

**Conclusion.** It was possible to see modest improvements in the ward-based management of BPSD using quality improvement methodology, including more favourable psychotropic prescribing. However, total patient numbers are small and further interventions, such as more PDSA cycles, may add value and encourage sustainability.

### Timeliness and Quality of Response to Referrals Received by a Psychiatry Liaison Service for Older Adults During a Pandemic

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**Aims.** To improve timeliness of response and provide a committed plan to referrals received by the liaison service for older adults in Croydon University Hospital. Background: A quality improvement project in 2019 aimed to evaluate effectiveness of the liaison referral pathway. A questionnaire distributed to ward staff revealed some comments regarding 'non-committal advice' given by the liaison team.

**Methods.** Data were collected from 44 referrals received by the liaison team in June 2021. Variables included referral date, reason for referral, date of first assessment, plan documented in the notes, date and details of committed plan of action.

Multi-disciplinary team (MDT) discussion identified that more committed advice could be provided by the following, which were implemented at the start of September 2021.

1. Huddle at the start of each day to triage and allocate referrals to appropriate members of MDT.
  - a. Prompt discussions with senior members of the team following assessment to discuss diagnosis and management.
  - b. Team teaching sessions were organised once a week, in the form of case-based discussions and role play, to improve communication skills, confidence and history-taking.

Data were then collected from 48 referrals received in September and October 2021.

**Results.** Of the 44 patients in June, average time taken from point of referral to assessment was 1.27 days and to providing a concrete plan 1.80 days.

Of the 48 patients between end of September and October, average time to assessment was 1.31 days and to providing a concrete plan 1.88 days.

In June, 75% of patients were seen on same day or within one day and 50% had a concrete plan within one day.

In September/October, 65% of patients were seen on same day or within one day and 52% had a concrete plan within one day.

**Conclusion.** These results highlight that assessments by older adult liaison service require detailed collateral history, investigations and MDT discussions.

While 'obtain collateral history' may not seem as committed a plan as prescribing medication, it remains an important part of old age psychiatry.

Given the rapid turnover of patients and increased pressures during the pandemic, it is the responsibility of the liaison team to communicate effectively with the wards and offer a timeline for completion of plan.

Following above changes, another questionnaire has been sent to request feedback on effectiveness of the liaison team.

### Improving Access and Confidence in Learning Lessons From Serious Incidents: A Quality Improvement Project Aimed at Junior Doctors

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**Aims.** Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) previously developed some methods of learning lessons following serious incidents. However, despite various systems available, frontline junior doctors were not regularly exposed to important learning opportunities. This potentially resulted in doctors not being aware of learning from serious incidents, and not feeling embedded within the organisation, with potential effects on their training experience. As we identified an unmet need within the Trust in learning lessons from serious incidents amongst junior doctors, we aimed to improve access and confidence in learning from serious incidents by starting a Quality Improvement project on this theme.

**Methods.** The current approach involved a comprehensive quarterly bulletin circulated by email to staff. An initial survey confirmed that this was not very effective in delivering learning lessons information to junior doctors.

Using a QI driver diagram, we identified potential areas for change. Selected change ideas were sequentially trialled including shortened email bulletins, supervision templates and remote learning lessons sessions. Initial PDSAs highlighted difficulties with communication via email, with many trainees failing to read/engage with this format.

**Results.** The use of remote interactive learning sessions yielded positive results, with improvement in the confidence in learning from Serious incidents. We therefore continued to refine this method to wider groups.

During the COVID-19 pandemic we experienced multiple setbacks and created a timeline to support team morale, maintain team energy, visualise progress and motivate the team. We therefore managed to persevere and strengthened the group by recruiting members to the team and complete the project.

**Conclusion.** The team have been able to create a sustainable, effective and interactive short teaching session which has shown to be effective in engaging trainees in this vital area and help us meet our aim. This format further has the potential to be refined and implemented locally and nationally.

### Have You Seen the NEWS Today? - a QI Project

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**Aims.** The main focus of this QIP was to improve the documentation of NEWS (National early warning scores) and subsequent escalation as appropriate in an Old Age Psychiatric Ward setting.

This would in turn lead to improved Physical health outcomes, especially in the COVID-19 pandemic.

**Methods.** The NEWS chart is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, when patients present to, or are being monitored in hospital. This will ensure that patients who are deteriorating, or at risk of deteriorating, will have a timely initial assessment. This should supplement clinical judgement in assessing the patient's condition.

