

Results: The metrics used were average delay to ECG completion (days) following inpatient admission and percentage of patients delayed by 3 or more days. On Ward A, baseline average delay to ECG completion was measured at 6.93 days and percentage of patients delayed by 3 or more days was 24.14%. Ward B recorded 12.77 days for average delay and 69.23% for delay by 3 or more days. Post-implementation data was collected until similar numbers of KardiaMobile ECGs were completed compared with baseline ECG data. There was insufficient uptake of KardiaMobile identified on Ward A for comparison, with patients reported to decline use. Ward B post-implementation recorded 0.5 days for average delay to KardiaMobile ECG completion and 7.14% of patients delayed by 3 or more days. Their feedback was overwhelmingly positive with respect to the use of the device and gave insight into why 12-lead ECGs had been declined.

Conclusion: There were identified reductions in delays on Ward B following introduction of KardiaMobile devices. Patients and staff expressed preference for the device due to its ease of use and convenience. Comparing data across the two separate wards has given insight into the possible challenges with use of KardiaMobile, as well as the significant benefits, suggesting potential applicability outside of inpatient settings.

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Quality of Antipsychotics Prescribing in Dementia Patients in Wakefield (WF9 Area)

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Aims: This Quality Improvement Project evaluated antipsychotic prescribing for dementia patients in Wakefield (WF9), comparing local practice with NICE guidelines. NICE recommends antipsychotics for severe agitation/distress, initiated and monitored under specialist supervision for ≥ 12 months. NHS England data (Jan 2024) shows similar dementia diagnosis rates in Wakefield compared with the national average, but antipsychotic prescribing is $\sim 33\%$ higher regionally. This project investigated this.

Aims were to:

1) Compare antipsychotic prescribing in two WF9 care homes with NICE guidelines (initiation, monitoring, follow-up).

2) Compare local data with NHS England data for Wakefield.

Methods: Data from 95 care home residents (Apr 1–Jun 1, 2024) were collected with staff support. Medication charts were reviewed, and data on physical health monitoring and care plans were extracted from System 1. Of 95 residents, 65 were open to community older people's services, and 30 were not (data from care home records/register). Data were compiled in Excel.

Results: Of 95 residents, 66.3% ($n=63$) had dementia. Among these, 66.4% ($n=40$) were open to community services. Antipsychotic prescriptions were initiated by local psychiatrists in 58% ($n=14/24$) of dementia patients; by out-of-area services (unknown) in 21% ($n=5/24$); and by GPs/hospitals in 21% ($n=5/24$). Blood monitoring was documented in 56% ($n=13/24$) and ECG monitoring in 50% ($n=12/24$). A clear follow-up plan existed for 81% ($n=51/63$) of dementia patients, but 19% ($n=12/63$) lacked documented follow-up >1 year. Only 8% ($n=2/24$) had a documented plan to reduce antipsychotics.

Comparison with NHS England Data: This audit confirmed higher antipsychotic prescribing in Wakefield than the national average. Local data suggested a 4-fold higher rate. $\sim 60\%$ of prescriptions were initiated >1 year prior, and 92% ($n=22/24$) lacked a clear reduction plan, possibly due to anxiety around reduction (especially by trainees) and limited multidisciplinary input. Regional variations (e.g., Barnsley's lower rate) raise questions about prescribing thresholds, service differences, and MDT caseload management.

Conclusion: Of 95 residents, 66.3% ($n=63$) had dementia, and 38% ($n=24$) of those with dementia were on antipsychotics. 8% ($n=5/95$) were on antipsychotics without a dementia diagnosis. While 81% had follow-up plans and all were monitored for side effects, adherence to NICE guidance for blood/ECG monitoring was suboptimal (56%/50%). Documentation of follow-up and antipsychotic reduction plans requires improvement. A maintained antipsychotic register may improve documentation and ensure appropriate monitoring/review.

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Length of Stay in ED for Patients Awaiting Inpatient Psychiatric Beds

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Aims: The King's Fund have noted that the number of people waiting more than 12 hours after decision to admit to admission has increased significantly over the last ten years. With increasing demand for psychiatric inpatient beds, waiting times for mental health patient admissions are projected to similarly increase. This study aimed to investigate the length of stay for patients within a large inner city emergency department (ED) awaiting a mental health inpatient admission.

Methods: Time of decision to admit (DTA) and time of discharge were recorded and reviewed for all patients awaiting a psychiatric inpatient admission in August 2024.

Results: In total 101 patients were assessed for a psychiatric admission during this period. The average length of stay from arrival to discharge from the ED was 1 day and 7 hours, with the longest length of stay being 5 days and 5 hours. The average time from DTA to discharge from ED was 1 day and 16 minutes with 73.3% of all patients spending more than 12 hours waiting for their bed from DTA. It is noted, that out of the 101 patients initially assessed for admission, 14 were discharged to the community.

Conclusion: Emergency departments are less likely to be equipped with the resources, physical infrastructure and trained staff required for caring for patients with high acuity of mental illness for prolonged periods of time. This study provides information demonstrating the strain that services have in providing the right care in the right place. With the reduction in available inpatient psychiatric beds by 24% since 2010, ongoing consideration needs to be given on how appropriate care can be delivered to this cohort of vulnerable and unwell patients.

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