

This audit highlights the importance of prioritising regular reviews of NROC work to ensure the safety of both staff and patients through achieving adequate rest periods.

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Adverse Event Reporting in Older Adult Mental Health: A Theme Analysis

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Aims. We carried out a theme analysis of SAER (Significant Adverse Event) reports completed in Older Adults Mental Health Services in Greater Glasgow & Clyde. We wanted to identify common themes to bring about shared learning.

Methods. We analysed 19 SAERs from 2017 to 2023, using deductive coding. The 'Human & Contributory Factors' included within the SAER toolkit formed the coding system. Coding was then discussed between authors to explore the themes.

Results. Considering the demographics of the group, patients who died by suicide demonstrated gender distribution and methods in keeping with recognised statistics. However there was an over-representation of anxiety disorders and grief reaction (64%). This may prompt clinicians to hold a lower threshold for risk management strategies in this group.

Theme #1: 'Management & Organisation'. In the period covering the pandemic, reports reflected the need for rapid changes in practice and how in some cases this had an impact on patient care e.g. restricting the possibility for review in the patient's home.

Challenges in liaising with external agencies such as Police Scotland were also highlighted

Many reports reflected that practice could have been updated, encouraging willingness to scrutinize long-standing practice.

Theme #2: 'Communication & Team factors'. Communication failures between staff were more common than with patients. It was more common for communication failures to occur between teams than within.

This theme also covered issues with availability of information, such as the hybrid model of working with electronic systems but also with some paper records, and the opportunity for information to be missed as a result.

Theme #3: Quality of Care. This theme referred to recommendations for more robust or formalized methods of working, or for care to be more clearly patient-centred.

Delays accessing care were also highlighted. This might refer to a delay accessing other treatments within the inpatient setting, or to missed opportunities or delays in outpatient assessment.

Factors around specific tasks were frequently identified. Most often this referred to guidelines not being followed (updating formal risk assessments, referral to Tissue Viability, etc.). In a smaller number of reports it was identified that guidance was insufficient with recommendations for these to be reviewed.

The importance of patient factors was acknowledged in all reports without this apportioning blame to them or absolving the team from identifying areas for improvement.

Conclusion. This theme analysis identified a number of key themes for older adult psychiatry teams to consider. Results have been disseminated locally.

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An Evaluation of the Prevalence of Use of High Dose Antipsychotic Therapy Across the General Adult Inpatient Wards and the Psychiatric Intensive Care Unit in Mersey Care NHS Foundation Trust

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Aims. High Dose Antipsychotic Therapy (HDAT) should only be used in exceptional circumstances, as there is little evidence to suggest that higher than recommended doses of antipsychotics are more clinically effective than standard doses, with potential side effects being greater. In practice, there are several clinical scenarios where HDAT may be prescribed and the potential benefits must outweigh the potential risks. NICE guidelines for psychosis and schizophrenia advise that dosages outside the range given in the British National Formulary should be justified and recorded.

This evaluation aimed to determine prevalence of HDAT across the 16 general adult inpatient wards and the Psychiatric Intensive Care Unit (PICU) in Mersey Care NHS Foundation Trust.

Methods. A list of all inpatients admitted to the 16 general adult inpatient wards and to the PICU in the Trust between 17th and 20th of July 2023 was obtained. The electronic prescription record for each patient was scrutinised to determine whether the patient was subject to HDAT and, if so, whether this was due to antipsychotic monotherapy, combination of two or more antipsychotics, or due to regular and as required (PRN) antipsychotic medication.

Results. Of the 215 inpatients on the 16 general adult wards and the PICU, a total of 29 (13.5%) patients were prescribed HDAT. Four wards had no patients on HDAT; one ward had 5 patients on HDAT. Two of the 12 patients on the PICU were on HDAT. Of the 29 HDAT patients, none were on just one regular antipsychotic, 11 were on one regular antipsychotic and one PRN, 11 on two regular antipsychotics only, 4 were on two regular antipsychotics and one PRN antipsychotic, 1 patient was on three regular antipsychotics and 2 patients on three regular antipsychotics and one PRN antipsychotic. Of the 29 HDAT patients, 14 (48%) had schizoaffective disorder, 9 (31%) had schizophrenia, 5 (17%) had bipolar disorder and 1 (4%) had emotionally unstable personality disorder.

Conclusion. Only a minority of inpatients on the general adult wards and the PICU are prescribed HDAT. There was variation in HDAT prescribing across the wards and this may reflect the degree of diagnostic variability of each ward's inpatients. In those patients that are subject to HDAT, there is a need for appropriate baseline physical investigations to be completed and for appropriate monitoring of ECG and relevant blood tests. There is a need to consider whether each HDAT patient has been considered for treatment with clozapine, if appropriate.

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