

Sodium valproate prescribing safety in women of childbearing potential

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Aims. The purpose of this audit was to identify all women being prescribed Sodium Valproate under the Bassetlaw Local Mental Health Team (LMHT) caseload to see how well latest prescribing guidelines are being met, and help set up a system allowing efficient monitoring of Sodium Valproate prescribing in the future.

Background. Despite early concerns regarding potential teratogenicity, Sodium Valproate became a widely used anticonvulsant and mood stabiliser and is licensed for use in Epilepsy, Migraine prophylaxis and Bipolar affective disorder. Research evidence now shows its use in pregnancy increases risk of neurodevelopmental disorders to 40%, and serious birth defects to 10%. Despite research finding these risks prescribing practice did not significantly change. To better reflect these findings in clinical practice in 2018 the Pharmacovigilance Risk Assessment Committee recommended Sodium Valproate should not be used in pregnancy unless they have a form of epilepsy unresponsive to other anti-epileptic drugs, and all with childbearing potential should be enrolled in a pregnancy prevention programme (PPP). This was endorsed by UK Medicines and Healthcare Devices Regulatory Agency in April 2018 with launch of the PPP.

Standards:

Must be offered counselling about risks of valproate to unborn child and importance of effective contraception.

Annual specialist Review by a specialist now mandatory

Risk acknowledgement form must be updated at least annually.

Method. The electronic RiO records for all female patients on the Bassetlaw LMHT caseload in the year 2019 were checked to identify those prescribed Valproate. For those prescribed Valproate, evidence of annual risk acknowledgement form, date of last appointment, underlying diagnosis and contraceptive method was checked. This data was stored together on an excel file and used to create a patient list to help allow future monitoring.

Result. From 594 female patients identified, 27 (4.5%) were prescribed Sodium Valproate. Of these, 14 (52%) had PPP documentation uploaded, 24 (89%) had been reviewed within the last 12 months, and 13 (48%) had no documentation of contraceptive method.

Conclusion. This audit helped highlight there is likely a large population of patients not yet on the Pregnancy Prevention Programme. Creating a monitoring system in excel for female patients being prescribed Valproate can help improve adherence to latest guidelines, with a colour coding system to highlight those needing risk acknowledgement forms/appointments within the next three or six months. Educating patients and other healthcare professionals about risks will also help improve prescribing practice and avoid use in pregnancy.

VTE prophylaxis admission assessment full cycle audit and QI project

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Aims. The aim of the project was to assess completion rates for the VTE prophylaxis assessment for patients admitted to Dova Unit,

Dane Garth. Another aim of the project was to identify areas for improvement and changes which could increase compliance rates.

Method. In the first cycle of the audit 20 randomly selected patients admitted to Dova Unit, Dane Garth between June and December 2020 were identified and included in the project. Data were then collected from the online patient record system Rio and analysed using an excel spreadsheet.

In the second cycle of the audit 10 randomly selected patients admitted to Dova Unit, Dane Garth between January and February 2021 were identified and included in the project. Data were then collected from the online patient record system Rio, analysed using an excel spreadsheet and compared with the results obtained in the first cycle of the project.

Result. In the first cycle of the audit the overall compliance was found to be 35%. VTE Risk assessment was completed for 50% of patients included in the study. 'Active VTE on admission' section of the VTE prophylaxis admission assessment was completed for 30% of patients included in the study. 'Active VTE at 72 hours' section was completed for 20% of the patients in the study and the 'risk assessment for VTE' form was completed for 40% of patients included in the study.

In the second cycle of the audit the overall compliance was found to be 50%. VTE Risk assessment was completed for 60% of patients included in the study. 'Active VTE on admission' section of the VTE prophylaxis admission assessment was completed for 40% of patients included in the study. 'Active VTE at 72 hours' was completed for 40% of the patients included in the study and 'risk assessment for VTE' form was completed for 60% of patients included in the study.

Conclusion. There was an overall improvement in the completion rates for the VTE prophylaxis admission assessment as a result of conducting the project. Working with the junior doctors and other healthcare professionals responsible for completing the VTE prophylaxis admission assessment, we aim to improve our completion rates of vital information even further.

An audit of Individual Care Plan (ICP) in Dublin North City and County (DNCC) child and adolescent mental health service (CAMHS)

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Aims. The objectives/aims of the Audit include:

1. To standardize and implement ICP for service users attending DNCC CAMHS team in accordance with the established policy.
2. To achieve greater involvement of service users/parents in ICP.
3. To standardize and improve treatment of care involving all members of one team.

Background. Every patient should have a care plan. Each care plan has a set of needs and goals. These are agreed between the service user and key worker and are assessed and measured frequently. Consultation with each service user/parents, as far as practicable is important. Specification of treatment and care required in accordance with best practice should be recorded. Identification of the necessary resources should be recorded and discussed with service user and key worker. Records kept in one

composite set of documentation, and a signed copy should be made available to the service user/parents.

