co-producing the care plans and meeting agendas with the patients and their carers.

Quality Improvement Project to Improve the Implementation of Mental Health Act Code of Practice Guiding Principles and Patient Knowledge About MHA in In-Patient Psychiatric Unit

Dr Hina Tahseen* and Ms Nicola Parry

Delfryn House, Cygnet Health Care, Mold, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.324

Aims. To improve the efficiency of MHA documentation, patient education on MHA and implementation of guidelines of Code of Practice in in-patient unit. We also aimed to involve patients at some stages of the QI project to ensure they remain updated about the legal framework and associated documents and their voice remains central.

Methods. The QI Project was started after an initial audit was conducted which included MHA documentation on admission and during the length of stay, patients' legal rights, section-17 leaves, capacity and treatment forms, tribunal reports, section-117 meetings and arrangement of independent managers hearings prior to Section Renewals. Using 5-Why QI methodology, the medical team and the MHA administrator reviewed the gaps in the initial audit. Using the QI "theory of change" model, three primary drivers of "Responsible Clinician and MHA Administration Liaison", "Patient Education on MHA" and "Policies and Guidelines Implementation" were established. Secondary drivers for "RC and MHA Administration Liaison" required inputs from doctors, secretaries, nurses and MHA Admin. Change ideas of introducing weekly email template for required MHA actions, section paper scrutiny template made for approval by MHA Admin/ RC prior to patient's admission, Introduction of MHA relevant actions section in the morning handover and patient's review record form.

Secondary drivers and change ideas for "Patient Education on MHA" included discussions with MDT, easy- language information leaflets, discussion slots with pharmacists about medications before consenting for treatment forms, discussion slots with the key nurse and RC about MHA related decisions and going through statutory reports together to understand the nature and degree of illness, and risks necessitating the renewal of admission.

Secondary drivers and change ideas for "Policies and Guidelines Implementation" included teaching sessions for nurses on report writing, giving evidence at tribunals, and how to inform patients about legal rights, and liaison with medical management QI committee to ensure capacity and treatment certificates are up to date and filed in the medical folders. The initial audit tool was repeated on quarterly basis in addition to the PDSAs to measure results.

Results. Results showed 100% score in capacity assessments, treatment certificates and timely reports. There was still improvement needed in organising managers hearing prior to section renewal, likely section renewals left till late. A pre-and-post intervention score on patients' knowledge of rights and MHA showed an improvement of 68%.

Conclusion. The QI-project helped in implementing MHA code of practice guiding principles and patients' knowledge about MHA and their rights.

Expeditious multipronged Interventions strike down Geriatric Memory Clinic No Shows in the Department of Geriatrics -a Value Enhancing Initiative via Memory Outreach Program and Telephone Triaging

Dr Hanadi Al Hamad, Dr Mani Chandran, Dr Pravija Talapan Manikoth*, Dr Mahmoud Refaee, Ms Marwa El Orabbi, Ms Zakia Hussein, Ms Mashrig Gad-Elseed, Ms Nabila Ramadan, Ms Parvathy Chandra Babu and Ms Maraeh Angela Moldez Mancha

Hamad Medical Corporation, Doha, Qatar
*Corresponding author.

doi: 10.1192/bjo.2023.325

Aims/background. One of the biggest challenges faced by the healthcare sector is devising ways of tackling No shows in the Clinics. Patients are classed as no-shows when they fail to attend scheduled appointments without prior notification to the Health Care Provider. Some factors contributing to clinic No shows amongst frail Older Adults include lack of transportation and non-availability of family members to bring them to the clinic. Along with this, forgetfulness and poor insight into their condition also can contribute to No shows. Memory clinics in Rumailah Hospital under Hamad Medical Corporation in Qatar are the leading specialized multidisciplinary clinics that carry out an assessment, diagnosis, and management of people presenting with Memory Concerns.

Implementation of Quality Improvement projects to tackle the No shows in the Geriatric Memory Clinics in Rumailah Hospital under Hamad Medical Corporation in the State of Qatar.

Methods. Various process improvement initiative based on LEAN methodology got implemented from January 2022 to reshape the service and reduce No shows

1. Initial nurse triage contacts with the patients or their family members to identify any inappropriate referrals are signposted to the right service and offer appointments for the appropriate referrals at a date and time convenient for them
2. Telephone triage by the Physician and Case manager of new cases offered a clinic appointment and conduct a brief assessment to agrees risk and order investigations prior to the initial appointment . Patient's requesting rescheduling and cancellations are dealt with immediately. In addition, any new slots which becomes available during this process are offered to other patients and their appointments are brought forward
3. Nurses contact with the patient caregiver of the person with Dementia and remind them of the appointment a day before the appointment.
4. Geriatric Memory Outreach Service to carry out home visits for patients who are unable to attend clinic appointments because of frailty, significant cognitive impairment, and mobility issues.

Results. The No shows rates were as follows
2019 -26%.
2020 -13% (COVID-19 impact).
2021 -13%
Intervention was implemented in January 2022 and No Show reduced to 9% in 2022. This indirectly reduced the waiting time (from referral to Consultation) from three months to 5 weeks.

