

Methods. Data were collected retrospectively from psychiatric inpatient wards in Lanarkshire for patients on Clozapine therapy. The review focused on electronic medical records to evaluate the regularity of bowel habit screening. Additionally, we examined the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system to gather information on laxative prescriptions.

Results. The audit revealed that bowel habit monitoring, which should be a standard practice at each clinical encounter, was found to be inconsistent. Regular assessments were documented for only 40% of patients. Monitoring was most thorough in rehabilitation wards, where patients on Clozapine had their gastrointestinal function assessed routinely through screening questionnaires. Furthermore, 80% of the surveyed patient population was documented as having been prescribed laxatives.

Conclusion. The documentation of bowel movements for inpatients on Clozapine was suboptimal, leading to the potential oversight of critical side effects. The audit highlights a discrepancy in adherence to national and Lanarkshire's local guidelines for the monitoring of inpatients treated with Clozapine. To rectify this, we recommend the implementation of a standardized screening protocol to assess constipation risk systematically. Proactive monitoring should be incorporated into regular clinical evaluations for patients on Clozapine, ensuring that this assessment occurs at every clinical interaction. This approach is crucial not only for patient safety but also for enhancing treatment efficacy and patient quality of life. Moreover, these measures will likely lead to improved documentation and compliance with established guidelines, thereby reducing the incidence of preventable complications associated with Clozapine-induced constipation.

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Improving Staff Awareness of Sensory Aid Needs and Dementia Status on an Old Age Ward

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doi: 10.1192/bjo.2024.343

Aims. The aim of our quality improvement project was to explore and improve care for patients who use sensory aids, with or without dementia, on an old age ward at King's College Hospital. We sought to do this by increasing the staff awareness of each patient's sensory needs and dementia status.

Guidelines state that sensory aids (glasses and hearing aids) are important in orientating patients with delirium and dementia, yet these devices frequently go missing during admission or are not being used appropriately. This could affect communication and therefore overall care, both physical and mental. It is widely understood that delirium and dementia are associated with increased morbidity and mortality. In this project we aimed to explore issues around sensory aid use and to identify and implement impactful changes.

Methods. 2 Plan, Do, Study, Act cycles were conducted between October 2022 to February 2023. A driver diagram was created following staff interviews on the ward. The first cycle focused on increasing awareness of a form in electronic patient records (EPR) and the need for documenting each patient's sensory aid possessions and dementia status. This was done through bite-size teaching sessions to the team and monitoring of completion of

this form. The second cycle included utilising a new laminated bedside checklist that is manually filled in and was aimed to serve as a visual cue of the patient's sensory impairment/dementia status. A survey was used at baseline and then repeated over the course of both cycles to evaluate awareness of staff (named nurse) of each patient's sensory impairment/dementia status on the ward.

Results. Baseline survey showed that staff were unsure of the sensory aid needs (glasses, hearing aids, dentures) of 25% of patients and 46.7% when it came to dementia status. EPR form completion increased by 14% between 14/12/22 and 25/01/23, however this was not statistically significant. 18% of bedside checklists were filled after 4 weeks. Overall, there was a statistically significant decrease in staff not knowing the sensory impairment status (by 32%) as well as dementia status (by 40%).

Conclusion. Whilst uptake of the forms and bedside checklist was slow, the project did show an improvement in awareness of staff and our hypothesis is that this leads to better use of sensory aids. The next step would be to assess whether this leads to better care through further PDSA cycles.

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Early Intervention in Psychosis in Southwark – Bringing Antipsychotic Prescribing Closer to the Gold Standard

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doi: 10.1192/bjo.2024.344

Aims. This quality improvement project was conducted in an Early Intervention in Psychosis CMHT (Community Mental Health Team). We aimed to compare prescribing practices to the RCPsych gold standard for treatment of first episode psychosis. Following an initial audit, intervention was completed aiming to improve adherence to these guidelines and thereby the proportion of patients achieving remission.

Methods. An initial audit of the whole CMHT caseload (with exclusions for patients currently admitted to hospital, under the care of a home treatment team or awaiting assessment) was conducted in June 2021. This was completed from information contained in the electronic patient care record. This recorded for each patient details of whether an antipsychotic was recommended, if one was being taken, the dose, if remission was achieved and the number of previously trialled medications. Following this initial audit interventions were completed through designing a one-page flowchart to empower members of the wider multi-disciplinary team (in particular care coordinators) around prompting appropriate medication changes, with an accompanying education session. Following these interventions, a re-audit was completed in March 2023 and the two samples compared through descriptive statistics. In the first audit 269 patients were included (27 exclusions), and in the second 255 (49 exclusions).