Method. First Cycle commenced 15th October 2019. 166 files were selected from CAMHS team. Data were collected from clinical records from time of admission into CAMHS service to the time of audit. The audit report was prepared on the 6th December 2019, and intervention discussed at the multidisciplinary team meeting and wider DNCC CAMHS academic meeting. Second Cycle 23rd March 2020. 30 files randomly selected and audited. Data were collected by Dr Uchechukwu Egbuta, Mr Cillian Howley, Dr Anitha Selvarajoo, under supervision of Dr Muhammad Iqbal and Dr Diana Meskauskaitė.

Method of data input/analysis is IBM SPSS.

Result. For each ICP, the following were looked at: Files with ICP, Identifiable key worker, Formulation, Goals, Action plan, Copy of ICP to young person/parents, Next Review Date, Projected discharge date.

Overall compliance shows 62% in first cycle, and 68% in second cycle after intervention.

There was a 6% quality improvement of ICPs in terms of overall compliance in applying the various components of ICP.

Conclusion. Each service user should have an individual care plan. Each individual care plan should be measured regularly. To develop a therapeutic individual care plan, a formulation of the case from history taking is essential looking at the bio-psychosocial model and should be service user focused. Care plans are part of clinical governance, therefore continuous re-audit every three months was recommended. The follow-up audit will be carried out by the multidisciplinary team members.

A physicians' compliance in identifying patients' as drivers and providing advice on the Driver & Vehicle Licencing Agency (DVLA) guidelines

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Aims. The DVLA has strict guidelines regarding how long a driver should stay off driving when they have certain mental health illnesses or severity of symptoms. It is difficult to give such advice if we are unaware of the patients' that drive; especially when they do not volunteer this information for various reasons.

This audit was aimed at identifying people who have been admitted to the Ward 3 at the Mount Hospital and if they were asked about driving. The audit also looked at whether there were discussions around the driving requirements and DVLA guidelines in terms of their mental health diagnosis. The expected outcome of this project was to improve information gathering when clerking in a new patient and to ensure that elderly patients' who drive are made aware of the DVLA guidelines.

Method. This audit retrospectively examined the care of 50 patients on Ward 3 at the Mount Hospital, a mixed acute psychiatric ward for older people, between 1st April 2020 and 11th November 2020. All patients' aged 65 years and over who were on admission within that period were audited. Data collection took place between 17th November and 17th December 2020; this involved reviewing patient records throughout their inpatient stay including paper notes and electronic records (on Care Director). Results were compiled using a pre-determined data collection tool and analysed using Microsoft Excel. The audit used

the standards within the DVLA Guidance- Psychiatric Disorders: Assessing fitness to drive.

Result. Only 1 (2%) patient had sufficiently documented evidence around driving and the impact of psychotropic medication on driving. DVLA information was given verbally in 3 (9%) patients and only 2 patients had this information passed on to their General Practitioner (GP). Only 3 (6%) patients were made aware of the DVLA guidelines and 2 (4%) patients made aware of their obligation to inform the DVLA

Conclusion. Generally, the compliance of psychiatrists in identifying all patients' who drive is poor and seems even worse with elderly patients'. There was little documented evidence that patients were asked about their driving status on or during their admission, were given verbal or written information, had discussions around the impact of medication on driving or informed about their obligation to notify the DVLA. This study provides opportunity to improve practice by educating the medical workforce and raising awareness within the wider team. There also needs to be greater involvement and communication with GPs when completing discharge summaries.

To assess implementation of trust policy (smoke free policy) on an acute mixed mental health ward setting

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Aims. To assess implementation of Trust Policy (Smoke Free Policy) on the acute adult mental health unit To evaluate barriers to implementation of local standards and NICE guidelines To evaluate if Q-Risk score is being calculated and noted.

Background. There are about 34,000 people residents in mental health facilities in England and Wales on any one day (Commission for Healthcare Audit and Inspection 2005) and many of them smoke.

Smoke free policy implemented in the GMMH since 1st of July 2018.

Smoking is single largest preventable cause of ill health & premature mortality in England.

Smoking prevalence is significantly higher among people admitted to hospital due to the mental illness i.e. 70%

According to WHO SHS (second hand smoking), is a human carcinogen to which there is no safe level.

Method. An audit tool questionnaire was used to collect the data on the Acute Mixed mental health ward setting i.e. Bronte Ward, Laureate House, Wythenshawe Hospital

Identified method: interview with each patient, PARIS documentation review and Patient's Kardex review.

Sample size: 23 and on re-audit 12.

Method of data input: Microsoft Excel

Data were analyzed by calculating percentage

Result. The majority of the patients that took part in the Audit were smokers (91%), a high percentage overall. This indicate how important it is for a plan to be in place regarding smoking on the ward since there is a smoke free policy now in the GMMH. Our results showed that not everyone was asked regarding their smoking status (87%).

An important figure that came out from the results was that only 50% of the patients asked about their smoking status were told that there is a smoke free policy.

For a smoke free policy ward only 33% of the smokers that took part in the audit were provided with brief advice regarding