

Quality management

EV1100

The challenge of Vitamin D deficiency in an inpatient ward

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Aims and hypothesis We set out to determine standards that would enable the identification of persons at risk of Vitamin D (VitD) deficiency in our ward; the prevalence of deficiency in at risk patient group on a 25-bedded ward (Brunswick). Deficiencies were identified, managed according to local guidelines and care plans were updated to reflect this change.

Background Low VitD levels have been associated with depression, psychosis, schizophrenia, suicidality, treatment resistance and poor coping. However, serum VitD levels is not a routine investigation on inpatient psychiatric admissions. Factors associated with VitD deficiency include prolonged stay in inpatient units with limited exposure to sun; Inpatients' diet; Self-neglect and social isolation.

Methods Criteria for identifying patients who may be at increased risk was agreed.

These patients were approached, and consented to screening. Results of the investigation were discussed with patients and actioned according to need. Study period May 2015–July 2015.

Results We were unable to identify any criteria in use for identifying persons at risk in psychiatric services. The following criteria were agreed: Hospital stay for > 2 months and limited opportunities of leaving the ward (Detention); Transfer from another unit with a total of hospital stay > 2 months; Admission from the community with severe depression or history of social isolation.

7 patients (28%) were identified to be at increased risk. Of this, 6 patients (85.7%) were deficient and another 1 (14.3%) had insufficient level. Management was instituted.

Conclusions If indicated, psychiatrists ought to consider monitoring VitD levels during inpatient stays and managing as appropriate.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1101

Auditing of discharge summaries Contet at Al Amal medical complex

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Introduction and aims Patient's records are the most important clinical assets and tools which are required in consultations. Patient records also support the accurate continuity of care when patients return to other health providers.

Objective Understand the extent of Discharge Summaries, which conform to the set best practise guidelines on the Mental Health Service.

Method A cross-section retrospective study on Discharge Summary contents was conducted at Al Amal Medical Complex. Chart review of randomly selected patient files (200 of a total 495), of Discharge Summaries for Psychiatric Patients in 2014 was performed. The data was statistically analysed using descriptive statistics taking into account proportions and frequencies. Pearson chi square and Fisher's test methodologies were used.

Result This study found of the 200 randomly selected Discharge Summaries that documented data of mental health examination 94% ($n = 188$), data of discharge date 100% ($n = 200$) while data of social investigation and family work up 82% ($n = 164$). The above

three categories were the only categories to conform to standard discharge guidelines. The other thirteen items studies were found not conforming to the defined standard guidelines.

Conclusion and recommendation There is an active challenge for clinicians to introduce good clinical practice in Mental Health. Standard guidelines must be followed by clinician's in order to reduce potential areas of concern and achieve a good clinical practise. Regular recurring audits are highly needed & recommended to ensure the alignment with standard guidelines for the writing of Discharge Summaries.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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Blackburn with Darwen mental health assessment and treatment team – A service evaluation report

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Introduction Assessment and Treatment Team (ATT) was developed to manage mental health referrals within the borough of Blackburn with Darwen (BwD). The ATT became the main point of initial referral and assessment for adults presenting with mental health needs. It acts as the gateway service for access to specialist mental health services.

Aim To evaluate the effectiveness of ATT against the key performance indicators.

Methods Quantitative data was collected using electronic database from June 2014–May 2015. Feedback was obtained from GPs and also from patients who attended ATT over a one-week period.

Results The ATT received a total of 2234 referrals. A total of 73% were seen within 10 working days of the referral. Assessment outcome letters were sent to the GPs within 48 h in 47.53% cases. Referral rates to community mental health and Crisis teams were 7% each showing an overall reduction compared to the previous service. GP satisfaction – 70% were 'moderately satisfied' and 30% were 'very satisfied' with ATT. Hundred percent felt the service was easily accessible and 90% felt that the staff were friendly. Patient Satisfaction – 96% of patients rated the team as 'friendly and polite'. Eighty-seven percent reported that they were listened to and 91% felt their concerns were understood. Eighty-three percent felt that ATT involved them in their decision making. Ninety-two percent responded that they were likely/extremely likely to recommend ATT to their friends and family.

Conclusions The establishment of ATT has led to improved satisfaction among GPs and service users and has resulted in reduction in referrals to secondary mental health services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Factors associated with non-show to first therapeutic appointments in a mental health clinic in Northern Israel

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Introduction Patient non-show to clinical appointments is a major component of nonadherence, specifically in mental health