

## Improving Patient ECG Experience Within Perinatal Mental Health and Enabling Better Antipsychotic Physical Health Monitoring

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**Aims.** An ECG should be undertaken as part of physical health monitoring for newly admitted patients and as part of anti-psychotic initiation and monitoring. This project compared patient experience between a traditional 12 lead ECG and a 6 lead hand held ECG device (KardiaMobile 6L device). The intention was to make ECGs within perinatal mental health better tolerated, subsequently improving physical health monitoring. On our mother and baby unit, patients were reluctant to expose the chest area to have a 12 lead ECG performed due to factors including breastfeeding and feeling self-conscious about postnatal body changes. Inability to perform 12 lead ECGs, due to lack of patient consent, increased the chance of antipsychotic prescribing without baseline monitoring. We sought to find an alternative, more acceptable way to monitor physical health in this cohort, so we could improve the safety of prescribing medications and patient care as a whole.

**Methods.** Data were gathered prospectively over a three-month period, on our eight-bed perinatal inpatient unit. Each patient had a 12 lead ECG performed on admission and then a hand held 6 lead ECG performed for monitoring purposes. Patients with pre-existing cardiac comorbidities were excluded. All ECGs were interpreted by a trained clinician, and patients provided formal feedback on their experience of having a traditional 12 lead ECG and a handheld ECG undertaken.

**Results.** 14 patients were included. All preferred the hand held ECG compared to the traditional 12 lead. Patients felt the 12 lead ECG was intrusive, describing feelings of anxiety and being uncomfortable, particularly with the amount of wires and stickers required. With the hand held device patients felt more relaxed, found the procedure easier to have done, and that it was quicker to be undertaken. All agreed they would be more likely to have regular ECGs performed if it was with the hand held device.

**Conclusion.** Although a 12 lead ECG is gold standard, in patients who decline a traditional ECG, this handheld ECG would be a safer alternative rather than no ECG being undertaken.

Patient feedback is overwhelmingly positive towards the use of the handheld ECG device, particularly as less body exposure is needed. In addition the shorter time to undertake an ECG is advantageous within the perinatal setting, as mothers are also busy caring for their infants.

The greater acceptability in this cohort should lead to better physical health monitoring, both improving patient experience and prescribing safety.

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.

## Improving Physical Health Recording in Brent Early Intervention Service (EIS)

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**Aims.** By July 2021, we will increase the percentage of full recording of physical health data for 90% of patients

**Methods.** -Completion of recording (green results) was measured using Tableau Software for a 10 week period from Jan- March 2021 (baseline), then monthly during the study

- PDSA cycles were conducted between April and July 2021 with analysis and changes tested monthly as per PDSA methodology. This informed future interventions.
- We involved staff in designing a flowchart/protocol of how to book patients into the well-being clinic and sought opinions on how recordings could be improved.

### Results.

- In March, prior to any changes being implemented, staff were reminded to complete recording of physical health data. This improved percentage of recordings up to 62% by 1 st April.
- Following this, a training session about the well-being clinic was arranged for all EIS staff.
- A further session was arranged for staff to devise a flowchart of how the process will operate and generate further ideas.
- A reminder system was put in place with the team leader emailing care co-ordinators monthly.
- By 1 st July, percentage of complete recordings were 73%.
- We decided to continue with the project and to increase the frequency of reminders to fortnightly. This helped to improve the percentage of complete recordings to 90% by September 2021.

### Conclusion.

- We learnt that education and training amongst all staff was needed to improve the recording of physical health data.
- Improved utilisation of the physical health well-being clinic helped to streamline physical health assessments and helped to reduce the workload of EIS staff (also promotes sustainability).
- Involving staff in designing and implementing changes leads to better adherence in improving physical health recording.
- More time was needed for the interventions to be implemented in our service (target reached later than original timeframe), but this should now be sustainable.
- Reminder systems will need to continue to ensure that performance is maintained, with further training provided as required.

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## Improving Care for Service Users With Learning Disability by Increasing Early MDT Coordination for Those Referred With Behaviours That Challenge

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**Aims.** Our aim was for 80% of new referrals for behaviours that challenge within Tower Hamlets Community Learning

Disability service to have an MDT coordinated approach by July 2022. This followed concerns about disjointed care and long waits for therapeutic support when being referred between different MDT branches within the service having a negative impact on patient care.

