practice of baseline and 6 monthly physical health monitoring against the standards set by NICE guidelines.
Methods. 33 random case notes were identified from the adult CMHT who had a diagnosis of ADHD and were receiving stimulant medications. An audit pro-forma was designed to collect data on baseline blood pressure, pulse, weight ,cardiovascular assessment before commencing treatment and 6 monthly monitoring of Blood pressure, Pulse and weight. The data were collected over a period of 3 months between October 2022 and December 2022.The results were presented in the local CMHT meeting and a new proforma was designed for baseline and follow-up physical health assessment which will be incorporated in the case notes. A re-audit is planned in March 2023.
Results. There were 16 females and 17 males in the identified cases.19 patients were on different Methylphenidate formulations,8 patients were on Lisdexamfetamine and 6 were on Atomoxetine.19 patients (57%) had documentation of baseline blood pressure, 13 patients (39%) had documentation of baseline pulse,17 patients (51%) had documentation baseline weight and 2 patients (6%) had documented baseline cardiovascular assessment in the case notes.10 out 33 patients had 6 month follow-up visits and monitoring data were collected from them. None of the patients (0%) had documentation of blood pressure, pulse or weight in the case notes.
Conclusion. The adherence to NICE guidelines was low in physical health monitoring as hypothesized by the team. A new proforma for baseline and 6 monthly physical health monitoring is developed by the audit team which is aimed to increase awareness about the physical health monitoring amongst the clinicians. The need for improving this practice is crucial due to increasing number of patients on these medications and the risk of serious side effects.

Anaesthetic to ECT Time Interval (AETI): Is the Time Interval Between Administration of Propfol to the Time of Delivery of Stimulus in Electroconvulsive Therapy (ECT) Being Documented and Within the Limits Set by a New Departmental guideline

Dr Natalie Gill* and Dr Bethany Dudley

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Hopewood Park Hospital, Sunderland, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.424

Aims. To establish if new departmental guidelines regarding Anaesthetic to ECT Time Interval (AETI) documentation were being followed. The guideline states that the average time from end of Propofol administration to the time of stimulus delivery should be at least 120 seconds. AETI should be recorded at all ECT sessions including the initial titration sessions when the seizure threshold is being established. The aim of the guidance is to reduce the impact of the Propofol use on seizure threshold and quality. By improving seizure quality, the stimulus dose required to elicit an adequate seizure can be kept to a minimum which is associated with a lower risk of cognitive side effects during ECT.
Methods. Review of electronic RiO notes and ECT prescription documentation for patients who received ECT treatment using Propofol as the induction agent at Hopewood Park ECT Department over a 4 week period in August 2022. Analysis of data collected and presentation to department.
Results. 6 patients met inclusion criteria, age range 35-78. The indication for ECT was severe depressive illness (4) or catatonia (2). In total there were 30 ECT treatment sessions included, of those, 23 (76%) had AETI times documented. There was no clear correlation between sessions for patients who did not have an AETI time recorded and those who did. Two were documented as unsuccessful seizures and needed further dose titration. The others happened to be the first treatment dose of ECT given following titration session. The treatments where AETI time was recorded were all equal to or more than 120s (mean AETI was 151.7s). Therefore, 100% of the AETI times that were recorded did meet this standard.
Conclusion. 76% of patient treatments had AETI recorded and of those recorded 100% met the standard of being >120s. To improve documentation, a prompt box is to be added to the ECT documentation sheet. The AETI guidelines are to be uploaded to the Trust Intranet Page and displayed in the ECT department. The guideline is planned to be rolled out across the other two ECT departments in the Trust in the coming months. Further work is planned to gather data pre- and post- Trust wide roll out to observe any trends in dose escalation or other clinical factors.

Assessing Whether Physical Health Forms Are Completed for Every New Admission on a Mental Health Ward

Dr Sirous Golchinheydari*

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

doi: 10.1192/bjo.2023.425

Aims. The audit assessed whether physical health forms, which are separate from admission clerking notes, were being completed for new admissions on the ward. A physical exam has to be carried out for every new admission and the findings recorded on the form within 24 hours of the admission. After the first audit cycle, recommendations were to be made and interventions carried out. A re-audit was completed to assess the compliance.
Methods. The records of all patients admitted onto a ward at a mental health unit on the 1st of October 2022 were reviewed to determine whether the admitting doctors had completed the physical health form or not. This was recorded on an excel sheet as complete, recorded on clerking but form not complete, or patient was not seen. After data extraction, junior doctors were reminded about the form personally and a poster was made informing junior doctors about the form which was placed in the junior doctor's room. A re-audit was carried out four months later.
Results. The audit showed that the forms for 75% of patients were not completed by the duty doctor on admission. Out of the forms that were not completed, one patient was not clerked in on time and one patient did not want to see the doctor and refused examination. Therefore, 65% of patients were examined and examination recorded on admission clerking, but the form was not completed. On the second cycle, 35% of the forms were not completed with one patient refusing examination, thus, 30% of the forms were not completed despite examination being carried out.
Conclusion. The recommendations and interventions proved to be successful as the compliance in completed forms increased.

