Conclusion. The full cycle audit demonstrated marginal improvements in appointment attendance rates following targeted interventions. While Phase 2 showed a higher attendance rate, it also highlighted ongoing challenges, particularly in managing patient leaves and transportation. These findings underscore the need for continuous monitoring and adaptable strategies to further enhance attendance rates. Recommendations include improved communication during patient transfers, proactive leave management, addressing transportation issues, and ongoing evaluation to sustain improvements in health appointment attendance in psychiatric settings.

Do Not Attempt Resuscitation (DNAR) Orders in an Older-Age Psychiatric Hospital

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Aims. We aim to see whether DNAR discussions are being undertaken at an appropriate time for our patients, as well as seeing whether these are recorded formally and regularly reviewed, as per local protocol. We also aim to see whether the immediate medical/nursing teams are aware of the local guidelines, as well as which of their patients have a DNAR in situ, and how to find this out. As an old-aged psychiatric unit, this is very important.
Methods. We used 2 methods of data collection. One was questionnaires that we gave out to medics, nurses, and HCAs on our wards. We collected quantitative data from them on whether they knew where DNAR forms were and which of their patients had DNAR forms. We then also collected quantitative data from our online notes, looking into which patients had DNARs, whether these were recorded online and in a physical copy, whether it was discussed on clerking, and whether it was regularly reviewed and documented in MDTs. We used data from 51 inpatients over 3 wards.
Results. Over 30% of patients have a DNAR in situ across the 3 wards. The dementia-focussed wards have a higher number of DNARs in place. All patients with a DNAR had a purple form completed and kept on the ward. 75% of staff knew where these were. Only 20% of those with DNARs had these documented online as per local guidelines; only 45% of staff knew where to find this information online. Only 8% of patients had their DNAR status discussed on admission, and 10% in their first MDT. Only 60% staff knew which patients had a DNAR in situ.
Conclusion. There is evidence that purple forms are completed appropriately and stored well. The main issue is the online record-keeping; staff either don't know how to or that they can document this online. This is reiterated as many did not know where the information was online. This demonstrates a lack of knowledge and education.

DNAR conversations are not occurring in the first place; the status is not being regularly reviewed, leading to issues where these conversations are rushed during acute events. It is important to think about these things earlier to ensure everyone, patient, family and staff, understands the process and rationale.

Lack of staff knowledge on which patients have DNARs in situ could be a great issue if an acute event were to occur, and compromises patient safety.

Clozapine Monitoring in Older Adults: An Audit Evaluating Compliance With Clozapine Guidelines in Community Settings

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Aims. To review compliance with current blood monitoring guidelines of Older Adult Community Mental Health (OACMHT) patients who are on clozapine within the community teams of Herefordshire and Worcestershire Health and Care NHS Trust. This is for full blood count, prolactin, glycated haemoglobin (HbA1C), liver function, renal function, lipid profile, glucose, and clozapine assay.
Methods. Our trust guidelines state the following blood parameters should be monitored every 6 months:

1. Full Blood Count (FBC)
2. Glucose (fasting if possible)
3. Prolactin
4. Urea & electrolytes (U&E)
5. Lipid profile (fasting if possible)
6. Liver Function Tests (LFT)
7. HbA1c (annually)
8. Clozapine plasma assay (annually)

We reached out to the medical secretaries of the following OACMHTs: Wyre Forest, Malvern Evesham & Pershore, Worcester & Droitwich, Redditch & Bromsgrove to collate a list of patients on clozapine. We then retrospectively looked at blood test results in the past 1 year from 31.12.22 to 31.12.23 and assessed compliance of the 8 haematological parameters.
Results. In total, 7 patients were identified across the 4 OACMHTs caseloads who were on clozapine. In the past 1 year, we would expect 2 episodes of monitoring for FBC, Glucose, U&E, Prolactin, Lipid profile, and LFT, as well as 1 episode of HbA1C and clozapine drug levels.

Compliance for FBC monitoring for 2 episodes was achieved for 100% (n = 7) of the patients. Compliance for 2 episodes of glucose and prolactin monitoring were 0%. Compliance for 2 episodes of renal profile monitoring was 57% (n = 4), but 86% (n = 6) of the patients had at least 1 episode of renal profile monitoring. Compliance for 2 episodes of Lipid profile monitoring was 0%, however 43% (n = 3) of the patients had at least 1 test. In terms of LFTs, 71% (n = 5) of the patients achieved the expected 2 episodes of monitoring, and 100% of them at least 1 episode of monitoring. For HbA1C monitoring, 100% of the patients had the expected 1 episode of monitoring annually. For clozapine plasma levels, 43% (n = 3) of the patients achieved their expected annual episode of monitoring.

