

**Methods.** Using the same audit tool developed in 2019, six wards (2 geriatric, 3 medical and 1 surgical) were audited. Patients over 65 given oral or intramuscular sedating medications had their drug charts and notes reviewed. Data were collected on type of sedation, route prescribed, whether it was prescribed regularly or PRN, whether an indication was documented, underlying diagnosis and what monitoring took place post sedation.

**Results.** 297 drug charts were reviewed, and 13 patients were prescribed rapid tranquilisation (RT). The maximum daily dose was included in 63% of prescriptions similar to that of the first audit (58%). The most common route of administration was intramuscular, unlike the previous audit which was oral/intramuscular.

50% of prescriptions documented an indication, of which 25% were illegible. Whilst in the first audit the figure was 33%.

Of all the patients prescribed RT, 77% had a diagnosis of delirium, 77% had a diagnosis of dementia and about 53.8% had both. In both audits 100% of patients had a diagnosis of dementia or delirium. Most prescriptions were for lorazepam (75%). There was no evidence of observations being taken in line with post RT monitoring in the trust policy in both audits

**Conclusion.** Further work needs to be done to improve practice. Interventions to date have not been effective. Further plans for QI work include updating the RT policy to be more specific and useful for the acute trust, to fit in with a recently introduced electronic records system (ERS) and to include a clear section on older adults with signposting to the delirium and dementia policies. As well as adding prompts and protocols to the ERS to support safe prescribing and dispensing of RT. Teaching will be repeated and a poster has been developed and promoted on all the wards. The project group are planning to join the trust's 'medication safety huddle' regularly to include pharmacists in teaching and work. The audit will be repeated in three months time.

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## Improving Allergy Status Documentation on Electronic Patient Records- a Trust-Wide In-Patient Quality Improvement Project

Dr Natalie Cook<sup>1\*</sup>, Dr Aparna Prasanna<sup>2</sup>, Dr Rhea Mathews<sup>3</sup>, Dr Josh Cabada<sup>2</sup>, Dr Meghnaa Hebbar<sup>3</sup> and Dr Shakeel Jaffar<sup>4</sup>

<sup>1</sup>Black Country Partnership NHS Foundation Trust, Walsall, United Kingdom; <sup>2</sup>Black Country Partnership NHS Foundation Trust, Wolverhampton, United Kingdom; <sup>3</sup>Black Country Partnership NHS Foundation Trust, Dudley, United Kingdom and <sup>4</sup>Black Country Partnership NHS Foundation Trust, West Bromwich, United Kingdom

\*Corresponding author.

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**Aims.** NICE guideline CG183 states that "both the drug and the description of the reaction must be documented on all forms of prescription and in a patient's medical records". Black Country Partnership NHS Foundation Trust (BCPNFT) documents allergy status on both paper drug charts and the Electronic Patient Record<sup>™</sup> (EPR). Incomplete Allergy Status on EPR poses a significant patient safety risk, particularly in an era of hybrid working and out of hours input from remotely based clinicians. The standard for this audit is that 100% of drug charts and Rio notes should have allergy status documented. The BCPNFT is a collection of psychiatric services across four towns- Dudley, Walsall, West Bromwich and Wolverhampton. The

aim was to ensure consistent practice and standards across all sites. Following the initial data collection, discussion of findings and Action Plan (AP), and to ensure consistent standards, it was agreed to expand the project to include all General Adult in-patient units.

**Methods.** A data collection tool was designed collaboratively with the QI Department, to capture demographics, diagnosis, admission duration, legal status and allergy status both written and digital. This tool applied for all 96 older adult in-patients across the four localities within the trust on 03.10.22. The only exclusion criteria was admission within 24 hours of the data collection date.

**Results.** Data Collection: 100% of Paper Drug Charts had allergy status documented, only 70% have type or severity of allergic reaction documented. Despite 76% of in-patients admission of 4 weeks or longer, only 62% of patients had their allergy status documented on EPR, this varied from 30-100% across individual wards. EPR allergy status documented: Wolverhampton 93% West Bromwich 100% Dudley 33% Walsall 39%

**Conclusion.** The results from all four localities were presented at the respective locality post graduate teaching, the EPR configuration team meeting and the QI Group meeting to gain Multi-Disciplinary Team feedback for both low documentation rates and high variability across sites. Based on this feedback, the AP comprised of incorporating an Allergy Status prompt into the electronic clerking document, visual prompts of stickers and posters across all wards. Also, liaising with Pharmacy to request they also update the allergy status on EPR; and Ward Matrons who have added an Allergy Status alert onto their bed state view. Data will then recollect post AP interventions, across all older and working age adult inpatient wards- a sample size of around 300 patients. The second data collection is currently being undertaken.

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## Our Care Improvement System

Dr Alina Cuhraja\*, Ms Jill Sullivan, Dr Inga Boellinghaus, Ms Josephine Wray, Mr Michael Charles, Mr Olukunle Oluwole-Moore, Dr Hugh Williams and Ms Emma Jones

South London and Maudsley NHS Foundation Trust, London, United Kingdom

\*Corresponding author.

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**Aims.** Our Care Improvement System is an integrated quality and performance system designed to develop co-ordinated approach to managing performance at all levels of the organisation, ensuring everything we do is aligned to achieving our goals set out in our Trust strategy. The aim of this programme is to help the team move away from typical firefighting routines, towards a more structured routine of problem solving, applying quality improvement tools and methodology.