Further interventions such as frequent reminders and mentioning the importance of the form on induction could be made. A third cycle to assess compliance among the new junior doctors rotating onto the unit could be completed to assess the effectiveness of these interventions.

Assessing the Number of Patients Receiving 1:1 Sessions and Their Frequency per Week

Dr Sirous Golchinheydari*

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

doi: 10.1192/bjo.2023.426

Aims. The aim of the audit was to assess whether patients on the ward were receiving 1:1 sessions with their named nurse and to assess the frequency of these sessions per week after many patients stated that they were not receiving such sessions. The role of the named nurse is to engage therapeutically with the patient and thus ensure the well-being, safety and satisfaction of the patient while communicating and enforcing the treatment plan. The named nurse answers the patient's questions and helps the patient with tasks such as preparing documentation. The named nurse also acts as an advocate of the patient and communicates the needs and requests of the patient to the team. The recommended frequency of 1:1 sessions is twice a week.
Methods. The electronic records of the patients admitted to a mental health ward were examined to assess whether they were having their documented 1:1 sessions with their named nurse on the 15th of October 2022. This was recorded on an excel sheet anonymously as "complete" and "not complete." The frequency of these sessions per week was also recorded on the same excel sheet. The audit was repeated on the 15th of January 2023 and the same parameters examined. Improvement was facilitated via speaking to nursing staff, explaining the importance of 1:1 sessions and reminding them of physical health forms in the morning meetings.
Results. The results showed that 4 patients had 1:1 sessions out of 20 admitted patients. 2 out of the 4 patients who had 1:1 sessions had them at least twice a week while the others had them once a week. The repeat audit 3 months later showed 12 out of 20 patients had 1:1 sessions and 5 of those patients had them at least twice a week.
Conclusion. The audit showed some improvement. It is likely that the task can be forgotten on a busy ward and reminding staff regularly is imperative. Further improvement can be managed by using posters in the nursing station to remind staff.

To Profile Patients Who Need Long Term Care Placement Following Admission to Acute Old Age Psychiatry Wards

Dr Richard Goveas* and Dr Fengyuan Yao

Institute of Mental Health, Singapore
*Corresponding author.

doi: 10.1192/bjo.2023.427

Aims. The Institute of Mental Health is the only tertiary Psychiatric Hospital in Singapore. It has two 29 bedded inpatient wards which provides acute care for the elderly with severe mental health problem. Over the past year there has been a trend of an increasing number of elderly patients who stay for a prolonged period of time as they require long term care placement and this increased length of stay leads to increasing healthcare costs, a reduction in availability of acute beds which in turn leads to elderly patients needing to be lodged in general adult wards. In 2022 the average length of stay for the elderly wards was 46 days as compared to the target of 21 days set by the hospital. Prolonged inpatient stays can lead to physical decompensation including reduced muscle strength, pulmonary capacity and osteoporosis.
Methods. We conducted a retrospective audit on 30 patients who were admitted between July and December 2022, requiring long term care placements. Our hypotheses were that patients with a diagnosis of dementia, who were frail and with caregiver burnout were more likely to require long term care placement. We subsequently designed a data collection form to collect the latter data and analysed them.
Results. Out of the 30 patients, 27 (90%) had a diagnosis of dementia, 25 (83.3%) were classified as frail (6 or more on the clinical frailty scale) and 23 (76.6%) had caregiver burnout, 12 (40%) family unable to look after patients in spite of community support and 3 (10%) had no next of kin.
Conclusion. Patients with dementia and frailty are more likely to require long term care placements. In the inpatient unit, we find that caregivers of these patients are burnt out because of their behaviour problems. We are embarking on an enriched model of care to reduce severe behavioural and psychological symptoms of dementia thereby reducing the need for restraints and its associated complications, and empowering caregivers to manage their behaviour problems.

This audit also stressed the importance of addressing issues upstream. Referrals to community facilities like day care which provide exercise and rehabilitation for the elderly will help delay the consequences arising from frailty. We are also partnering primary care to assist with early identification of dementia and providing early interventions to prevent caregiver burnout.

Clinical Re-Audit of the Interface Between Community and Inpatient Management of Service Users

Dr Michel Hakeem

Tees, Esk and Wear Valleys NHS Foundation Trust, Darlington, United Kingdom

doi: 10.1192/bjo.2023.428

Aims.

- The working interface between inpatient and community mental health teams can ensure a smooth and safe transition for service users following admission to the hospital.
- It is the first opportunity to reassess this aspect of service after the pandemic as the original audit was done before the lockdown.