restraints in inpatient wards and monitoring of practise via continuous staff feedback has reduced the prevalence of restraints by 10 to 30% and improvement in secondary outcome measures as outlined.

Quality Improvement Project: Improving the Handover Process Between Junior Doctors at the Hammersmith and Fulham Mental Health Unit

Dr Rathy Ramanathan*, Dr Fariah Khan and Dr Darshana Arakkal

West London NHS Trust, London, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.311

Aims. Handover is an integral aspect of clinical work for all doctors. During on calls it involves the transfer of responsibility and accountability for some or all aspects of patient care, to another person on a temporary basis. It is potentially a highly perilous step, and when carried out improperly can cause errors compromising patient safety. In recent times, handover is more important than ever due to the increase in shift patterns of working. Further the General Medical Council (GMC) has clear exceptions that all doctors should 'keep colleagues well informed when sharing the care of patients.'

Methods. At Hammersmith and Fulham Mental Health Unit there was no formal junior doctor handover in place between changes of shift. Handover of clinical information between regular teams and the long day on call doctor was adhoc, informal and disorganised.

In 2021, we identified this significant patient safety concern, and introduced a handover sheet with a populated table contained pertinent information: date of the request, the location of the patient, the demographic details of the patient, the clinical information regarding the patient, the requested job and whether the task was completed. Junior doctors were instructed to complete the table which was kept in a folder in the junior doctor room when handing over information to the on call doctor. If the request was urgent and a face to face handover was not possible, doctors were encouraged to telephone the on call doctor to provide an additional verbal handover.

Results. The GMC trainee survey identified that handover was a strong negative outlier with a trainee satisfaction rate of 44.79% in 2018. This was evident again in the GMC trainee survey 2019, where handover was again identified as negative outcome in comparison to the average with a trainee satisfaction score of 48.26%.

Having formalised the handover, the GMC trainee survey in 2021 identified a significant improvement in the trainee satisfaction rate of 59.03%; together with the results now being within the national average. Local trainee feedback survey also supported this finding with increased confidence being reported in the handover process.

Conclusion. Good handover does not happen by chance; this was clearly demonstrated following the implementation of a formal and structured proforma within the junior doctor handover at the Hammersmith and Fulham Mental Health Unit. This intervention not only improved the trainee confidence in the handover process but ultimately reduced the potential risk to patient safety.

A Quality Improvement Project: Improving the Presentation of Assessments Within a Liaison Psychiatry Department

Dr Shivali Jain, Dr Natalie Maalouf, Dr Khalil Hassanally, Dr Raman Rashwany*, Miss Asha Faldu and Mrs Krishna Amin

Northwick Park Hospital, Harrow, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.312

Aims. This Quality Improvement Project (QIP) was undertaken within a Liaison Psychiatry (LP) department at a district general hospital in North West London. The current service model has LP nurses and junior doctors providing first contact with patients, and subsequently discussing assessments with the team psychiatrists. A need for effective communication when presenting clinical cases has emerged given high rates of staff turnover. The aims of this QIP were; (1) To assess the quality of presentations within the multidisciplinary team (2) to deliver a targeted teaching session focused on frameworks for assessment presentation and (3) to evaluate the effectiveness of the intervention.

Methods. The 'SBAR: Situation, Background, Assessment, Recommendation' communication tool already used widely within healthcare was adapted for LP by an MDT including doctors, senior nurses and pharmacist.

A survey was designed with MDT input to collect data about the content of presentations using adapted Likert scales, a quantitative global score and qualitative data highlighting areas for improvement. Over two weeks, senior team members completed surveys for every patient discussion.

A targeted teaching session was delivered on the adapted LP SBAR including: presenting complaint, current medical issues, referral question, psychiatric background, mental state examination, delirium/cognitive screening, risk assessment, impression and management plan. The session included breakout groups with clinical vignettes to practice presenting. All team members filled in a pre- and post-intervention surveys rating their confidence in presenting assessments and received copies of teaching materials.

Data were collected over a 2-week period post-intervention using the same methodology as pre-intervention. Post-intervention data were presented to the MDT and feedback was sought for improvement in the next cycle.

Results. Pre-intervention data (n=30) indicated a risk assessment, impression and plan were often missed from presentations.

Following targeted teaching, team members felt more confident presenting assessments, formulating impressions, and management plans. Post-intervention data (n=22) showed an improvement in inclusion of all key information covered in the LP SBAR except management plans. The percentage of presentations with a global score ≥ 7 increased from 41% to 57%.

Conclusion. This 'Plan, Do, Study, Act' cycle has modestly improved the quality of assessment presentations within LP and has identified a critical need for communication tools within LP. We will perform another cycle in February 2023 given the high turnover of staff and continue to seek feedback from the MDT on the effectiveness of this targeted teaching session to continue to improve the presentation of assessments in LP.