

Aims. The aim was for 80% of adults aged over 65 years to be screened for delirium at the point of admission to hospital.

Methods. We implemented multiple interventions including:

- Teaching sessions for doctors, nursing staff and healthcare assistants on delirium.
- Designed a new proforma using a more specific tool for screening delirium (4AT)
- Making the clerking proforma and delirium screening tool more user friendly

Results. Results have shown statistically significant improvement in the detection of delirium with a sample in October 2022 showing 68% of older adults admitted to Hillingdon Hospital having been appropriately screened for delirium.

Conclusion. Current results suggest significant improvements with our interventions, however further progress is still required to reach our aims with regular data collection being paramount.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improving Physical Health Monitoring on an Inpatient Dementia Assessment Unit – a Quality Improvement Project

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Aims. Meadowview Ward is a dementia assessment unit based at Thurrock Community Hospital as part of Essex Partnership University NHS Foundation Trust. Patients with advanced dementia are routinely admitted with significant physical comorbidities and, as such, robust physical health monitoring is required. Members of the nursing team felt that it would be helpful to formalise the approach to physical health monitoring in order to allow all members of the multidisciplinary team to be aware of the necessary requirements. It was decided to formulate a physical health monitoring prompt sheet to facilitate discussion regarding physical health during ward rounds.

Methods. A multidisciplinary discussion took place to identify the areas of monitoring which should be routinely highlighted in ward rounds. Items labelled as routine monitoring requirements were also listed. A prompt sheet was then devised which divided ward round discussion into nursing and medical feedback, with each section having specific areas for discussion (for example oral intake, recent blood results, any pending investigations). This included prompts for other staff groups including physiotherapists and occupational therapists. A section was also added regarding ongoing monitoring requirements, such as routine outpatient appointments and whether transport had been booked.

In order to assess the impact of the introduction of the prompt sheet a questionnaire was provided to members of the multidisciplinary team who regularly attend ward round. This assessed their perception of the quality of physical health monitoring both before and after the introduction of the prompt sheet, the impact of the sheet on ward rounds and whether they wished the intervention to continue.

Results. There was a significant increase in staff satisfaction with physical health monitoring on the ward ($n=7$, $P=0.0065$). 100% of staff surveyed rated the introduction of the prompt sheet as “strongly helpful” and that they “strongly agree” the use of the prompt sheet should continue. An initial concern from the team had been the potential for the use of the sheet to delay ward rounds, however 57% of respondents reported no impact on ward round duration and 43% felt it strongly expedites assessments.

Conclusion. The introduction of the physical health monitoring prompt sheet has been widely perceived as a success within our multidisciplinary team. It has also demonstrated the effectiveness of a multidisciplinary approach to quality improvement projects, ensuring the wide variety of expertise within teams is utilised.

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Trans and Non-Binary Healthcare QIP: Improving GPST Knowledge and Confidence

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Aims. Trans and non-binary people present with condition-specific health needs. General Practitioners (GPs) face increased demand to care for this population. The Royal College of General Practitioners note that “the gaps in education, guidance and training for GPs around treating gender dysphoria... and managing broader trans health issues... needs to be urgently addressed.” We are an interdisciplinary team using QI methodology to assess current self-reported knowledge and confidence amongst GP Specialty Trainees in the North-West of England (NWGPSTs) and deliver interventions targeting problem areas.

Methods. Following engagement with Health Education England North-West, a preliminary questionnaire was distributed to all NWGPSTs to assess baseline knowledge and confidence regarding gender-diverse peoples’ healthcare.

Results were used to design a teaching session covering basic language and concepts; history and physical exam; gender affirming therapies; psychiatric, medical, and sexual health.

Teaching was delivered in a pilot scheme at four NWGPST training locations. Data were gathered before and after each session, with 3 additional questions to assess the quality of teaching and open-text feedback.

Results. In the preliminary questionnaire ($n=150$) the most common answer was the lowest amount of knowledge, confidence, or training (1 out of 6) for 11 out of 17 questions. Most reported no training during medical school or GP training programmes. Lack of knowledge in gender affirming therapies, fertility preservation, legal framework and referral pathways were identified.

Using a Likert scale (1 to 5), comparison between pre ($n=61$) and post-teaching ($n=49$) questionnaires showed improvement in knowledge in all areas (CI 95%). Overall knowledge improved with a mean of 1.05 (95% CI 0.72–1.38). Teaching quality feedback achieved a total mean score of 4.18. Open-text feedback was overwhelmingly positive about teaching material, enthusiasm of presenters, and contained useful suggestions for improvement.

Conclusion. Baseline knowledge of trans and non-binary healthcare is generally very low. A brief educational intervention made a