

Methods. Three plan, do, study, act cycles were run. The first involved creating a draft proforma and testing this with 3 complex patients, gathering qualitative feedback from receiving clinicians. The proforma was then improved and a full-scale trial including all patients with stays of 2 weeks or more was conducted, a total of 18 patients. Data were collated on the timing of summary completion and further improvements to the proforma were made based on consultant feedback. Finally, a third cycle was run to establish whether the new process was sustainable between rotating trainees.

Results. Initial feedback was positive with clinicians highlighting that the summaries saved time reading extensive notes, clearly identified outstanding tasks, and helped with final discharge document writing. It became clear that there was a need to agree a cut-off time of how long a patient should be in IPCU to merit a stepdown summary. Of the 18 patients who met this cut-off in the 2nd cycle all had a stepdown summary at the point of transfer with 89% of these fully complete before their next clinical review. During the 3rd cycle, there were 19 relevant patients only one of whom did not have a summary, due to their transfer coinciding with trainee leave. Feedback remained positive, highlighting that the summaries avoided duplication of work.

Conclusion. Overall, the use of stepdown summaries proved useful to receiving clinicians in both communicating important information and in saving further time when later creating final discharge documents. It was sustainable between trainees, however there remained an issue with these not being produced during trainee leave. It may be useful to consider alternate clinicians who can support with the production of summaries to minimise this as well as measuring more clear clinical outcomes, such as the repetition of investigations. This would support an expansion to other UK IPCUs.

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Development of an Integrated Electronic Platform for ADHD Medication Initiation in Child and Adolescent Mental Health Services

Dr Noah Stanton*, Dr Hamzah Iqbal, Ms Sandra Bailey,
Dr Louise Morganstein and Dr Salim Jakhra

Central & North West London NHS Foundation Trust, London,
United Kingdom

*Presenting author.

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Aims. Children and young people (CYP) with attention deficit hyperactive disorder (ADHD) under Brent Child and Adolescent Mental Health Services (CAMHS) experience long waiting times before treatment with medication is initiated: on average 3 months. Therefore, the aims were firstly, to create an electronic platform (e-platform) to educate parents about ADHD medication and facilitate its initiation in Brent CAMHS. The e-platform replaced the previous method of medication initiation which was typically delivered to a group over Zoom. Secondly, to reduce time-to-treatment initiation (TTI) by January 2024. Thirdly, to increase the proportion of patients with ADHD who were initiated on medication (when appropriate) by the same date.

Methods. The content from neurodevelopmental clinicians counselling parents about ADHD medication was transcribed.

Individual transcripts were collated into a master transcript to standardise the information delivered to parents. Medication initiation psychoeducation videos were created using the master transcript and a videographer and editor, in collaboration with the Trust's Director of Communications and Web Development Team. The videos were integrated electronically with a question-and-answer section, a useful websites section and a medication decision section to construct an e-platform, which was embedded in the Brent CAMHS website.

Following the QI model-of-improvement, objective clinical measures included TTI, the proportion of CYP initiated on medication, and total clinical and administrative time saved. User-reported outcomes were measured using a pre- and post-intervention questionnaire combining Likert scale and free-response items.

Results. TTI reduced by 37% from 92 days (Zoom) to 58 days (e-platform). The proportion of CYP initiated on medication increased from 64% (Zoom) to 72% (e-platform). Over a 2-month period, 9 hours of clinician time was saved. Based on 20 respondents, overall user satisfaction increased from 4.13/5 (Zoom) to 4.71/5 (e-platform). Qualitative feedback revealed that users found the e-platform 'easy to understand', 'easy to access, quick and useful' and 'provided clear explanations'.

Conclusion. The results indicate the positive impact of the e-platform initiative which can be derived from both clinical and user-reported outcomes. By integrating standardized educational content, user-friendly features and streamlined processes, the e-platform empowers parents with knowledge, enhances communication between families and the neurodevelopmental team, and ultimately expedites ADHD medication initiation and saves clinical time. Regional spread has commenced, and the authors are engaged in discussions with other CAMHS to facilitate this further.

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Improving the Completion of Capacity and Consent Assessments

Dr Michael Abbott¹, Dr Kristina Logacheva¹,
Dr Eleanor Thompson^{1*}, Dr Nik Fikri bin Nik Fauzi²
and Dr Tarun Rangan¹

¹South West London and St George's Mental Health NHS Trust,
London, United Kingdom and ²Barnet, Enfield and Haringey Mental
Health NHS Trust, London, United Kingdom

*Presenting author.

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Aims. The respect of a patient's autonomy and choices is one of the cornerstones of good psychiatric care. Key to this is ensuring the timely and thorough assessment of a patient's capacity to consent to admission and treatment once in contact with mental health services.

The aim of this quality improvement project was to optimise the Trustwide completion of capacity assessments for all newly admitted patients within 24 hours of admission at South West London and St Georges Mental Health NHS Trust. Our goal was for 100% completion of the Trust's Brief Capacity and Consent (BCAC) form by July 2023.

