Results:

Results	May 2021	Feb 2022
Medication list in Initial Assessment document	90%	90%
Medication Reconciliation completed in Kardex	60%	70%
Source of Medication reconciliation documented	100%	100%

Conclusions: The audit results demonstrate that there has been an improvement in medication reconciliation during the nine-month period. To obtain 100% compliance, the service needs to continue to highlight the importance of medication reconciliation practise amongst all medical staff through clinical practice, teaching sessions and regular audits.

Disclosure of Interest: None Declared

EPV0882

Minimising violence and restrictive practices within acute inpatient psychiatric wards

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Introduction: The number of incidences of violence and restrictive practices within acute inpatient psychiatric wards are significantly high which makes these units less conducive for recovery and less therapeutic. Staff and patient survey results highlighted their concerns and their desire to have a safe environment to work and a less volatile therapeutic environment.
Objectives: The aim of this QI project was to reduce violence and restrictive practices within acute inpatient units.
Methods: PDSA cycle was used to achieve the objective.
Plan: Primary and secondary drivers were identified and were illustrated using driver diagram. Three units were identified for pilot study. The group has agreed to collate change ideas from service users and restraint data from internal system will be used to review the impact of changes.
Do: Meeting were conducted with service users from these units to populate change ideas. Additionally, the Acute care group also outlined some practice related change ideas such as enhanced recruitment of substantive staff, safety pods, introducing safety huddles, revising therapeutic planner, developing safe care champions and inclusion of professionals from various disciplines such as drama therapist, sports technicians and peer support workers that are traditionally not included in MDT. The change ideas were implemented in one of the selected units.
Study: The group reviewed the feasibility of change ideas and agreed on change ideas that got more support from service users which were projectors to play music, soothing DVDs to assist with relaxation and ear defenders.
Action: All change ideas were implemented on the pilot units.
Results: The QI project has enabled the trust to reduce the number of violence and restrictive practices on all the three units, with a team approach and using a multipronged approach, co-production and openness key to positive results.

In due course we also liaised with the wards to get qualitative feedback from the service users to see how they felt about this new change.

A year after the initial data was collected, to see if there had been the intended 50 per cent reduction in violence and restrictive practices. The team were delighted to find that they had exceeded this aim with a 56 per cent reduction with only 12.3 incidents being reported over the 3-month period.
Conclusions: The QI project on pilot wards have enabled to reduce the number of violence and restrictive practices on all the three units.

Team approach and using a multipronged approach, coproduction and openness key to positive results.

The next step is to implement these change ideas on all other units and looking into the economic value and saving as part of this project, given lesser incidents and staff requirements.

Disclosure of Interest: None Declared

EPV0883

Taiwan National Health Insurance and Proportional Physician Fee of Psychiatrist in General Hospital during the COVID-19 pandemic : Case Report

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Introduction: In Taiwan, National Health Insurance has been implemented for 27 years and continues to receive international recognition. People pay part of the quota at the time of medical treatment, and the rest of the medical expenses will be paid by the national health insurance. In this study, the researcher, a psychiatrist in the general hospital, investigated the correlation between service and revenue. He has started to work in this hospital since November 1st, 2021, without any other psychiatrist peers.
Objectives: This study used proportion of PPF as performance indicator and aimed to observe the changes of PPF unit from November 1st, 2021, to January 31st, 2022, examining the trend of PPF growth. The purpose is to figure out an appropriate model to optimize medical services and performance outcomes.
Methods: Demographic data were collected through PPF projects, consisting of 17 inpatient ward items and 14 outpatient items from November 1st, 2021, to January 31st, 2022, and items with no performance or related to physiological examination has been excluded. In addition, items with a ratio of greater than 1.5% are presented in the bar graphs, as shown in **Figure 2 and 3**. The performance proportion of inpatient ward and outpatient were calculated separately.
Results: Demographic data found PPF rises significantly over time **(Figure 1)**. The 2nd month PPF unit (27.09%) was 2.5 times the 1st month PPF unit (10.70%), and the 3rd month PPF unit (62.21%) was 2.2 times the 2nd month PPF unit (27.085%). The highest proportion of PPF items were general hospital bed inpatient consultation fee for inpatient ward item **(Figure 2)** and psychiatric outpatient consultation fee for outpatient item **(Figure 3)**. Furthermore, only the