High Intensity User Quality Improvement Project

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doi: 10.1192/bjo.2023.248

Aims. To ensure that patients who are high intensity users of acute mental health services (136 suite, Liaison, and inpatient admissions) have a 'safety plan' in place .This should contain person centred and specific recommendations to avert crisis and guide acute clinicians in managing care in a crisis situation.

Methods. Audit of electronic health care records of top 10 patients who most frequent attend each of s136 suite, LPS and inpatient wards (26 in total) in the period 05/2021 to 04/2022.

Process mapping
Driver diagram
Coproduction via patient engagement team
Focus group-across care groups and lived experience

Results. -Audit of 26 identified HIU – whilst most (>80%) had a 'safety plan' in place, these lacked sufficient detail to avert 'crisis' and guide appropriate treatment should the situation escalate. The most frequent diagnosis was EUPD (77%). Most (93%) were open to CPA pathway.

- Process mapping – visual representation of crisis planning process within CPA process.
- Driver Diagram – primary and secondary drivers leading to change ideas of: additional 'HIU response plan' template; best practice example to guide care coordinators; process of flagging up HIU to community mental health services.
- Focus group – themes included the importance of : joint working across care groups' transparency with patients regarding professional opinion; consistency of interventions during a 'crisis'; and coproduction of safety plans.
- HIU response plans are incorporated into the safety plans of 20/26 HIUs.
- PDSA process ongoing – quality assurance and clinical effectiveness of changes to be reviewed. Further change ideas sought through QI process.

Conclusion. High intensity users who often present in 'crisis' to acute mental health services, have unmet needs.

This cohort require an additional framework to meet their needs.

When patients experience a mental health 'crisis', a consistent and clear treatment response is experienced as helpful.

Safety/crisis planning is thus an important aspect of meeting needs.

HIU response plans' can be incorporated into a patients 'safety plan' to ensure that individualised and specific guidance is available.

Best practice example of 'HIU response plans' can empower community mental health colleagues to co-produce such plans.

Service Users Experience in the Use of Tele-Psychiatry in Child and Adolescent Mental Health Services in NHS Orkney

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doi: 10.1192/bjo.2023.249

Aims/Background. Near Me is a tele-psychiatry platform for conducting video consultation appointment in Child and Adolescent Mental Health Services (CAMHS) in NHS Orkney (NHSO). This model of consultation was introduced in NHSO CAMHS during the COVID-19 pandemic. The performance in offering effective clinical intervention in the domains of quality of care will determined through the experiences of both users and providers of care in this respect.

To assess the perception and experiences of service users (clinicians, patients and their families) on the use of Near Me in NHS Orkney Child and Adolescent Mental Health Services by applying the domains of quality of care as a measure. To enable all stakeholders (policy planners, users and providers) to identify gaps and barriers in the use of Near Me and to inform change in practice.

Methods. A survey was developed using the Telehealth Usability Questionnaire which is a validated tool to generate responses on the key domains of quality of care measures of appropriateness, reliability, access, timeliness, usefulness, effectiveness, interaction, quality, efficiency, safety, satisfaction and possibility of future use for both users and providers of care.

The survey was made available on social media platforms including websites and online adverts for clinicians, patients and their families in Orkney to complete for a period for 10 weeks.

Results. 28 responses were received with 14 completed responses (6 staffs & 8 patients and families) and 14 uncompleted responses (4 staffs and 10 patients & families).

A mean rank test was applied to appropriately evaluate the responses received.

Over 50% of respondents show high level of satisfaction in the use of tele-psychiatry services in all domains of quality of care in Orkney NHS CAMHS.

Access, timeliness and safety are highly positively rated by both clinicians and service users.

Improvement in network connections, improved coordination and understanding of technology will enhance the service.

Better understanding of the handling of technical problems in tele-psychiatry services should be addressed

Reduction of in-person interactions was identified by some respondents as concern.

Conclusion/recommendation. Tele-psychiatry is highly useful and accepted as revealed by the survey but network connections for the Near me platform needs to be improved. Face to face consultations should not be discounted and should be available where possible for better engagement.

As the first survey of the use of tele-psychiatry in NHS Orkney, this study will serve to establish a baseline for future evaluation of tele psychiatry services in NHS Orkney CAMHS.

