

Method. Our discovery process included surveying trainees in April 2020 to explore experiences with remote psychiatric consultations, a literature search of current UK guidance and a local audit. The audit reviewed documentation of consent to remote consultations, with reference to standards as per NHS England remote consultation guidance. Key change ideas included publication of an article, 'Remote consultations – top tips for clinical practitioners', video-simulated remote consultations and a session on remote consultations in the trainee induction.

In the first 'plan-do-study-act' (PDSA) cycle, we presented key findings from the article in a video presentation, which was sent trust-wide. We measured confidence in conducting remote assessments pre- and post-presentation via a feedback survey. Unfortunately, response rates were low and in the second PDSA cycle we targeted a smaller cohort of trainees at the August 2020 induction, although encountered similar difficulties. In the third PDSA cycle, we collected real-time data using an interactive app at the February 2021 trainee induction, and measured pre- and post- confidence following a presentation and a video-simulated remote consultation.

Result. 2/34 respondents had accessed previous remote psychiatric consultation training and 12/35 had some telepsychiatry experience. Pre-induction trainee confidence results revealed: extremely uncomfortable (16%), not confident (31%), neutral (47%), confident (6%) and very confident (0%) and post-induction confidence was 0%, 22%, 52%, 26% and 0%, respectively.

Conclusion. Our project started during the first peak of the pandemic, which may be a reason for initial limited response rates. Our results suggest that the remote psychiatric consultation trainee induction session has shown some improvement in trainee confidence; the 'confident' cohort improved from 6% to 26%.

Our next steps include collecting similar real-time data, mid-rotation and uploading video-simulated remote consultations to the Trust Intranet. We plan to complete the local audit cycle. We also plan to incorporate patient experience (from an ongoing systematic review) to inform a potential triage process post-pandemic, choosing between face-to-face versus remote consultations.

Reducing the use of oral psychotropic PRN medication in acute mental health inpatients

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Aims. Project aim:

To reduce the use of oral psychotropic PRN* medication on Ward 3 AMHIC (Acute Mental Health Inpatient Centre) by 20% by May 2020

(*PRN = Pro re nata/As required)

On Ward 3, we identified a number of unintended negative consequences of PRN medication to both patients and staff.

These included issues with over-use, dependence and side effects; as well as loss of staff ownership and challenging interactions with patients, (including escalation to aggression).

Following the success of our Child and Adolescent Mental Health Inpatient colleagues in this area, we decided to embark on a project to change practice within our ward.

Method. In order to quantify the problem, we first collected baseline data on current use of psychotropic PRN medication.

As a multidisciplinary project team, we then brainstormed potential contributory factors and displayed these visually as a driver diagram.

This divided our project into 3 main areas:

- 1) Safe prescribing
- 2) Safe administration,
- 3) Safety culture.

Project measures were also agreed as follows:

Outcome: Number of doses of oral psychotropic PRN medication administered per week

Balancing: Violent incidents; IM administrations of psychotropic medication

Process: Time taken to complete interventions; Patient and staff satisfaction. Change ideas were selected and implemented sequentially, using Plan-Do-Study- Act methodology.

These included:

- 1) Weekly review of PRN prescribing
- 2) Nursing administration sheet

Data were collected weekly and plotted on our run chart.

Result. By the end of May 2020, we had exceeded our initial goal, reducing the weekly median number of doses of oral psychotropic PRN medication administered by over 30%.

Our balancing measures remained stable and we gained useful insights and development ideas from a staff survey.

Further change ideas were planned for implementation over the months that followed, however, the impact of the COVID-19 pandemic meant that the project lost some momentum.

Conclusion. Despite running into some difficulty over recent months, the team remain motivated to maintain and build upon our previous success.

In the past few weeks, "Calm Cards", (a patient-centred intervention promoting use of individualised alternative coping strategies), have been introduced.

We hope that the outcomes of this intervention will be positive, both in terms of further reducing use of PRN medication and encouraging development of skills which can be utilised beyond the hospital environment.

We also intend to share our learning with colleagues and explore the possibility of introducing the project to other wards within the hospital.

Reducing levels of Violence in the Psychiatric Intensive Care Unit (PICU) - a multidisciplinary quality improvement project

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Aims. Our aim: To reduce the number of Level 1* violent incidents in Ward 4 by 30% by April 2020

*Level 1 is defined as "Behaviour involving force, which causes or is intended to cause physical harm to others; but excludes assault on objects, threats or verbal abuse"

Ward 4 is Belfast Health and Social Care Trust's only PICU, with a total of 6 beds. Our project took place on the background of a recent move to a new purpose-built inpatient unit, as well as a trust-wide initiative to address levels of violence across inpatient psychiatry services.

Method. We divided our project into 3 main areas:

- Patient factors
- Staff factors