Early detection and escalation of deteriorating NEWS leads to improved patient outcomes and referral to the appropriate specialities, for subsequent management.

The initial phase of the QIP comprised of retrospective data collection surrounding the recognition and documentation of NEWS on an 18-bedded Old age Psychiatric ward. This period spanned the 2nd wave of the pandemic, from November- December.

Potential interventions were implemented in the form of raising NEWS awareness by educating nursing staff via teaching sessions, displaying posters all over the ward and nursing station. Team also reviewed all NEWS charts everyday during ward management rounds which served as a daily reminder for the staff measuring the observations.

NEWS of & greater than 3 was defined as the threshold for escalation.

Following change implementation, data were collected to capture the progress made over a month.

**Results.** Analysis of data pre and post- interventions displayed a significant improvement in escalation of unwell patients from 26% to 60%.

**Conclusion.** Improved outcomes and early detection of potentially deteriorating patients, leading to early transfer of patients to an Acute Medical setting and better overall management.

Raised awareness and understanding of physical health management in Mental Health nurses.

The QIP was presented at the Trust QI Forum meeting and was met by and overwhelmingly positive response. In order to enhance NEWS recording an electronic format is now being adapted. There is also a consideration around providing regular NEWS teaching sessions to all inpatient staff across the trust.

## Restructuring Patient Review and Allocation in a South London Home Treatment Team

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**Aims.** Lambeth Home Treatment Team (LHTT) provides short-term intensive community psychiatric care to a diverse South London population. The high turnover of patients requires a streamlined process to review and discuss their progress. We aimed to discuss patients in more frequent, targeted and shorter meetings, and to improve continuity of medical care using a 'named doctor' system. We assessed impact on length of stay with LHTT, on staff time as well as on both patient and staff satisfaction.

**Methods.** The system of once-weekly day-long discussions of entire caseload was replaced by twice-weekly discussions of new and concerning patients only. The system of medical reviews was changed from ad hoc to MDT-agreed allocation to a specific doctor for the duration of LHTT stay.

Data on duration of treatment and caseload size were taken

from regular LHTT statistical reports. Staff and patient questionnaires assessed impact on satisfaction and time spent in review discussions.

**Results.** Qualitative reports of staff experience revealed that the new system was felt to provide better continuity of care, better time efficiency (less time spent learning about new patients) and improved learning experiences for doctors in training. Downsides included lack of 'automatic second opinion' when a patient was reviewed by a different doctor, felt to be mitigated by more frequent discussions in MDT reviews when needed.

Patient feedback showed no significant change was noted in overall experience of LHTT, although patients were more likely to feel involved in their care (88% said 'definitely' compared to 68% before the change).

Time spent discussing patients in clinical review meetings reduced from an average of 38.5 to 28.5 person-hours per week.

Average caseload reduced from 57 to 42. However, duration of treatment increased from 18.8 days to 20.4 days.

**Conclusion.** The reduction in staff time in reviews suggests that the system had been appropriately streamlined. While caseload size reduced, duration of stay slightly increased, so the new system was not found to have had a significant impact on objective measures of patient care.

Staff feedback was generally favourable, highlighting continuity of care and time efficiency. Patient feedback, while good both before and after our change, suggested a greater feeling of involvement in their care, possibly due to clearer communication and discussion of plan from the start of LHTT care.

## Lithium Monitoring Within NHS Forth Valley 2020

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**Aims.** The aim of this audit is to improve the monitoring of appropriate parameters in patients within the health board who are prescribed lithium, including lithium level, urea and electrolytes, thyroid function tests, calcium. It will also look at whether the same patients are appropriately referred to renal services.

**Methods.** A retrospective review of electronic patient records of 100% of the patients in Forth Valley Health Board who have collected a lithium prescription in the 6 months between March and August 2020.

**Results.** 69% of patients had a lithium level checked within the time period set out in the NICE guideline. Only 43% complied with the guideline on renal referral and 63% on calcium. Compliance with assessment of urea and electrolytes was better at 90%, and thyroid function tests at 85%.

**Conclusion.** Part of the decline in compliance with guidelines is likely in relation to the availability of face-to-face appointments during the pandemic, and reduction in outpatient appointments. As a result of this there is a planned further audit looking at how lithium monitoring is reviewed in outpatient psychiatry. This is intended to increase the involvement of psychiatry and the patient in ensuring appropriate monitoring is completed rather than relying solely on the GP.

## "Drilling Down": psychiatry and dentistry in collaborative action

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