Administrative Support for Medical Workforce in Kent and Medway NHS and Social Care Partnership Trust -KMPT

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https://doi.org/10.1192/bjo.2023.250 Published online by Cambridge University Press

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doi: 10.1192/bjo.2023.250

Aims. -A service development project was developed to establish the current capacity in administrative support for the medical workforce and to understand if there are gaps in support that can be addressed to reduce the time medics spend completing administrative tasks. -The project aims to make practical recommendations to enable medical staff to increase the clinical time spent with patients and, therefore, less time on administrative tasks. Previously published data also show that extensive administrative tasks impacting the clinician'' well-being can lead to burnout.
Methods. -Separate surveys were developed for Doctors and Administrators; each group completed the surveys separately.

- Results were analysed and shared with the relevant stakeholders
- Practical recommendations were made with a focus on cost-effectiveness and safety.
- Engagement sessions with medical colleagues and the administrative workforce to reflect on various options and ideas to improve administrative support for the medical workforce.
- A cost-effective approach was identified and recommended to the Trust Board for approval and implementation

Results. Doctors surveyed identified that almost half of the medical workforce share administrator with the whole team, type their letters, felt they had sufficient administrative support and were prepared to use a voice recognition IT package. However, two-thirds needed more administrative help for their additional roles.

- Administrators surveyed identified that almost two-thirds of the administrative workforce felt they should be providing full dedicated''Name'' support to Consultants, SAS and Junior Doctors. Over three-quarters felt they needed more time to complete all the tasks outlined in their job description (such as typing Docto''s letters). In addition, almost three-quarters could not provide dedicated support to doctors.

Most agreed that new roles similar to Medical Secretary role would release Doctor time from administrative tasks.

Conclusion. -The project has improved relationships and understanding of roles and work pressures from a clinical and administrative perspective.

- The Trust has more transparent data and qualitative evidence gained through project meetings and surveys.
- Staff felt engaged in the process, and positive feedback was provided throughout the project.
- Understanding the problems experienced in practice and engaging peers was crucial to meeting the Trus''s vision of being a clinically led organisation.
- Care Group modelling undertaken with consideration of COVID-19 Lessons learnt around agile working included administration support, ensuring the appropriate numbers and skills relevant to service demand and ensuring Doctors have dedicated, full support rather than shared with teams.
- Voice recognition programmes will also be explored through the Agile Working Group to free up Clinical time.
- Communication to both Doctors and administrators to brief on findings and next steps distributed through various channels in the Trust.
- The Medical Staffing Board formally thanked the author.

Review of Consent to Treatment Documentation in University Hospital Wishaw Inpatient Psychiatry

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doi: 10.1192/bjo.2023.251

Aims. To establish if the Mental Health Act Code of Practice was being followed in the mental health inpatient ward population in Wishaw General Hospital. Specifically, those who were subject to detention with a Compulsory Treatment Order (CTO) under the Mental Health Act and whether or not documentation of consent to treatment was being kept.
Methods. Over the course of one week beginning on 1st December 2022, we reviewed the inpatient population within acute psychiatric wards (Wards 1-3) at Wishaw General Hospital to determine the nature of patient admissions, informal or under detention, specifically Short Term Detention Certificate (STDC) or Compulsory Treatment Order(CTO). A total of 57 inpatient notes were evaluated, including those of 10 patients with STDC and 14 with CTO. From these 14 patients, we determined whether T2b(240) or T3b(240) forms were clearly documented in both paper and electronic records (MORSE).
Results. One of the three patients on Ward 1 who were subject to CTO had both electronic and physical documentation of the T3B form. In the physical notes of two patients, the T2B or T3B form, as well as the reason and specific treatment, were adequately described.

Seven of the eight patients subject to CTO in Ward 2 had adequate documentation of the cause and particular treatment, as well as clear documentation of the T2B or T3B form in their physical notes. None of these patient'' electronic notes contained any documentation. As the last patient was less than two months into CTO, they did not fit the criteria for the T2B or T3B consent forms.

All three patients subject to CTO from Ward 3 had clear documentation of T3B forms in their physical notes, as well as appropriate documentation of their cause and treatment. There was no documentation on these patient'' electronic notes.
Conclusion. Overall, the clinical documentation was accurate with strict adherence to mental health act code of practice. 100% of patients requiring consent to treatment documentation either via T2B or T3B form were completed and available for review in the paper notes. Of note however, only 1 patient had CTO documentation and consent to treatment documentation available on electronic records (MORSE) which would allow remote viewing.

We propose the practice to upload detention certificates and consent to treatment forms to Electronic data (MORSE within the "files" tab). This information will be shared with ward staff to encourage copy and filing of documentation within this section on MORSE (electronic records).