improvement by 2021). Response to treatment was inconsistently documented in the 2017 audit. In 2021 there remained some inconsistencies in documentation. Improvements in recording response to treatment would assist with clearly evidencing compliance with the NICE standards.

**Conclusion.** Overall, treatment and follow up for anxiety disorders was good or excellent (and remained so in 2021). Areas for improvement lay in the assessment of anxiety disorder. Recommendations to promote ongoing improvement include: 1) Circulation of re-audit results to the team 2) Brief recap of guidelines on assessment of social anxiety disorder to the team 3) Written/ email reminder to consider and document the other areas that received less than 80% compliance 4) Continue use of ROMS. Effective assessment and management of anxiety disorder is an important area of clinical practice for all clinicians in the team; we would recommend this is re assessed in 2023 to ensure standards continue to improve.

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.

## A Quality Improvement Project to Increase Junior Doctors' Satisfaction With Handover Process Using Microsoft Teams (MS Teams) as a Platform

Dr Aradhana Gupta*, Dr Amitav Narula, Dr Devika Patel, Dr Mohamad Arifin, Dr Helen Wheeldon, Dr Ayomide Ajayi, Dr Gagandeep Sachdeva and Dr Nay Aung

Black Country Healthcare NHS Foundation Trust, Dudley, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.280

**Aims.** To improve junior doctors' satisfaction with handover process to >70% over a period of 10 weeks.

**Methods.** Baseline level of overall satisfaction with current handover practice was measured through a survey using Likert scale. Using the same scale, the team also looked at:

1. Degree of confidence in tasks being completed
2. Degree of confidence in handover being confidential
3. Degree of confidence in handover being sufficient for medico-legal purposes

Part of the survey also asked junior doctors using free text comments on how handover is currently carried out between shifts. The results from the survey were analysed and suggestions were considered for improvement.

A new method of handover using MS Teams was trialled. During subsequent PDSA cycles change ideas were adopted to improve engagement with the new process and allow for safe handovers.

On a weekly basis, post-intervention level of overall satisfaction with the new handover process was measured using the same Likert scale. Other measurements measured weekly included:

1. Percentage of handovers completed using the agreed template
2. Percentage of handed over jobs being acknowledged to signify receipt of handover

**Results.** Pre-intervention, verbal handover was the most frequent way of handing over (85.7%) followed by Whatsapp/text messaging (64.3%) and paper (42.9%).

Baseline level of overall satisfaction of handover process is 21.4%. At the end of PDSA Cycle 1, this increased significantly to 78% and by week 10 (end of PDSA Cycle 2) it rose to 92%.

Pre-intervention, 35.7% of junior doctors reported feeling confident in the handed over tasks being completed. 28.5% were confident that the handover process is confidential and 14.3% that it is sufficient for medico-legal purposes.

Post-intervention, 100% of the handovers are completed using a standardised template and 100% of the tasks were being acknowledged by the appropriate team members.

**Conclusion.** Prior to this intervention the process of junior doctor handover was not uniform and led to near-misses. This created confusion hence opportunities for errors to occur which can compromise patients' care. Following the introduction of MS Teams as the handover platform, overall satisfaction from junior doctors on the handover process has increased significantly. Moreover, it provides a clear record of handovers taking place which ensures accountability, safety and continuity of patients' care.

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## Improving Cardiac Monitoring for Patients on Depot Antipsychotic Medication in a Mental Health Service for Homeless People

Dr Hugh Hall*, Dr Maisie Ingram and Dr Alicear Kablan

Central and North West London NHS Foundation Trust, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.281

**Aims.** Patients under the Joint Homelessness Team (JHT) in Westminster have poor health outcomes as they face the double-hit of serious mental health illness (SMI) and homelessness. Many patients are on depot antipsychotic medication to manage their SMI. Depot antipsychotics are associated with increased risk of arrythmias and guidance advises annual electrocardiogram (ECG) monitoring for all (Maudsley: Prescribing Guidelines in Psychiatry, Taylor). However, a proportion of JHT patients are not well engaged with services and do not have an annual ECG recorded on SystmOne. In this QI study, we aimed to improve the percentage of JHT patients on depot antipsychotic medication who have a recorded ECG within the year on SystmOne, from current level to 80% over a 4-month period.

**Methods.** 44 patients at JHT were identified as being on depot antipsychotic medication (1 patient was later excluded due to ongoing inpatient admission). PDSA cycles were used over a 4-month period from October 2022 to January 2023.

Intervention 1: Using available ECGs from GP or secondary care records to update SystmOne records.

Intervention 2: Email to GP requesting they invite patients for annual ECG.

Intervention 3: JHT inviting patients for targeted ECGs.

**Results.** At baseline only 48.8% of patients had an ECG recorded on SystmOne within the last year. Intervention 1 increased our recorded ECGs to 72.1%. Intervention 2 increased completed ECGs to 74%. Finally, intervention 3 increased completed ECGs to 83.7% by Mid-January 2023. Overall, results show an improvement of 34.9% or relative increase of 1.71 times the amount of recorded ECG over 4 months.

**Conclusion.** As a result of incorporating dedicated liaison and clinical time, we have improved uptake of annual ECG monitoring of patients on depot antipsychotic medication. We found there was a lot of existing physical health data in the GP and secondary care records that was not readily accessible to JHT. In the future, with the development of shared clinical data systems, both

https://doi.org/10.1192/bjo.2023.280 Published online by Cambridge University Press