

discussions generated would help them in their day-to-day work in psychiatry (this figure rose to 100% after the second cycle).

**Conclusion.** Staff well-being is paramount to ensure staff satisfaction and reduce burnout. Initiatives to address this must be tailored to specific teams. It is also essential to encourage medical education in informal settings to create a culture of learning and improvement from healthcare professionals of diverse backgrounds.

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## Increasing Early Cardiac Screening in an Inpatient Psychiatric Setting Using the KardiaMobile 6 Lead Device

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**Aims.** The Royal College of Psychiatrists' core standards include a comprehensive physical health review as a vital part of an inpatient admission.

To determine whether using the KardiaMobile 6 lead (KM6L) device on an inpatient psychiatric ward would increase:

- the percentage of patients who receive an ECG during an inpatient stay
- the percentage of patients who receive an ECG within 24 hours of admission

**Methods.** The KM6L device provides a 6 lead ECG recording within 30 seconds. It enables ECGs to be performed more efficiently and less intrusively than a 12 lead ECG machine.

The study aimed to offer all patients (101) admitted to an acute inpatient ward (July 2022 – Jan 2023) an ECG using the KM6L device, unless reporting chest pain, having significant cardiac history, or doctor otherwise concerned – in that event a 12L ECG would be done instead.

The percentage of patients receiving an ECG during an inpatient stay and the percentage who received an ECG within 24 hours of admission were compared on the same ward when using:

- the KM6L device between July 2022 and Jan 2023; and
- a 12L ECG between July 2021 and July 2022

QT intervals were calculated manually as the automatic feature is still in development

**Results.** Between July 2021 – July 2022, using a 12L ECG:

- 217 patients admitted
- 142 (65.4%) had a 12L ECG during their inpatient stay. Of these, 83 were done within 24 hours of admission (58.5%). Overall, 83/217 (38.2%) of patients had an ECG within 24 hours of admission.

Between July 2022 – Jan 2023, when KM6L device available on ward:

- 101 patients admitted
- 66\* (65.3%) had an ECG during their inpatient stay. Of these, 46 were done within 24 hours of admission (69.7%). Overall, 46/101 (45.6%) of patients had an ECG within 24 hours of admission

\*Note: 15/66 patients had a 12L ECG as available clinician did not know how to operate KM6L device

**Conclusion.** KM6L, despite being easier to use and less intrusive, did not increase the percentage of patients who received an ECG during an inpatient stay. However, there was a notable increase in the percentage of ECGs performed within 24 hours of admission. KM6L offers a cost and time saving alternative for obtaining ECGs; earlier cardiac screening may also reduce risk.

Future work will consider further training of healthcare professionals in how to use the KM6L device and expand its use across healthcare settings.

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## Quality Improvement Project to Reduce Restraints in Inpatient Wards at Lincolnshire Partnership Foundation NHS Trust 2020- 2023

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**Aims.** This QI was designed in collaboration with Trust's PMVA team to reduce the prevalence of physical restraints across inpatient wards by utilising model of improvement and measuring changes by studying number of restraints every six monthly. Secondary outcome considered were improvisation of recording of restraints, appropriate use of de-escalation measures and improvement in care planning surrounding the use of restraints.

**Methods.** The baseline audit was carried out to measure the prevalence of restraints and evaluate the practise of restraints in inpatient units during April to June 2020. The audit highlighted although there was 100% compliance in documentation of type and outcome of restraints, there were about 20 to 30 % restraints which did not utilise de-escalation measures, post incident debriefing and reflection within MDT. Only 12% of the restraints involved patients in post incident reflection. Using improvement model Plan- Do-Study- Act, following action plan was devised in 2021- 2022

1. To improve education and training of inpatient staff in management of crisis behaviour through de-escalation strategies via PMVA training and sharing good practise/ gaps via MDT processes.
2. To perform root cause analysis via quantitative and qualitative research to understand the clinical and demographic factors that influence restrictive practice.

**Results.** There has been downward trend or reduction of restraints by 10 to 30% in eleven wards across the trust from 2020 to 2022 and there has been reduction of violent incidents that resulted in restraints by 30% and self harm incidents that resulted in restraints has reduced in average by 10 to 30%.

In parallel there has been 30% improvement in the use of de-escalation measures, PRN medications and use of safety pods.

Re-audit was conducted during April to June 2022 concluded improvement in compliance of post incident debriefing and reflection, and involvement of patients for post incident reflection has increased by 60 % . The use of care -planning, and de-escalation strategies has improved by 10 to 15%.

