



A Quality Improvement Project to Improve the Weekly Ward Review by the Consultant on the General Adult Inpatient Wards in Mersey Care NHS Foundation Trust – An Evaluation of Change

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Aims: Ward reviews are a pivotal component of patient care in psychiatric inpatient settings, offering a structured opportunity for patients to engage with their treatment team and contribute to their treatment plan. Ward reviews are essential for discussing treatment progress, making necessary adjustments to care plans, and addressing patient concerns. The aim of this quality improvement project was to assess and improve the experience of ward reviews for inpatients on the Trust's general adult inpatient wards by ensuring inpatients are well-informed about the timing of and attendees for their ward reviews and help them prepare effectively for their ward review.

Methods: Following the implementation of a “ward review sign” and ward review template on one of the Trusts' general adult inpatient wards, the patients on the ward were surveyed to review whether the implementation of both interventions had improved patient awareness of when their next ward review was and patient satisfaction with their ward review.

Results: All 20 of the patients on the general adult inpatient ward completed the survey. Patient awareness of when their next ward review was increased from 50% pre-intervention to 70% post-intervention. Patient awareness of which staff would be present for the ward review increased from 25% pre-intervention to 65% post-intervention. Patient preparedness for the ward review increased from 40% pre-intervention to almost 50% post-intervention. Overall patient satisfaction with the ward review increased from 40% pre-intervention to 75% post-intervention.

Conclusion: Whilst it was clear that implementation of the two interventions had resulted in improvement in patient experience of the ward review, it was noted that the ward review sign was not updated on a weekly basis by the nursing team for every patient on the ward and that there was low utilisation of the ward review template for patients on the ward. This highlighted the challenge of implementing change and embedding this into the ward culture, particularly with nursing staff on the ward facing competing clinical tasks to be completed. The authors recommended a need for better communication between the medical and nursing staff on the ward. It was felt that proactive distribution of the ward proforma to the patient at the end of each patient's ward review would help improve its utilisation. The nursing team was asked to allocate a dedicated member of staff to update the ward review sign in each patient's bedroom on a once weekly basis. A need for re-evaluation of performance would then be required.

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.

Improving Documentation of Sleep Assessments in Attention Deficit Hyperactivity Disorder (ADHD) Clinics at Havering Child and Adolescent Mental Health Service

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Aims: Sleep is an essential component of mental well-being. Many patients presenting in the ADHD clinic report sleep issues, which stem from underlying physical or mental health conditions, or as side effects of prescribed medications. These sleep disturbances, if unaddressed may exacerbate existing mental health issues. It can often be challenging to complete a thorough assessment of sleep disturbance in an ADHD clinic in a limited time. Essential components of documentation of sleep assessment were identified from National Institute for Health and Care Excellence (NICE) guidance. Our aim was to achieve 100% documentations containing all essential components of sleep assessment in the ADHD clinic by August 2024.

Methods: Measurement: Number of documentations containing all the essential components of sleep assessments were measured.

Initial audit: Initial audit showed only 20% (n=4) records containing all essential components of sleep assessment. Thereafter, three PDSA (plan, do, act, study) cycles were completed as follows:

PDSA Cycle 1: Initial sleep assessment questionnaire was designed and handed over to carer and patient to fill out and uploaded on electronic record system. 50% (n=6) of the documentations contained all the components of sleep assessment.

PDSA Cycle 2: Sleep assessment questionnaire was modified and new questions were added. 70% (n=7) of the documents were found to have all the essential components.

PDSA Cycle 3: Sleep hygiene leaflet introduced. 100% (n=20) of the documentations contained all the essential components.

Results: 100% documentations of sleep assessment contained all the essential components. A modified version of the structured sleep assessment questionnaire was designed. A leaflet on sleep hygiene was constructed to improve patient and carer education.

Conclusion: Inadequate documentation of sleep disturbance assessment can lead to improper diagnosis, unjudicial prescription of medications, inability to monitor progress or treatment efficacy. Consistent documentation helps in understanding individual sleep patterns in patients with ADHD and helps to enable the clinicians to identify mode of sleep issues which in turn aids in offering adequate management. The use of questionnaire filled out by the carers and patients before the consultation ensured effective assessment and record keeping in a timely fashion and helped as a reference for future comparison to monitor progression and treatment response.

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