Methods. We obtained a list of all new admissions to inpatient wards across the Trust's three hospital sites between 1–14 February 2023. A retrospective audit was then undertaken to establish the baseline BCAC completion rate. Following this a

quality improvement strategy was created using the Plan-Do-Study-Act (PDSA) model of creating change. A series of three interventions were implemented and subsequently analysed using the PDSA model. These included creating an admission checklist and placing this in doctors' on-call rooms across the trust, distributing the checklist to wards across hospital sites and service lines and lastly, sending out reminder emails to doctors at the Trust. A re-audit was completed after each intervention.

Results. The baseline BCAC completion rate was 60.5% (n = 76) in February 2023. This increased to 63.75% (n = 80) following the creation of the admission checklist. Distributing the checklist throughout the Trust resulted in a further improvement to 76.5% (n = 81). In July 2023, the final data collected 6 weeks post reminder email demonstrated a BCAC completion rate of 75% (n = 68).

Conclusion. Through the application of the PDSA model, alongside focused interventions aimed at raising Trust-wide awareness of the BCAC form, we managed to obtain a 14.5% increase in BCAC completion rates between 13 February and 31 July 2023. Whilst not achieving the initial goal of 100% completion, this quality improvement project helped to bring a renewed focus to the timely completion of capacity and consent assessments at the Trust. Moving forward, we hope to build on this improvement by exploring additional strategies to reach a 100% BCAC completion rate, thereby promoting patient safety and autonomy.

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Confidence in Adherence to Antidepressant Prescribing Guidelines Among Liaison Psychiatrists

Dr Lois Zac-Williams^{1*} and Dr Gareth Smith²

¹Barking, Havering and Redbridge University Hospitals NHS Trust, London, United Kingdom and ²North East London NHS Foundation Trust, London, United Kingdom

*Presenting author.

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Aims. This project aims to increase confidence among Liaison Psychiatrists (LPs) in North East London Foundation Trust (NELFT) regarding their adherence to the prescribing guidelines for antidepressants by 25% in accordance with the standard set by Psychiatric Liaison Accreditation Network (PLAN).

Background

The prescribing guidelines in this project are based on Standard 21 from 7th Edition Standards as devised by PLAN which states:

“When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded.”

This project focuses on antidepressants because they are one of the widely used medications in psychiatry that doctors of all grades working in Liaison Psychiatry will be familiar with to some extent. Adhering to this validated guideline would promote gaining informed consent and patients' involvement in their care, which studies have shown can increase adherence to treatment.

Methods. Circulated an eight-question survey by email based on Standard 21 of 7th Edition Standards document by PLAN to LPs in NELFT. Conducted two Plan-Do-Study-Act (PDSA) cycles. The first PDSA uses a teaching session as the intervention and

explained the importance of antidepressant guidelines and what areas LPs need to address with patients. The second intervention uses a poster to reinforce the key points. After each intervention a reissued survey assesses the change in responses.

Results. The baseline survey response rate was 10 out of 15 LPs, made up of seven consultants, two registrars and one foundation year doctor. The lowest levels of confidence were reported around providing patients with printed information on their prescribed antidepressant with the majority of consultants reporting the lowest level of confidence. The highest levels of confidence across all medical grades were reported around discussing a specific treatment goal and explaining the benefits of treatment with antidepressant medication.

Conclusion. From the baseline data, it can be concluded that providing patients with printed information on newly prescribed antidepressants is the area that LPs, particularly consultants, are the least confident about regarding their adherence to prescribing guidelines. Future cycles of this quality improvement project can assess how incorporating teaching on antidepressant prescribing guidelines into trust induction sessions impacts LPs confidence in their adherence.

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4 Service Evaluation

Review of Rapid Tranquillisation Guidelines Across NHS Trusts in England

Miss Claudia Chavasse^{1*}, Mr James O'Neill¹, Mr Daniel Romeu² and Mr Alex Graham²

¹University of Leeds, Leeds, United Kingdom and ²Leeds and York Partnership Foundation Trust, Leeds, United Kingdom

*Presenting author.

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Aims. Rapid tranquillisation – the parenteral administration of a sedating psychotropic – is frequently utilised to manage acute behavioural disturbances. Each mental health trust in England utilises independent guidelines for rapid tranquillisation, which vary geographically in both recommendations for therapeutic agents, as well as the format in which this information presented. Audits have identified that there is currently poor adherence to rapid tranquillisation protocol guidelines; this may be due to a lack of guideline clarity allowing for personal interpretation. This service evaluation aims to determine the clarity and uniformity of protocols outlined in mental health trust guidelines, in addition to analysing the outcomes of guideline testing to identify if there is consistency between policies, or whether outcomes varied depending on the trust guidelines used.

Methods. Five reviewers (of differing positions throughout clinical training) utilised 52 guidelines from each mental health trust in England, as well as Maudsley and NICE. These were assessed using the same fictional scenario, which simulated a common presentation in which the use of rapid tranquillisation is required. Reviewers deduced the most appropriate therapeutic agent according to the guideline, rated the clarity of each guideline and were invited to leave comments highlighting the guideline's useability.

Results. Seven different management plans were generated by the majority of respondents from the 52 guidelines. Lorazepam was the most frequently selected therapeutic agent.