

5 Audit

Audit on Management of Behavioural and Psychological Symptoms Among Dementia Patients in Humber Older People's Mental Health Services

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Aims. Up to 75% of dementia patients will experience behavioural (non-cognitive) symptoms in their lifetime. Therefore, it is important to ensure delivery of high level of quality care to these set of patients.

The NICE guideline recommends that:

1. Non-pharmacological method should be used before pharmacological method in the management of behavioural symptoms.
2. When antipsychotics are used, they should be started at low dose and increased slowly.
3. Those started on antipsychotics should have follow up at least 6 weeks after commencement.

Aim: The audit aims to compare the care we give dementia patients with behavioural symptoms against the NICE guideline.

The objectives are:

1. To assess use of non-pharmacological method before pharmacological method in the management of behavioural symptom in dementia patients.
2. To assess antipsychotic prescriptions in the management of behavioural symptoms in dementia patients.
3. To assess if patients started on antipsychotics were properly followed up.

Methods. Electronic records of 34 patients who met the inclusion criteria were assessed and information related to the objectives were extracted. Data was stored securely in the trust laptop. Analysis of the information was done using Microsoft Excel version 2022. Results were presented in charts.

Results. The result showed that the commonest behavioural symptoms reported was agitation and verbal aggression which accounted for 34% and 29% respectively. About 24% of the patient were commenced on medication for their symptoms without trial of non-pharmacological methods. Out of the patient that were on medications, risperidone was the commonest medication prescribed accounting for 37%. Other medications prescribed included quetiapine, amisulpride and lorazepam. The result also showed that those started on medication were properly followed up according to the NICE guideline.

Conclusion. The audit showed that the NICE guideline is not fully followed, adherence to the guideline is around 75% overall. Efforts should be geared toward enlightening professionals about the need to follow the NICE guideline in managing this condition. It would be worthwhile to re-audit in 12 to 24 months.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Audit on PRN Prescriptions in Adult Inpatient Female Ward

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Aims. Pro re Nata (PRN) psychotropic medication prescription and administration play a crucial role in addressing patients' immediate needs and medical care plans in acute mental health services. However, regarding the appropriate indication, use, and documentation of PRN medication prescription, review, and administration practices should be as per NICE guidelines to ensure patient safety and care quality.

This audit will encompass an evaluation of PRN medication prescription in acute inpatient psychiatry as per NICE guidelines and a reaudit after recommendations implementation.

Methods. We made 8 sets of questionnaires based on The National Institute for Health and Care Excellence (NICE) guidelines recommendation for PRN prescription as per local trust policy. We collected data from 28 patients in the acute inpatient mental health unit for the first cycle. Data was collected from patients' records which included medicine charts, progress notes, and MDT reviews. We analyzed data from the first cycle and implemented changes in Clinical practice. This includes including these guidelines in junior doctor induction, weekly discussion with team pharmacist, adding prompts in medication chart, and weekly review of PRN medication in ward MDT. After 2 months we collected data of 25 patients for reaudit.

Results. We analyzed first-cycle data, which required improvement as per AUDIT standard compliance. We implemented recommendations before reaudit. We found there were significant improvements in some areas of concern, although this was not 100 percent audit standard. This area includes a review of PRN medication prescriptions in the last 7 days (25 percent in the first cycle, 56 percent in reaudit), grouping them if both oral and intramuscular formulations were prescribed to avoid overdose (7.2 percent, 28 percent), documentation of minimum (10.7 percent, 24 percent) and maximum dose (100 percent, 100 percent) of PRN within 24 hours, documentation of indication (100 percent, 96 percent).

Conclusion. The findings of this audit and recommendations after the first cycle of audit contribute to enhancing quality of PRN medication prescription practice in acute inpatient mental health services for health care professionals. Addressing potential areas of prescription, administration, and review and providing valuable recommendations and insight for improvement of patient safety and best clinical practice.

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Audit for Patients Who Are Discharged on Community Treatment order (CTO) in North East Part of Essex: Exploring the Section Paperwork and the Readmissions in 2 Year Period

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Aims.

- To find out discrepancies around community treatment order section paperwork and renewal hearings.
- Explore if CTO is helpful in delaying relapse of mental illness.