**Methods.** An MDT project team was formed and weekly meetings were arranged. A driver diagram was created. Our primary outcome measure was determined: percentage of referred patients per week that had MDT coordinated assessments, with data being collected manually from electronic progress notes and MDT meeting minutes. Number of referrals per week was recorded as a process measure. Baseline data were added to the Life QI web platform upon collection, allowing generation of run charts for outcome and process measures. The time-frame over which referrals were recorded was changed from weekly to fortnightly, to help differentiate graphically between zero values resulting from the absence of MDT coordination and those resulting from no referrals being received on a given week. Attempts were made to obtain service user input via easy-read questionnaires and subsequent discussion in a service user participation group. A weekly Positive Behavioural Support meeting was set up and a Positive Behavioural Support database was established, and the combination of these changes simplified data collection and gave a focus to MDT working and collaboration for these service users. Data were recorded from 28/06/2021 to 03/07/2022 initially and subsequently extended to 06/11/2022 as part of a further PDSA cycle.

**Results.** A shift in proportion of service users referred with behaviour that challenges who had MDT involvement at the point of allocation was observed, to above the mean value of 0.5, commencing 07/02/2022, this shift was sustained until the project's endpoint. In terms of our process measure, the median number of new behaviour that challenges referrals per fortnightly period to psychiatry and psychology was one. This ranged from 0-4 referrals per fortnightly period, but no sustained change in this value was observed over the course of the project.

**Conclusion.** Implementing a new behaviour that challenges database and weekly meeting to focus on MDT coordinated working in those newly referred with behaviour that challenges has been successful in leading to a measurable and sustained improvement in the proportion of those service users receiving timely MDT coordinated care.

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## Audit of Seclusion Practice in an Inpatient Adult Intellectual Disability (ID) Psychiatry Unit

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**Aims.** To investigate if current practice regarding the use of seclusion in an adult ID assessment and treatment unit was in keeping with the newly developed NHS Highland Seclusion Policy.

**Methods.** Case notes were reviewed for all patients who had had a period of seclusion between 20 September and October 2022.

Data were collected regarding the following:

- Administration of seclusion (date; time started; medication used prior; reason for administration & duration);

- 15 min interval monitoring (record of patient's mental & physical state including presentation, behaviour, conscious levels, respirations & appearance)
- Review at 2 and 4 hours (including plans on how to end seclusion)
- Documented Datix submitted and Monitoring of improvements.

**Results.** Thematic analysis showed that the most common reason for the use of seclusion was due to increasing agitation and aggression.

Data collection showed that the following information was missing from case records:

- Use of anxiolytic before seclusion;
- Under the 15 minute interval recording - respiration rate & appearance was missed most of the times;
- Review at 2 hours: Plans to end seclusion was often missed; Review at 4 hours: on most occasions the duty consultant was not informed. They could give valuable insight and plans on stopping seclusion if it has prolonged more than 4 hours.
- Datix was not sent every time seclusion commenced and this is needed as it would further provide to better identify and manage patients needing it.

**Conclusion.** Seclusion places people at risk. It is vital to ensure that there is robust monitoring of the patient's mental and physical state to reduce the risks associated with seclusion and, in particular, when medication which may lead to respiratory depression has been used. Seclusion should be used for the shortest time possible - explicit consideration of when and how to end seclusion provides an opportunity to limit the length of this highly restrictive intervention and minimise the impact on the person.

The results of the audit were shared with the staff team via the Seclusion Policy Short Life Working Group and will allow subsequent drafts of the service protocol to reflect good clinical practice. Results were also shared via the internal teaching programme and at the Clinical Governance forum. An additional session will also be provided during the induction plan for new trainees. Finally, a reaudit will be done to assess changes in seclusion practice.

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## An Evaluation of Core Trainees' Views on Clinical Rotations in the West Yorkshire Psychiatry Training Scheme

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**Aims.** Gathering honest feedback on experiences of clinical rotations is vital to allow improvement of training. However, our current local systems lack anonymity, which may lead to reduced confidence in providing honest views. Aim: To provide trainees with a method of giving honest and protected feedback to improve future training posts.

**Methods.** A Survey Monkey feedback form which was sent to core trainees across West Yorkshire in July 2022. This allowed feedback