

Result. Initial Outcome

Initially it was found that only 25% of calls received were 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 were 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.

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

Lauren Shipperbottom^{1*} and Ruth Scally²

¹University of Birmingham, Medical School and ²Ardenleigh

*Corresponding author.

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. The Royal College of Psychiatrist's core standards for inpatient physical health outlines that patients should be engaged in healthy lifestyle groups. The women's secure service at Ardenleigh has developed healthy lifestyles groups to promote a better understanding of nutrition.

Method. An adapted University College London general knowledge nutrition questionnaire was used to investigate nutritional knowledge.

All 22 inpatients and a random selection of staff were offered the chance to complete the questionnaire. As the groups run on a regular basis, it was presumed all patients had attended at least one group session. The staff are the comparator group.

18 staff responses and 12 inpatient responses were obtained (54.5% response rate for inpatients).

Result. No participant in either group scored 100%. Both groups had a good awareness of what foods they should be eating more and less of. 83.3% of patients were aware that they should be eating breakfast everyday as opposed to 100% of staff.

Poor areas of knowledge included knowledge of the number of oily fish servings per week. Staff and patients also performed poorly when estimating their recommended daily salt intake. 1/3 of patients were unable to provide an example of a serving of fruit and vegetables.

The knowledge of the structure of the Eat-Well plate was poor in both groups. Only 16% of patients and 22% of staff were aware that starchy foods should make up 1/3 of the Eat-well plate. Knowledge of protein sources was poor. 25% of patients and 16.6% of staff thought that fruit and butter were good sources of protein

Furthermore, only 50% of patients were able to choose the healthiest evening meal choice from a list of 3 options compared to 100% of staff.

Conclusion. In conclusion staff had better knowledge of nutrition than patients but knowledge was poor in areas amongst both groups. We conclude that groups should have more focus around practical applications of nutritional knowledge to everyday life.

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

Sukhmeet Singh^{1*}, Margaret Papworth², Concha Turrion² and Shamim Ruhi²

¹NHS Lanarkshire and ²Cambridgeshire and Peterborough NHS foundation trust

*Corresponding author.

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 diazepam equivalence reduced between admission and discharge from 3.20 mg to 2.10 mg. Mean haloperidol equivalent dosages increased at the midpoint of admission from 1.11 mg to 2.27 mg before reducing to 0.78 mg at discharge.

Conclusion. The results demonstrate minimal change in the overall average number and composition of drugs prescribed. There are differences in the use of regular antipsychotics and benzodiazepines between admission and discharge which are consistent with NICE guidelines. Patients had a structured assessment with regular medicines reconciliation supervised by the team pharmacist. Therefore, the ward environment did allow for detailed discussions about de-prescribing which may not be the case elsewhere.