

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 antipsychotic 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