considerably reduce use of other, more acute services and keep patients with a diagnosis of EUPD out of hospital longer and on a sustained basis and also to reduce presentations to Emergency Departments which was often on the basis of self-harm and/or overdoses.

The dual result is that it can be validated objectively that service users are suffering less distress after having completed the programme, which will lead to better quality of life, whilst also reducing the burden on costly inpatient services with the end result being an important investment in mental health services in Northern Ireland and the prototype for the developing regional service.

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Improving the Quality of Junior Doctor Handover in Tyrone and Fermanagh Hospital, Northern Ireland

Dr Jill Fulton*, Dr Archana C. Sreekumar and Dr Aisling Sheridan

WHSCT Tyrone and Fermanagh Hospital, Omagh, United Kingdom
*Presenting author.

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Aims. To improve the quality of junior doctor handover in the Tyrone and Fermanagh hospital. The hospital is spread across a number of inpatient sites making it difficult to complete an in-person handover. Each day the handover is completed on a Word document and sent via trust email to relevant staff. Issues were identified with the quality of information shared and how the outstanding tasks were handed over.
Methods. A PDSA cycle was implemented to explore outstanding issues with the handover and consider how change might be implemented. Junior doctors identified various issues including the lack of a common format, the amounts and relevancy of information shared and identifying an individual or team to conduct the outstanding tasks.

A baseline audit for a 3 month period (July–September 2023) was completed. Results were reviewed and a driver diagram was established. Suggestions identified for improvement included the use of new template and an in-person handover.

A new template for recording information was drawn up and agreed by the group. It included basic demographic prompts such as staff member on shift and the date of handover. The template included prompts for key patient information identified from initial audit as frequently forgotten.

The template was emailed to doctors on the rota and was also highlighted to new staff at junior doctor changeover points. This new template was the intervention chosen for re-audit between November 2023 and January 2024.
Results. Following the application of our intervention, completion of the handover improved. From an information governance perspective the identification of staff and shift dates improved (to 98% & 99% respectively). The security of information shared improved through use of password (69% to 91%).

The quality of information sharing also improved with the percentage improvement of key demographics increasing, such as patient initials (29.4%), Healthcare number (9.2%), MHO status (15.46%), patient summary (19.76%) and working diagnosis (34.91%) and finally an increase of 88.74% in identifying the person for following up outstanding tasks.
Conclusion. The use of a handover template has improved the quality of information shared across a number of key areas. The identification of person for handover has improved significantly with this tool and is felt to represent an improvement in patient safety. Following re-audit cycle, other areas were identified for further changes such as adjusting prompts on the template and a secure folder for storing the handover. These changes could be easily implemented in a subsequent audit cycle.

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A Retrospective Assessment of Referrals Between the Mental Health Liaison Team and Memory Assessment Service; Does Delayed Referral Due to Delirium Lead to Some Patients Being Lost to Follow-Up?

Dr Thomas Fyall*, Dr Bethany Thompson and Dr Ross Overshott

Pennine Care NHS Foundation Trust, Oldham, United Kingdom
*Presenting author.

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Aims. The assessment, diagnosis, and management of memory problems in older adults are routinely undertaken by memory assessment services (MAS) typically following referral from a GP. Mental health liaison teams (MHLT) newly identify many older people in acute hospitals with memory problems. Delirium is often diagnosed acutely and should be managed prior to any consideration of dementia diagnoses, however many of these people still have histories which also suggest underlying undiagnosed dementia. Referral policies advise of 3 months delay between delirium and MAS review to avoid misdiagnosis of dementia. MHLT therefore often request GP to refer at 3 months if still indicated. It is felt that some patients may be lost to follow-up via this route; our aim was to explore this further with a view to establishing a more robust direct referral pathway if indicated.
Methods. Electronic records of patients under the care of MHLT aged over 65 from June 2022 to June 2023 were reviewed. This excluded patients who were referred and discharged from MHLT after a single assessment. We collected retrospective data for 8 months during this 12-month period. For any patients with memory concerns, we recorded where MAS referral was recommended and whether they were subsequently referred and seen.
Results. 108 patients over the age of 65 under the care of MHLT were identified. 69 patients had memory problems, 28 of whom already had established diagnoses or were already under MAS and 41 had newly identified memory problems. Of these 41 patients, 15 were felt to need MAS referral due to possible dementia. 3 were referred directly to MAS by MHLT and were seen. 5 were later referred to MAS by GP on MHLT recommendation and were seen. 7 were not later referred to MAS despite it being recommended.
Conclusion. All 3 patients whom MHLT were able to refer directly to MAS were seen, whereas 7 out of 12 (58%) patients for whom 3-month delayed referral by GP was requested were not seen. The policy of 3-month delay avoids misdiagnosis due to delirium, but in practice also leaves some patients with missed opportunities for diagnosis and management of dementia. There is a need for a more robust delayed referral pathway to memory assessment services from mental health liaison teams.

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