An interesting observation of note was that a number of blood parameter investigations were performed by GPs/hospitals as part of another investigation, not exclusively for the sole purpose of clozapine monitoring. For example, 50% of the U&Es, 33% of

lipid profiles, 71% of LFTs, and 43% of HbA1c tests were done by the GP/hospital.

Conclusion. The OACMHTs within our trust achieved 100% compliance with FBC and HbA1c monitoring in the past 1 year. 71% compliance was achieved with LFT monitoring, 57% was achieved with U&E monitoring and 43% compliance was achieved with the annual clozapine monitoring.

With regards to tests done by GP/hospitals, on one hand, repeated phlebotomy of patients would come with increased direct medical (equipment, facilities) and non-medical (time) cost to service and intangible costs (pain) to patients. It would also not be cost effective to repeat these tests if done recently. Hence one could use recent test results as part of their monitoring routine. However, if these patients do not happen to see their GPs or have a hospital admission for unrelated issues, would they have missed their ideal monitoring targets? This unpredictability of timely monitoring raises the question of whether there is a need for the creation/standardisation of clozapine clinics within the OACMHTs, especially if the clozapine patient caseloads continue to grow.

Delirium Audit Project of the Greenwich Older Adult Mental Health Liaison Service

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Aims. Delirium poses a significant risk in hospitals, with a prevalence of 20–30%. Queen Elizabeth Hospital conducted an audit focusing on delirium cases referred to the Greenwich Mental Health Liaison Team for Older Adults (GMHLT OA) between January and April 2023.

The audit aimed to assess immediate and medium-term outcomes, identify improvement areas, and propose strategies for optimizing delirium treatment within GMHLT OA.

Methods. Patient referrals received by OAMHLT are meticulously recorded in a logbook. Among the referrals, 39 patients from the target population were identified through a manual review of the documentation. To augment the data collection process, electronic databases were also reviewed to ensure comprehensive data retrieval.

Results.

Key Findings:

39 cases audited, predominantly females (62%).
Most affected age group: 71–80 years.
Infective causes (49%) and low mood (30%) were common.
Antipsychotic treatment administered in 56% of cases.
36% required institutionalization post-discharge.

Conclusion. The audit underscores the complexity of delirium care, aligning with epidemiological data. It provides a foundation for targeted improvements to enhance patient outcomes within GMHLT OA. Based on the results the following recommendations and action plan were made:

Implement multifaceted interventions and non-pharmacological approaches.

Strengthen collaboration between departments for diverse referral sources.

Explore regional resource allocation and establishment of care pathways based on local implications.

Audit of Shared Care Guideline Compliance for ADHD Patients: Monitoring Physical Observations by General Practitioners

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Aims. To evaluate the adherence to shared care guidelines for ADHD patients by assessing if their Blood Pressure, Pulse Rate, and Weight have been monitored at least twice within the last year by their GP, as recommended by NICE guidelines.

Following initiation and stabilization on an ADHD medication, shared care with the GP is initiated whereby the GP is responsible for prescribing the medication, and monitoring physical observations every 6 months.

Methods.

Data Collection:

a. Collate the list of patients that were due for annual structured review in August and September 2023 from the team's shared drive.
b. Randomly select 50 patients from this list.

Inclusion criteria:

1. Patient must have been on ADHD medication in the past 12 months.

Data Assessment:

a. Access the GP records (Patient Practice Management system) for the selected 50 patients.
b. Review the patient records for each of these 50 patients to identify when Blood Pressure, Pulse Rate, and Weight measurements were recorded within the last 12 months.
c. Record the date and results of the Blood Pressure, Pulse Rate, and Weight measurements for each patient.
d. Determine if each patient had these measurements done at least twice within the last year as per NICE guidelines.
e. Calculate the percentage of patients who met this guideline.

Results. Sample size: 22 patients patients met the inclusion criteria.

- Blood pressure checked within the last 6 months – 22/22 (100%)
  Blood pressure checked within the last 1 year – 19/22 (86%)
- Pulse rate checked within the last 6 months – 20/22 (90%)
  Pulse rate checked within the last 1 year – 18/22 (81%)
- Weight checked within the last 6 months – 21/22 (95%)
  Weight checked within the last 1 year – 20/22 (90%)
  8 out of 22 had a "significant" change in their BP reading.

This significance is in keeping with NICE Guidelines that is, an increase of 2–4 mmHg for patients on ADHD medication, but this is generally not significant in terms of risk.

How was the project outcome disseminated?

A letter was sent out to GP practices commending the positive outcome of the audit. Recommendations for further improvement were suggested flagging up a review if there is a reduction of 10% or more in body weight within 12 months of treatment.

Conclusion. The positive outcome of the audit shows the effectiveness of current practices. However, it's important to maintain a commitment to ongoing improvement. Regular evaluations and audits

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