Conclusion. Innovative alternative Outpatient Service delivery balances the elimination of No Shows with enhanced outcomes by continuously improving all the workflow process

Quality Improvement Project: Increasing the Proportion of Inpatients Being Re-Offered and Receiving Baseline Physical Investigations

Dr Bethany Thompson*

Greater Manchester Mental Health Trust, Manchester, United Kingdom. Manchester University NHS Foundation Trust, Manchester, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.326

Aims. The Greater Manchester Mental Health trust standard on admitting patients states that "The patient will receive a comprehensive mental health & physical health assessment (including electrocardiogram (ECG) and routine admission bloods) commenced within 4 hours of admission". It was observed that patients commonly do not receive admission blood tests or ECG. It was also identified that there is no current system for keeping track of those who have not received admission investigations or any guidance on re-offering them. The aims were therefore to: 1) Increase the proportion of patients being re-offered baseline physical investigations (blood tests and an ECG) after not receiving them on admission. 2) Increase the total proportion of patients receiving baseline physical investigations
Methods. The patients included were any male inpatients (n=41) across two wards between 23/05/22 and 17/06/22.

A list was created of all the patients who had not received admission investigations. Each patient had their notes searched to find out whether they had undergone blood tests and an ECG on admission. If they had not, their notes were searched to see if there was any evidence of them having been reoffered and/or done later. As patients were admitted, they were added to the list if they had not received admission investigations.

The list was taken to ward reviews with the intention of prompting a reoffer of investigations to the appropriate patients. Following the creation of the list, it was reviewed and updated weekly. After 4 weeks, percentages were calculated to determine if there had been an improvement in the proportion of patients being reoffered/receiving baseline investigations.
Results. 85.14% patients did not receive admission bloods. 83.79% did not receive admission ECG.

Prior to the introduction of the list, 90% of patients who did not have admission bloods were reoffered. 55.77% patients had baseline (admission or on reoffer) bloods taken. 85.72% patients who did not have admission ECG were reoffered. 78.85% patients had a baseline ECG.

During the 4 weeks following the introduction of the list, 97.5% patients who did not have admission bloods were reoffered. After 4 weeks, 85.14% of all patients had baseline bloods taken. 95% patients who did not have an ECG were reoffered. After 4 weeks, 86.49% of all had a baseline ECG.
Conclusion. Following the introduction of the list, the proportion of patients being reoffered baseline blood tests and ECGs increased.

The proportion of patients receiving baseline blood tests and an ECG also increased.

Improving the Assessment and Management of Acute Alcohol Withdrawal on General and Older Adult Mental Health Inpatient Wards – Baseline Data and Proposed Interventions

Dr Emma Pope, Dr Charlotte Turner*, Dr James George, Dr Myo Min Soe, Dr Lucy Westwood, Dr Jenny Nguyen and Dr Beth Hopwood

Livewell South West, Plymouth, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.327

Aims. The management of alcohol withdrawal has become a national focus amongst psychiatry with recent POMH-UK audit data suggesting many aspects for improvement, whilst alcohol competencies have been reintroduced into the core training curriculum. The first part of this project was to evaluate the current standards of assessing and managing alcohol withdrawal on acute inpatient wards within Livewell South West and to survey doctors' confidence levels in this area.
Methods. All admissions to the acute adult and older adult inpatient wards at Livewell SW between March and July 2022 were included in the initial data collection. An audit tool was designed to evaluate the initial assessment of alcohol use, the withdrawal risk and subsequent management. Guidance was provided to the authors assessing the records.

A survey to all doctors was conducted during a CPD session about this project which assessed confidence levels in the assessment and management of alcohol withdrawal.
Results. On initiation of this project, it was noted there was no trust guideline or policy to manage those presenting with possible alcohol withdrawal symptoms.

120 patient admissions were assessed against the audit tool. Half of these (53%) had alcohol intake documented on admission.

11 patients (9%) were found to be at risk of alcohol withdrawal symptoms (n.b 46% too little data). 5 (45%) of these were identified promptly and 4 (36%) were given thiamine (1 parental, 3 oral). Only 4 out of the 11 (36%) were prescribed benzodiazepines, these 4 patients were also considered for referral to alcohol services. Relapse medications were not considered for any patients. No significant incidents were noted.

Generally, trainee doctors feel confident in recognising and managing alcohol withdrawal in acute hospital settings but have difficulties on psychiatric inpatient wards. A major reason stated for this was the difficulty distinguishing between psychiatric and alcohol withdrawal symptoms and also concerns surrounding prescribing benzodiazepines
Conclusion. This project identified a need for a trust policy which has subsequently been developed and is currently being ratified.

The initial baseline results show poor assessment of alcohol use and low confidence amongst doctors in assessing and managing alcohol withdrawal in this population. Several interventions have been identified that could be trialled to improve these results. Further training has been given to junior doctors involved in initial assessment and other interventions planned include posters, electronic prompts, nursing survey and education. Furthermore, patient focus groups are planned to understand patients' perspective and help guide further training.