

Going somewhere...?

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doi: 10.1192/bjo.2023.439

Aims. Challenging behaviours often results in exclusion from communities and is associated with worse outcomes for patients with Intellectual Disability (ID). Due to substantial cut backs in local community service provisions across Highland for people with ID, placements have dwindled and recent trends indicate a high demand for "crisis" inpatient admission for PWID with co-morbid mental health and/or pervasive developmental disorders. This project aims to thematically analyse the admission trends to the Intellectual Disability Assessment and Treatment Unit (IDATU) in NHS Highland over a 5 year period (2018-2022).

Methods. All patients admitted to and discharged from the IDATU over a 5 year (2018-2022) period were identified. Their case notes were reviewed and details on the primary reason for admission were manually gleaned from the admission clerking document. Data were also gathered for demographics, diagnosed mental disorder, legal status and length of admission.

Results. Total 18 new admissions were identified. All had established ID and/or co-morbid mental illness, autism, & other organic conditions. The average age was 30.2 years. 81% of admissions were formal. Length of admission varied from 1 to 814 days.

Allowing for some overlap, admission themes mainly fell into 3 categories: challenging behaviour related- Aggression, Abscond, Self-Neglect, Suicidal (50%), Decline in mental/Physical health- Psychosis, Confusion, Weight Loss (16.7%) and manageability- Vulnerability, Breakdown of social situations (33.3%).

Several themes were identified amongst the stated reasons for admission in case notes. A pattern emerged whereby these fell into 3 different headings as shown by the table here.

Conclusion. The above three themes identified are not surprising. A combination of behaviours grouped as "challenging" and also felt to be "unmanageable" were cited as primary reasons for admission.

Notwithstanding the dwindling of community resources and workforce attrition within the ID Service in recent years, the actual numbers admitted to IDATU was roughly down by 50% comparing a 5 year analysis done from 2012-2017 (34 Vs 18).

Robust scrutiny/tightening of IDATU admission criteria, along with other new service initiatives may have helped mitigate against any inappropriate use of IDATU beds.

Given the established and well researched risk of institutionalisation, it is of interest to us that our findings suggest that the services employed by the State to reduce this risk were already involved in a large proportion of cases. It is our recommendation that future service development planning should focus, incentive, invest and expand robust community ID services and resources within Highland.

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.

An Audit on Glycosylated Haemoglobin & Fasting Plasma Glucose Blood Tests Done on Admission to an Older People's Inpatient Ward

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doi: 10.1192/bjo.2023.440

Aims. The aim of this study was to determine the proportion of patients who had fasting plasma glucose and glycosylated haemoglobin (HbA1c) blood tests done on admission to an older people's inpatient ward at Kingfisher Court, Hertfordshire. Patients undergo a physical health assessment when they are admitted to the ward. This consists of a physical examination, an electrocardiogram and a panel of blood tests, which include a fasting plasma glucose and HbA1c. Given that people with severe mental illness have a greater burden of physical health conditions, such as diabetes, this physical health assessment can aid in optimising patients' physical health and reducing this health inequality.

Methods. A sample of 40 patients who were most recently discharged from the older people's inpatient ward were included in the audit. Four authors each independently reviewed 10 patient case notes and blood results. An audit collection tool was produced and data logged for each patient. The data collected were reviewed by all authors.

Results. 57.5% (23) of the study population had admission blood tests that included a HbA1c level or plasma glucose. An individual with diet-controlled type 2 diabetes mellitus had a HbA1c of 55 mmol/mol and was subsequently started on metformin. Only 15% (6) of the study population had a plasma glucose test on admission. Their case notes did not specify whether these were fasted or random plasma glucose tests. 42.5% (17) of the study population did not have either a plasma glucose test or HbA1c test done.

Conclusion. There was poor overall compliance with the trust protocol for blood tests on admission to the older people's inpatient ward. Plasma glucose tests were rarely done and it was not specified whether they were fasted or random tests, thus limiting their utility. The team therefore suggest that the fasting plasma glucose test be removed from the panel of admission blood tests. The focus should be on obtaining a HbA1c test. Amendments to the clerking proforma and doctors' induction presentation should be made to emphasise the importance of the HbA1c test.

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Audit and Re-Audit: Improving Standardised Admission Blood Tests Adherence for Psychiatric Intensive Care Unit (PICU) Patients

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doi: 10.1192/bjo.2023.441

Aims.

1. To evaluate current adherence with the Royal College of Psychiatrists guidance "Standards for Inpatient Mental Health Services": Were the blood tests carried out within 24-hours of admission?