**Methods.** Five members of multidisciplinary team (MDT) in a Lewisham Community Mental Health Team were chosen as the core working team. They underwent four-month training programme which was one day per month plus weekly team coaching sessions from the Trust's Quality Improvement lead. One targeted measure was identified. This was to focus on improving patient discharges for more manageable caseloads, and ultimately provide a better staff and patient experience. A3 methodology was adopted to provide a structured framework for thinking through the problem. This included: problem statement, current situation, aims statement, root cause analysis, change ideas, actions,

progress and benefits, and insights. In parallel, daily improvement huddles (15-minute long team meetings) were adopted to enable the team to problem solve other identified improvement work. The huddles follow a set structure of reviewing work in progress, new improvement opportunities, work that needs to be escalated and celebrated. This work was gradually widened to include the entire team.

**Results.** The team's caseload was observed to be continuously going up from 200 in September 2021 to 264 in October 2022. We aimed to increase the number of safe discharges and to sustain a steady team caseload. Root cause analysis utilising a fish-bone diagram identified barriers to discharge, such as lack of MDT approach and structure to discharge planning. Change ideas included creation of standard work, describing how an MDT discharge meeting would work. Actions were agreed to implement structured weekly MDT discharge meetings where four cases are discussed and safe discharge plans agreed, sharing responsibility for discharge decision. This has allowed us to reduce and maintain a steady caseload with 258 patients in January 2023.

**Conclusion.** Implementing Our Care Improvement System has not only provided a structure to our improvement work and improved our caseload but has also consolidated our team in working together for a common goal. We have naturally implemented structure to all other team meetings, which have now become more focused and productive, making our team a more rewarding place to work.

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## Ecosia: Bringing a Greener Search Engine to the NHS

Dr Amelia Cussans\*

Central and North West London NHS Foundation Trust, London, United Kingdom

\*Corresponding author.

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**Aims.** The objective of this project was to switch the default search engine used on CNWL computers from Google/Bing to Ecosia. Both Google and Bing have poor ethical and environmental credentials. Ecosia, in contrast, is a not-for-profit, certified B-Corporation which funds tree planting and community projects around the world. Ecosia searches display ads (just like any other search engine) however it donates 100% of its profits towards high-impact agroforestry, tree planting and forest protection.

**Methods.** The first step was to pitch the proposal to the Trust's Sustainability Lead. Then, information governance and cyber security teams performed assessments and gave clearance. An ICT technician was allocated the task and they configured the switch for a pilot group of 38 staff, with the help of step-by-step guides produced by Ecosia. After a short trial, the pilot group completed a questionnaire. Following satisfactory feedback, the ICT technician switched the default search engine to Ecosia for the entire Trust staff group. A Trust-wide email informed staff of the change and provided opportunity for feedback to be given via an online survey.

**Results.** A CNWL tree count is sent monthly from Ecosia. Over the first four months, an estimated 32,872 trees were planted using the funding generated by CNWL.

The pilot survey showed 80% of participants agreed that CNWL should use Ecosia as its default search engine (0% = should not; 20% = undecided). 62% felt Ecosia performed the same as the previous search engine (14% = much better; 5% =

somewhat better; 20% = somewhat worse; 0% = much worse). 86% said they would use Ecosia on their personal devices. Further comments included: "This is a great initiative from the trust, who in many realms benefit private profit enterprises to the detriment of our planet."; "As a Trust, in addition to using Ecosia, we should look for other similar measures, on the grounds that every step towards sustainability makes a cumulative impact"; "Google performs better than Ecosia". It is noted that if an Ecosia search does not yield the required results, it can easily be switched to Google by clicking 'More' → 'Google'.

**Conclusion.** Switching to Ecosia is an achievable action that health organisations can take. Collectively we can fund the protection and regeneration of forests, which benefits people and the planet, and engages staff in climate action. The next step is for other Trusts to switch, with an ultimate goal of all NHS organisations using Ecosia.

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## Developing a National Strategy for Child and Adolescent Mental Health in Palestine

Dr Nadia Dabbagh<sup>1\*</sup>, Dr Samah Jaber<sup>2</sup>, Ms Agnes Raboczki<sup>1</sup>, Ms Enas Tina<sup>3</sup> and Professor Mohammed Al-Uzri<sup>4</sup>

<sup>1</sup>Royal College of Psychiatrists, United Kingdom, Dubai, United Arab Emirates; <sup>2</sup>Ministry of Health, Ramallah, Palestine; <sup>3</sup>Medical Aid for Palestinians (MAP), Ramallah, Palestine and <sup>4</sup>Royal College of Psychiatrists, UK, Leicester, United Kingdom

\*Corresponding author.

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**Aims.** The Royal College of Psychiatrists, UK, is the professional body responsible for education and training, and setting and raising standards in psychiatry. It is an increasingly international organisation with approximately a fifth of members living outside the UK. In partnership with the UK-charity Medical Aid for Palestinians (MAP), the college was invited to develop a national strategy for child and adolescent mental health in Palestine for the Ministry of Health. Children are at higher risk of developing mental illness when living in overcrowded areas with ongoing shelling, siege, and other acts of violence as is the case in Gaza. A significant proportion of Palestinian children experience serious psychological distress especially anxiety and post-traumatic stress disorder (PTSD), with children reporting not wanting to be apart from their parents. The aim of the strategy is to set key priorities for child and adolescent mental health so that funders, institutions, organizations and community members align their activities in a coordinated and efficient way.

**Methods.** Information was gathered from an extensive literature review and three in-person missions to visit the West Bank to meet key stakeholders from governmental and non-governmental organizations including the Ministries of Health, Education and Social Development and the only Child and Adolescent Mental Health Services in Halhoul, north of Hebron. A thematic meeting was held in August 2022 and a feedback meeting in December 2022. All comments and feedback were reviewed and incorporated into the final document for submission to the Ministry of Health for official approval.

**Results.** Today's child in Palestine bears the burden of decades of violence, conflict and hardships that have accumulated during their lives and those of their parents and grandparents. In total, 2242 Palestinian children have been killed by Israeli military