

simplified registration guide to other inpatient wards at St George's Hospital. This project highlights the importance of targeted interventions in overcoming administrative barriers to enhance patient care and safety.

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Enhancing Psychiatric Care for Older Adults in a Care Home Setting: A Quality Improvement Project

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Aims: The aims of the project were (i) to enhance collaboration between the multidisciplinary team working with people living with dementia such as the carers, general practitioners, pharmacists, mental health professionals and patients' families; (ii) improve the Community Mental Health Team (CMHT) response to referrals; (iii) reduce unnecessary referrals; (iv) provide psychiatric training to primary care colleagues; (v) reduce care home visits; (vi) reduce polypharmacy, especially antipsychotics in dementia; and (vii) increase the use of memory medications for dementia patients where indicated.

Methods: A pilot project was conducted with a care home specialising in dementia with a high rate of referrals to secondary mental health services. A fortnightly MDT meeting was set up which included care home staff, CMHT staff, GP staff and family members. Data was then captured from notes for analysis, with corroboration from the electronic patient record (EPR) as necessary.

Results: The project involved 64 patients with various psychiatric and dementia-related needs. The median age of the patients was 86, with a male to female ratio of 36:64. The project addressed a range of symptoms of concern, with 95% of patients exhibiting Behavioural and Psychological Symptoms of Dementia (BPSD), and the remaining 5% presenting with other issues such as seizures, elevated prolactin levels, and memory decline. Over the course of the project, there were a total of 317 patient discussions.

There was a 25% reduction in referrals to the CMHT in the 24-month period after MDT was started. Medication management was a significant focus, with 11 patients starting melatonin, 45 patients starting other medications, 22 patients starting antipsychotics, and 12 antipsychotic reviews conducted. Additionally, 10 patients had their antipsychotics stopped, 29 memantine titrations were performed, and 5 acetylcholinesterase inhibitors (AChEi) titrations were completed. Physical health monitoring, including prolactin and ECG checks, was conducted for 28 patients.

Family involvement was a key component, with 21 out of 64 patients having family members participate in the MDT meetings. Palliative care discussions were held for 5 patients, and there were 6 referrals to the Intensive Older People's Service (IOPS) and 2 referrals to the Memory Treatment Service.

Conclusion: This pilot study demonstrated the effectiveness of a regular MDT for a care home with a high referral rate to secondary care, by reducing the number of referrals, improving communication between services and optimising the medical treatment of BPSD. This model shows promise for broader implementation to enhance the quality of psychiatric care for older adults in care home settings.

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Diabetes Management in Patients With Dementia: A Quality Improvement Project to Enhance Staff Confidence, Understanding, and Patient Care

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Aims: This quality improvement project (QIP) aimed to improve nursing staff confidence and understanding of diabetes/management by 40% by the end of February 2024, taking place on a dementia intensive care ward in South East London. This project was led by a medical student and FY2 doctor who noticed significant anxiety and uncertainty amongst healthcare professionals (HCPs) managing a patient's severe type-2 diabetes, leading to disruption in care as HCPs sought repeated consultation with medics for reassurance prior to implementation of plans, creating an environment of dependency and reduced confidence making independent decisions. Barriers to delivering high-quality care for diabetes in psychiatric services are well-documented and associated with limited understanding of the condition and low confidence in management. Suboptimal management increases risk of diabetic emergencies such as diabetic ketoacidosis/Hyperosmolar Hyperglycaemic State (DKA/HHS), and long-term complications.

Methods: Three PDSA cycles were carried out:

PDSA 1: a poster displaying an individualised care plan and insulin regime, alongside an information sheet on diabetes care.

PDSA 2: a teaching session was delivered to nursing staff regarding diabetes care and recognising/managing diabetic emergencies including DKA/HHS.

PDSA 3: further teaching session incorporating feedback from PDSA 2 e.g. using worked examples for staff to apply learning.

Confidence and understanding were assessed using self-reported scales before and after intervention, alongside feedback for potential improvements to subsequent cycles.

Results: PDSA 1: Post-intervention feedback showed 47% increase in mean staff confidence in managing diabetes, and 45% increase in understanding of insulin management, exceeding the predictions for PDSA 1.

PDSA 2: Confidence levels improved by 58% and understanding of diabetes management increased by 57%.

PDSA 3: Post-intervention feedback showed mean staff scores for understanding of diabetes increased by 63%. Understanding around blood sugar checks improved an average 38% and most notably, the average score for understanding around ketone checks improved 108% following the teaching session. Confidence levels improved by 91%, and there was an 83% increase in recognition of diabetic emergencies following this presentation.

Conclusion: This QIP exceeded its aims and supports the effectiveness of posters and educational sessions in elevating confidence and understanding of diabetes and its management, for the sake of patient care. Worked examples to apply and consolidate new knowledge were the most effective intervention, and the benefits of regular teaching through presentations alongside posters as visual aids are evident. Next steps include consideration around maintaining the change and expanding at directorate/Trust level, and potential rollout for other physical health conditions.

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