Methods. All inpatients from general adult male and female wards in the North East Essex area in the last 3–5 years who were detained under section 3 of the Mental Health Act and were discharged on a Community treatment order were included. All included patients were followed up for a period of two years and data was reviewed to know if the standard guidelines regarding the CTO paperwork completion and renewal hearings were followed.

Data about episodes of further recalls to hospital, further revocation or discharges on CTO during that two year period for these patients is included.

Information about the timely filling of the CTO forms and uploading on the system upon readmission is explored wherever applicable.

Finally, the time duration between discharges and each readmission is explored.

Results. Total no. of patients: 13, Male: 10, Female: 3

Out of the 13 patients,

One had 4 readmissions in the consequent two year period (Days since last discharge – 158, 80, 14, 365 days), duration of each admission: (39, 9, 71, 53) days.

Two had 2 readmissions (on days 623 and 80: On day 65 and 9), Duration of each stay (6 and 90 days; 80 and 164 days).

Four patients had 1 readmission (on days 683, 133, 30, 723) and duration of stay is (14, 33, 1510 and 1460 days).

Six patients never had any admission.

As for the tribunal hearing, one patient's tribunal hearing was missed, one of them did not attend, one had his CTO rescinded and one was admitted soon after. Rest of the patients had their regular timely hearings and were regularly reviewed in the community.

Out of 13, only 3 patients had appealed against the CTO, had tribunal hearing.

Out of 13 patients, only one patient had his CTO lapsed and he had two readmissions during the 2 years follow up.

Delay in admission following recall was due to section 135 being issued.

CTO3 paperwork was missing in two cases.

A second CTO3 or recall notice was issued in 4 cases, in 1 case, reason was not documented, in 2 cases, patient agreed for informal stay but later did not comply with care plan. In one case, reason was not documented.

Conclusion. CTO paperwork are missed in rare cases and could be avoided by reminders from Mental Health Act Office.

CTO renewal hearings take place regularly as per mental health act guidelines, though in rare cases, meeting is missed. This could be avoided by having patients discharged on CTO to be booked for timely reviews beforehand.

The audit is too small and is inconclusive to indicate if CTOs prevent readmissions and relapses and hence future study with more sample size is called for.

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Venous Thromboembolism (VTE) Risk Assessment in an Older Adult Mental Health Inpatient Ward

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Aims. This audit aimed to investigate how VTE risk assessments on one of our older adult inpatient units meet to the recommended standard by:

1. Assessing the compliance of admissions to the trust VTE policy, which is based on the corresponding National Institute for Health and Care Excellence (NICE) guideline.
2. Determining if VTE assessments were performed using appropriate clinical tools, as recommended in the policy, and correctly recorded in patient notes.

Methods. All admissions to the ward (n = 77) within the one year from 01.06.2021 to 31.05.2022 were retrospectively reviewed for VTE assessments based on the abovementioned standards. Data was extracted from progress notes and ward round entries for completion of the VTE assessment during admission, documentation of the assessment tool, documentation of the VTE prophylaxis prescription if indicated, and reassessment of risks during admission.

Results. This audit showed that only 3% of patients had a VTE assessment documented within the first 24 hours of admission. Overall, over a 10th of all patients never had an assessment, and of those who did, no one had the assessment tool used documented or uploaded on their clinical records. Also, of those who had a VTE assessment done, 5% were assessed to be at risk, and of these, only half had VTE prophylaxis prescribed.

Conclusion. This audit showed the ward is essentially not meeting the standard for VTE risk assessment, with recommendations to incorporate VTE assessment as part of the clerking proforma and the medication charts, similar to the usual practice on physical health wards.

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A Survey on the Electronic Discharge Summary Process in an Acute Inpatient Ward

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Aims. The study aimed to assess staff understanding of the discharge process in an Elmdale ward, Halifax and improve the promptness of discharge reports to other primary care professionals.

Methods. Initially, the discharge process was reviewed in March 2023 to establish a baseline, focusing on completion time and personnel involved in the process. An online survey was conducted using Survey Monkey with 20 responses from the staff, including nurses, pharmacists, and doctors, to gather insights into their comprehension of the discharge process.

Electronic data for EPMA (electronic prescribing and medication administration) discharge form from SystemOne was analyzed to determine the percentage of completed discharge summaries and identify any incomplete or absent summaries among patients discharged from Elmdale ward (an acute inpatient ward) between March 1st and March 31st, 2023.