective Disorder 5 (10%): Depression – 4(8%); Attention Deficit Hyperactivity Disorder (ADHD) 3 (6%); Obsessive Compulsive Disorder (OCD) – 2 (4%); Dementia – 2(4%): Post Traumatic Stress Disorder (PTSD) – 1 (2%); & Schizoaffective Disorder 1(2%). A Positive Behavioural Support plan (PBS) was available to support 33 (66%) of patients. 42 (84%) of patients were prescribed antipsychotic medication. 12 (24%) were prescribed more than one antipsychotic. 20 (40%) were prescribed an antipsychotic without a formally documented diagnosis of a psychotic disorder. 12 (24%).
Conclusions: The results of this first survey highlight areas in which the service can be improved. The service has requested funding for a Community Nurse and a Psychologist. Psychological evaluations and Positive Behavioural Support plans are essential for people with complex challenging behaviours. A Community Nurse should assist with Health Promotion and help supervise patients requiring Depot Antipsychotic medication or Clozapine. We also plan to set up a joint clinic with the Consultant Neurologist on a regular basis.

Disclosure of Interest: None Declared

EPV0881

Risk Management Project on medication reconciliation within an acute psychiatric unit in Ireland.

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Introduction: Medication Reconciliation is the formal process for creating the most comprehensive and accurate list of a patient's current medications and comparing the list to those in the patient notes and medication record. Medication Reconciliation is a time-consuming process and numerous errors can occur during the admission, inpatient stay, transfer and discharge of a patient. Errors in this process can lead to serious clinical outcomes for the patient.
Objectives: The main aim for undertaking this project is to reduce the risk of medication errors during the admission process, inpatient stay, transfer, and discharge. The ultimate goal of this project is to obtain 100% compliance regarding complete medication reconciliation.
Methods: Two audits were completed in an Irish Acute Psychiatric Unit in May 2021 and February 2022. Ten inpatient clinical notes and corresponding medication records were reviewed. The three stages of Medication Reconciliation were audited. Stage 1 involved collecting the data. This included reviewing all medication information sources on admission and then documenting the Best Possible Medication History. Stage 2 involved confirming the accuracy of the medication history by verifying with one or more sources (e.g. General Practioner, Community Mental Health Team, Pharmacy). Stage 3 involved comparing the Best Possible Medication History with the Precribed Medication List in the patient's Kardex. A Medication Safety workshop was provided for all psychiatric trainees and consultants within the service and the guidelines regarding the importance of medication reconciliation were discussed.

Results:

Results	May 2021	Feb 2022
Medication list in Initial Assessment document	90%	90%
Medication Reconciliation completed in Kardex	60%	70%
Source of Medication reconciliation documented	100%	100%

Conclusions: The audit results demonstrate that there has been an improvement in medication reconciliation during the nine-month period. To obtain 100% compliance, the service needs to continue to highlight the importance of medication reconciliation practise amongst all medical staff through clinical practice, teaching sessions and regular audits.

Disclosure of Interest: None Declared

EPV0882

Minimising violence and restrictive practices within acute inpatient psychiatric wards

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Introduction: The number of incidences of violence and restrictive practices within acute inpatient psychiatric wards are significantly high which makes these units less conducive for recovery and less therapeutic. Staff and patient survey results highlighted their concerns and their desire to have a safe environment to work and a less volatile therapeutic environment.
Objectives: The aim of this QI project was to reduce violence and restrictive practices within acute inpatient units.
Methods: PDSA cycle was used to achieve the objective.
Plan: Primary and secondary drivers were identified and were illustrated using driver diagram. Three units were identified for pilot study. The group has agreed to collate change ideas from service users and restraint data from internal system will be used to review the impact of changes.
Do: Meeting were conducted with service users from these units to populate change ideas. Additionally, the Acute care group also outlined some practice related change ideas such as enhanced recruitment of substantive staff, safety pods, introducing safety huddles, revising therapeutic planner, developing safe care champions and inclusion of professionals from various disciplines such as drama therapist, sports technicians and peer support workers that are traditionally not included in MDT. The change ideas were implemented in one of the selected units.
Study: The group reviewed the feasibility of change ideas and agreed on change ideas that got more support from service users which were projectors to play music, soothing DVDs to assist with relaxation and ear defenders.
Action: All change ideas were implemented on the pilot units.
Results: The QI project has enabled the trust to reduce the number of violence and restrictive practices on all the three units, with a team approach and using a multipronged approach, co-production and openness key to positive results.
In due course we also liaised with the wards to get qualitative feedback from the service users to see how they felt about this new change.
A year after the initial data was collected, to see if there had been the intended 50 per cent reduction in violence and restrictive practices. The team were delighted to find that they had exceeded this aim with a 56 per cent reduction with only 12.3 incidents being reported over the 3-month period.
Conclusions: The QI project on pilot wards have enabled to reduce the number of violence and restrictive practices on all the three units.
Team approach and using a multipronged approach, coproduction and openness key to positive results.
The next step is to implement these change ideas on all other units and looking into the economic value and saving as part of this project, given lesser incidents and staff requirements.

Disclosure of Interest: None Declared

EPV0883

Taiwan National Health Insurance and Proportional Physician Fee of Psychiatrist in General Hospital during the COVID-19 pandemic : Case Report

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Introduction: In Taiwan, National Health Insurance has been implemented for 27 years and continues to receive international recognition. People pay part of the quota at the time of medical treatment, and the rest of the medical expenses will be paid by the national health insurance. In this study, the researcher, a psychiatrist in the general hospital, investigated the correlation between service and revenue. He has started to work in this hospital since November 1st, 2021, without any other psychiatrist peers.
Objectives: This study used proportion of PPF as performance indicator and aimed to observe the changes of PPF unit from November 1st, 2021, to January 31st, 2022, examining the trend of PPF growth. The purpose is to figure out an appropriate model to optimize medical services and performance outcomes.
Methods: Demographic data were collected through PPF projects, consisting of 17 inpatient ward items and 14 outpatient items from November 1st, 2021, to January 31st, 2022, and items with no performance or related to physiological examination has been excluded. In addition, items with a ratio of greater than 1.5% are presented in the bar graphs, as shown in **Figure 2 and 3**. The performance proportion of inpatient ward and outpatient were calculated separately.
Results: Demographic data found PPF rises significantly over time **(Figure 1)**. The 2nd month PPF unit (27.09%) was 2.5 times the 1st month PPF unit (10.70%), and the 3rd month PPF unit (62.21%) was 2.2 times the 2nd month PPF unit (27.085%). The highest proportion of PPF items were general hospital bed inpatient consultation fee for inpatient ward item **(Figure 2)** and psychiatric outpatient consultation fee for outpatient item **(Figure 3)**. Furthermore, only the