**Conclusion.** The project has shown that improvement of training standards, holding monthly restrictive practise hub meetings sharing knowledge and reflection of ongoing practise relating to

restraints in inpatient wards and monitoring of practise via continuous staff feedback has reduced the prevalence of restraints by 10 to 30% and improvement in secondary outcome measures as outlined.

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## Quality Improvement Project: Improving the Handover Process Between Junior Doctors at the Hammersmith and Fulham Mental Health Unit

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**Aims.** Handover is an integral aspect of clinical work for all doctors. During on calls it involves the transfer of responsibility and accountability for some or all aspects of patient care, to another person on a temporary basis. It is potentially a highly perilous step, and when carried out improperly can cause errors compromising patient safety. In recent times, handover is more important than ever due to the increase in shift patterns of working. Further the General Medical Council (GMC) has clear exceptions that all doctors should 'keep colleagues well informed when sharing the care of patients.'

**Methods.** At Hammersmith and Fulham Mental Health Unit there was no formal junior doctor handover in place between changes of shift. Handover of clinical information between regular teams and the long day on call doctor was adhoc, informal and disorganised.

In 2021, we identified this significant patient safety concern, and introduced a handover sheet with a populated table contained pertinent information: date of the request, the location of the patient, the demographic details of the patient, the clinical information regarding the patient, the requested job and whether the task was completed. Junior doctors were instructed to complete the table which was kept in a folder in the junior doctor room when handing over information to the on call doctor. If the request was urgent and a face to face handover was not possible, doctors were encouraged to telephone the on call doctor to provide an additional verbal handover.

**Results.** The GMC trainee survey identified that handover was a strong negative outlier with a trainee satisfaction rate of 44.79% in 2018. This was evident again in the GMC trainee survey 2019, where handover was again identified as negative outcome in comparison to the average with a trainee satisfaction score of 48.26%.

Having formalised the handover, the GMC trainee survey in 2021 identified a significant improvement in the trainee satisfaction rate of 59.03%; together with the results now being within the national average. Local trainee feedback survey also supported this finding with increased confidence being reported in the handover process.

**Conclusion.** Good handover does not happen by chance; this was clearly demonstrated following the implementation of a formal and structured proforma within the junior doctor handover at the Hammersmith and Fulham Mental Health Unit. This intervention not only improved the trainee confidence in the handover process but ultimately reduced the potential risk to patient safety.

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## A Quality Improvement Project: Improving the Presentation of Assessments Within a Liaison Psychiatry Department

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**Aims.** This Quality Improvement Project (QIP) was undertaken within a Liaison Psychiatry (LP) department at a district general hospital in North West London. The current service model has LP nurses and junior doctors providing first contact with patients, and subsequently discussing assessments with the team psychiatrists. A need for effective communication when presenting clinical cases has emerged given high rates of staff turnover. The aims of this QIP were; (1) To assess the quality of presentations within the multidisciplinary team (2) to deliver a targeted teaching session focused on frameworks for assessment presentation and (3) to evaluate the effectiveness of the intervention.

**Methods.** The 'SBAR: Situation, Background, Assessment, Recommendation' communication tool already used widely within healthcare was adapted for LP by an MDT including doctors, senior nurses and pharmacist.

A survey was designed with MDT input to collect data about the content of presentations using adapted Likert scales, a quantitative global score and qualitative data highlighting areas for improvement. Over two weeks, senior team members completed surveys for every patient discussion.

A targeted teaching session was delivered on the adapted LP SBAR including: presenting complaint, current medical issues, referral question, psychiatric background, mental state examination, delirium/cognitive screening, risk assessment, impression and management plan. The session included breakout groups with clinical vignettes to practice presenting. All team members filled in a pre- and post-intervention surveys rating their confidence in presenting assessments and received copies of teaching materials.

Data were collected over a 2-week period post-intervention using the same methodology as pre-intervention. Post-intervention data were presented to the MDT and feedback was sought for improvement in the next cycle.

**Results.** Pre-intervention data (n=30) indicated a risk assessment, impression and plan were often missed from presentations.

Following targeted teaching, team members felt more confident presenting assessments, formulating impressions, and management plans. Post-intervention data (n=22) showed an improvement in inclusion of all key information covered in the LP SBAR except management plans. The percentage of presentations with a global score  $\geq 7$  increased from 41% to 57%.

**Conclusion.** This 'Plan, Do, Study, Act' cycle has modestly improved the quality of assessment presentations within LP and has identified a critical need for communication tools within LP. We will perform another cycle in February 2023 given the high turnover of staff and continue to seek feedback from the MDT on the effectiveness of this targeted teaching session to continue to improve the presentation of assessments in LP.

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