

discussions generated would help them in their day-to-day work in psychiatry (this figure rose to 100% after the second cycle).

**Conclusion.** Staff well-being is paramount to ensure staff satisfaction and reduce burnout. Initiatives to address this must be tailored to specific teams. It is also essential to encourage medical education in informal settings to create a culture of learning and improvement from healthcare professionals of diverse backgrounds.

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## Increasing Early Cardiac Screening in an Inpatient Psychiatric Setting Using the KardiaMobile 6 Lead Device

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**Aims.** The Royal College of Psychiatrists' core standards include a comprehensive physical health review as a vital part of an inpatient admission.

To determine whether using the KardiaMobile 6 lead (KM6L) device on an inpatient psychiatric ward would increase:

- the percentage of patients who receive an ECG during an inpatient stay
- the percentage of patients who receive an ECG within 24 hours of admission

**Methods.** The KM6L device provides a 6 lead ECG recording within 30 seconds. It enables ECGs to be performed more efficiently and less intrusively than a 12 lead ECG machine.

The study aimed to offer all patients (101) admitted to an acute inpatient ward (July 2022 – Jan 2023) an ECG using the KM6L device, unless reporting chest pain, having significant cardiac history, or doctor otherwise concerned – in that event a 12L ECG would be done instead.

The percentage of patients receiving an ECG during an inpatient stay and the percentage who received an ECG within 24 hours of admission were compared on the same ward when using:

- the KM6L device between July 2022 and Jan 2023; and
- a 12L ECG between July 2021 and July 2022

QT intervals were calculated manually as the automatic feature is still in development

**Results.** Between July 2021 – July 2022, using a 12L ECG:

- 217 patients admitted
- 142 (65.4%) had a 12L ECG during their inpatient stay. Of these, 83 were done within 24 hours of admission (58.5%). Overall, 83/217 (38.2%) of patients had an ECG within 24 hours of admission.

Between July 2022 – Jan 2023, when KM6L device available on ward:

- 101 patients admitted
- 66\* (65.3%) had an ECG during their inpatient stay. Of these, 46 were done within 24 hours of admission (69.7%). Overall, 46/101 (45.6%) of patients had an ECG within 24 hours of admission

\*Note: 15/66 patients had a 12L ECG as available clinician did not know how to operate KM6L device

**Conclusion.** KM6L, despite being easier to use and less intrusive, did not increase the percentage of patients who received an ECG during an inpatient stay. However, there was a notable increase in the percentage of ECGs performed within 24 hours of admission. KM6L offers a cost and time saving alternative for obtaining ECGs; earlier cardiac screening may also reduce risk.

Future work will consider further training of healthcare professionals in how to use the KM6L device and expand its use across healthcare settings.

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## Quality Improvement Project to Reduce Restraints in Inpatient Wards at Lincolnshire Partnership Foundation NHS Trust 2020- 2023

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**Aims.** This QI was designed in collaboration with Trust's PMVA team to reduce the prevalence of physical restraints across inpatient wards by utilising model of improvement and measuring changes by studying number of restraints every six monthly. Secondary outcome considered were improvisation of recording of restraints, appropriate use of de-escalation measures and improvement in care planning surrounding the use of restraints.

**Methods.** The baseline audit was carried out to measure the prevalence of restraints and evaluate the practise of restraints in inpatient units during April to June 2020. The audit highlighted although there was 100% compliance in documentation of type and outcome of restraints, there were about 20 to 30 % restraints which did not utilise de-escalation measures, post incident debriefing and reflection within MDT. Only 12% of the restraints involved patients in post incident reflection. Using improvement model Plan- Do- Study- Act, following action plan was devised in 2021- 2022

1. To improve education and training of inpatient staff in management of crisis behaviour through de-escalation strategies via PMVA training and sharing good practise/ gaps via MDT processes.
2. To perform root cause analysis via quantitative and qualitative research to understand the clinical and demographic factors that influence restrictive practice.

**Results.** There has been downward trend or reduction of restraints by 10 to 30% in eleven wards across the trust from 2020 to 2022 and there has been reduction of violent incidents that resulted in restraints by 30% and self harm incidents that resulted in restraints has reduced in average by 10 to 30%.

In parallel there has been 30% improvement in the use of de-escalation measures, PRN medications and use of safety pods.

Re-audit was conducted during April to June 2022 concluded improvement in compliance of post incident debriefing and reflection, and involvement of patients for post incident reflection has increased by 60 % . The use of care -planning, and de-escalation strategies has improved by 10 to 15%.

**Conclusion.** The project has shown that improvement of training standards, holding monthly restrictive practise hub meetings sharing knowledge and reflection of ongoing practise relating to