A service evaluation of the healthy lifestyle groups in a female medium secure unit- what do our patients know about nutrition?

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doi: 10.1192/bjo.2021.917

Aims. To assess whether patients have a good knowledge of basic nutrition compared to a group of staff. We hypothesise that the patient’s knowledge will show deficits compared to the staff despite the group interventions.

Background. In the Abraham Cowley Unit, there is a Senior House Officer ‘on-call’ duty doctor 24/7. The shifts are 2 x 12.5 hours daily and at all times the duty doctor should be contacted via switchboard. Contacting via switchboard is important to ensure there is an audit trail of calls made. Issues that arise from using other methods of contact, e.g. calling direct extensions, include miscommunication and the doctor not being reached in a timely manner. This had been identified as an issue anecdotally by junior doctors on call and also highlighted following an untoward incident.

Method. The method by which the on call doctor was contacted was recorded in Excel for 5 consecutive 12.5 hour shifts in October 2019. The standard set for calls via switchboard was 80%. Following the initial results and the subsequent intervention, a repeat audit was performed using the same method.

Result. Initial Outcome

Initially it was found that only 25% of calls received where through the appropriate channel (5 out of 20 calls). This fell far below the 80% standard and an intervention was therefore devised.

Intervention

In order to ensure that all ward staff were aware of the trust policy posters were created and placed above all ward telephones and the telephone in the assessment suite office. This information was also handed over to the nurses in charge directly in order for it to be filtered through to other staff during handover.

Post Intervention Outcome

Following the intervention 88% of calls received where through the appropriate channels (7 out of 8 calls) and the 80% standard was achieved.

Conclusion. There has been a demonstrable improvement in the adherence to trust policy when contacting the duty doctor, with the percentage of calls made through the appropriate channel rising from 25% to 88%. This has now met the agreed standard of 80% and will improve the trust’s ability to monitor contact of the duty doctor effectively.

An audit of the use of psychotropic medications over the course of admission to a specialist dementia ward

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doi: 10.1192/bjo.2021.918

Aims. The aim of this audit project was to establish the practices in prescribing and de-prescribing of psychotropic medications for patients on a specialist dementia ward.

Background. There is a great deal of evidence demonstrating high rates of polypharmacy, defined as ≥5 drugs, in older adults in general and in those with dementia more specifically. NICE guidelines recommend a structured assessment of a patient with dementia to exclude other potential causes, e.g. pain or delirium. Psychosocial interventions are recommended as first line. Antipsychotics should only be offered second line who present a risk to themselves or others. These should only be used for the shortest time possible and reassessed at least every 6 weeks.

Method. Data were collected for patients (n = 20) discharged from a specialist dementia ward between September 2018 and March 2019. The unit has 14 beds caring for patients with predominantly severe behavioural and psychological symptoms associated with dementia (BPSD). The team is comprised of doctors, nurses, a clinical psychologist, occupational therapists, physiotherapists and pharmacists who meet twice a week to review patients. Data were coded by drug class and counts of medication on admission, at the midpoint and at discharge were conducted. Antipsychotic and benzodiazepine dosages were converted into haloperidol and diazepam equivalence.

Result. Of the 20 patients, 70% were male and 30% female. 95% of the patient (n = 19) were admitted under the Mental Health Act (1983). 20% were managed on 1 to 1 observations and 80% were on 15 min observations. In general, the results show little change in the overall rate of psychotropic prescribing. The mean number of psychotropic medications prescribed per patient on admission was 2.30, at the mid-point of admission it was 2.30 and at discharge it was 2.05. Mean benzodiazepine dosage in