Method. The project proposed instating a 15-minute Zoom call at the start of each night shift (9:30pm) which involved the on-call team (SHOs, registrar, consultants and ideally bed managers). Firstly – a survey monkey questionnaire was sent to trainees to gain a baseline on how supported/informed/ease and learning opportunities for that shift. The project then piloted three separate Plan Do Study Act cycles of change and collected feedback from trainees after each cycle. Both qualitative feedback and quantitative feedback from trainees were collected in the Likert scale format after each PDSA cycle.
Result. Results showed that a key benefit of this call is that any pressing issues can be brought up and addressed. Furthermore, for the benefit of the trainees, generally trainees felt more supported whilst they are on call, and got to know the fellow on call team. In addition, trainees reported feeling more at ease when calling their senior colleagues.
Conclusion. It is particularly important for doctors to feel supported and informed during their on call shift, especially in the current climate, where there are fast changes and adaptations taking place due to the pandemic. By adding a short meeting at the beginning of each night shift, doctors in the hospital demonstrated an increase in feeling supported, informed and having educational opportunities during their on call shifts. In the long term, by addressing on call issues and making trainees feel more confident and supported during their shift, is likely to benefit and improve recruitment and retention.

Identification of patients with mood disorder following admission with hip fracture with a view to starting treatment and provide advice

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Aims. The aim of this quality improvement project is to improve identification and management of mood disorder in patients over 65 years admitted to Royal Surrey County Hospital (RSCH) with hip fractures by introducing a standardised assessment tool to guide appropriate interventions.
Background. The signs of depression in the elderly can be subtle and often go unnoticed. The multidisciplinary team (MDT) at RSCH observed that low mood could negatively impact on a patient's recovery, affecting pain thresholds and leading to poor engagement with rehabilitation. Proactive identification and management of mood disorder is an important part of Comprehensive Geriatric Assessment but not routinely performed in patients with hip fracture admitted to RSCH.
Method. Notes and discharge summaries of patients with hip fracture admitted over a four-month period were retrospectively reviewed to establish if patients were screened for low mood. A mood screening tool was chosen and implemented prospectively over a four-month period. Occupational therapists and junior doctors completed a Cornell Score for all patinets. Those identified with depression or probable depression were issued verbal advice, an information leaflet and follow-up arranged.
Result. Ninety-eight patients were included in the retrospective cohort. No patients were formally identified as having depression or probable depression, and there was no indication that mood was considered or assessed at any point during admission. During the four-month prospective period, 90 patients were admitted to RSCH with hip fracture and 86 patients (96%) were screened for low mood. Four patients were excluded due to a terminal prognosis. Of the patients screened, 9% had major depression and 16% probable depression. Feedback from our occupational therapists and doctors was positive, with the tool being relatively easy to use in patients with or without cognitive impairment. Much of the assessment could be incorporated into their initial assessment or in gaining collateral history from next of kin. Anecdotally, considering patients psychological wellbeing had a positive impact on inpatient therapy sessions guided the MDT in supporting the patient appropriately.
Conclusion. Implementation of a standardised and validated mood screening tool enabled us to identify that a quarter (25%) of the patients admitted following a hip fracture had, or probably had depression. This allowed us to intervene with simple measures such as verbal advice and an information leaflet and consider pharmacological intervention where appropriate.

"Beth": the development of a digital personalised health record and patient portal for use in clinical practice

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Aims. To design & develop a clinically scalable personalised health record and patient portal to;

Improve patient safety through improved communication and information sharing between staff, patients and carers, and improved access to safety plans for patients.

Increase the uptake of virtual appointments and video calls rather than over-reliance on telephone calls for clinical care

Empower patients to access supported self-management and self-directed care using digital resources
Background. Current mental health services often rely on telephone calls, letters, text messages and email, which often repeat information to the detriment of the patient. Likewise, care plans and appointments are given in paper cards, which can be lost or become out-dated. Furthermore, service-users often have no access to curated resources, symptom-tracking tools or ability to document their personal treatment targets in medical notes.
Method. Based on service-user feedback, clinical need and the above aims, a digital personalised health record and online portal was developed for patients to record personal goals & coping strategies, access crisis plans, view appointments, track symptoms, complete clinical assessments, communicate with their care-team and access self-management materials. The tool, 'Beth', was named after the Bethlem Royal Hospital and was launched in July 2020 to all patients in the South London and Maudsley Trust.
Result. Across the Trust, the tool currently has 710 active users. Features used include; accessing care plans and safety plans, communicating with care teams, organising and viewing appointments, undertaking clinical assessments to inform measurement-based care, tracking symptoms and progress, developing a secure diary, and accessing free & trusted self-management resources.
Conclusion. We have developed "Beth," a digital personalised health record and patient portal for use in widespread clinical practice. The tool allows patients to take an active role in their care-planning, enhances communication between patients, carers and clinical teams and may improve service efficiency and patient safety. Future development may customise the tool further to incorporate new features and optimise usability for patients and clinicians alike.