Results. The initial pre-intervention audit found that of patients taking medications, 33% (N = 172) hadn't achieved remission. In the follow up audit the proportion of patients taking medication without having achieved remission remained similar at 37%

(N = 147). However, the proportion in this group receiving treatment on doses below the licenced maximum improved from 85% (N = 68) to 76% (N = 55). Those on treatment but not in remission who had sufficiently trialled 2 or more antipsychotics (and therefore would meet the criteria for treatment resistance) increased from 50% (N = 52) to 56% (N = 55). The proportion of this treatment-resistant group receiving clozapine remained low, but increased from 3.8% (N = 26) to 9.7% (N = 31).

Conclusion. This project demonstrated modest improvements in prescribing practice, with a small increase in symptomatic patients receiving gold-standard treatment both in terms of numbers of medication trialled and reaching maximum doses. However there remains a significant gap, with a large proportion of symptomatic cases still showing room for medication optimisation. In particular clozapine remains underutilised in this cohort, with only a small minority of patients who would meet the criteria for treatment-resistant psychosis being prescribed it. This leaves room for further interventions to improve prescribing practice.

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Adherence to RCPsych Standards for Physical Health Monitoring and Health Promotion in Patients Open to the North Wales Early Intervention Psychosis (EIP) Service

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doi: 10.1192/bjo.2024.345

Aims.

- The audit aims to improve the quality of physical health monitoring and physical health interventions that the EIP service provides to people with psychosis.
- To ensure adherence to RCPsych standards for physical health monitoring in patients with First Episode Psychosis.
- To ensure adherence to RCPsych standards for provision of required physical health interventions and health promotion in patients with First Episode Psychosis.

Methods.

- A retrospective case note audit and re-audit was conducted for 13 patients on the caseload of the North Wales EIP service from December 2022 to December 2023.
- The case notes were audited against RCPsych standards for physical health monitoring and physical health interventions using an adapted version of the National Clinical Audit of Psychosis (NCAP) audit tool.

Results.

- Alcohol and substance misuse screening status improved to 100% in re-audit.
- There was significant improvement noted in Hypertension, Body Mass Index and Cholesterol screening.
- Mental health medication review, advice or referral for diet and exercise with regards to weight gain/obesity and hypertension improved to 100%.
- No specialist interventions were offered around health promotion and illness prevention as most of the patients were either not in the abnormal range, identified as high risk for developing the above mentioned physical health conditions or refused to have interventions for these conditions.

- A definite increase was observed in frequency of interventions being reviewed and reoffered for those accepting and declining interventions at baseline.

Conclusion.

- Training for staff to complete bloods and physical health screening.
- Increase availability of equipment to carry out physical health screening.
- Monthly, three and six monthly prompts in the case notes for staff to discuss physical health interventions with patients.
- Staff to use headings for physical health screening and interventions to improve documentation in case notes.

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Reducing Emergency Prescriptions (FP10s) Requiring Electronic Shared Care Agreement (ESCA) by North Hub Community Mental Health Team (CMHT), Birmingham & Solihull Mental Health Foundation Trust (BSMHFT)

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doi: 10.1192/bjo.2024.346

Aims. The community mental health team (CMHT) is actively involved in reviewing mental health patients who require commencing psychotropic medications. The responsibility to prescribe the psychotropic medications falls on the CMHT for the first 3 months. After this period, if the patient's mental health is stable, the prescribing role can be transferred to the GP by completion of an electronic shared care agreement (ESCA).

This project aimed to improve the management of emergency prescriptions (FP10s) requiring ESCA within the North Hub CMHT, BSMHFT focussing on reducing administrative time in receiving numerous urgent phone calls for repeat prescriptions, timely completion of ESCA and updating the electronic prescribing system.

Methods. Data collection was done by logging the numbers of the following on a weekly basis:

1. FP10s issued.
2. Calls related to FP10s.
3. ESCA sent.

Baseline data was collected over 11 weeks to analyse practice. Plan-do-study-act (PDSA) cycle was used to improve the processes from January to August 2023. Identified PDSA cycles included:

1. Clinician prompt reminders to check ESCA status.
2. Document FP10s instances on issue and inform patient about ESCA during outpatient appointments.
3. A 4-week system for managing FP10s at reception desk.
4. Increase consistent use of and access to EPMA.

Data was collected again for 4 weeks in December 2023 to assess sustainability of the implemented changes.

Results. This project resulted in a 14% reduction in the number of FP10s requiring ESCA and a 27% reduction in the number of calls for FP10s from January to August 2023. Data measuring