

Quality management

EV1100

The challenge of Vitamin D deficiency in an inpatient ward

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Aims and hypothesis We set out to determine standards that would enable the identification of persons at risk of Vitamin D (VitD) deficiency in our ward; the prevalence of deficiency in at risk patient group on a 25-bedded ward (Brunswick). Deficiencies were identified, managed according to local guidelines and care plans were updated to reflect this change.

Background Low VitD levels have been associated with depression, psychosis, schizophrenia, suicidality, treatment resistance and poor coping. However, serum VitD levels is not a routine investigation on inpatient psychiatric admissions. Factors associated with VitD deficiency include prolonged stay in inpatient units with limited exposure to sun; Inpatients' diet; Self-neglect and social isolation.

Methods Criteria for identifying patients who may be at increased risk was agreed.

These patients were approached, and consented to screening. Results of the investigation were discussed with patients and actioned according to need. Study period May 2015–July 2015.

Results We were unable to identify any criteria in use for identifying persons at risk in psychiatric services. The following criteria were agreed: Hospital stay for > 2 months and limited opportunities of leaving the ward (Detention); Transfer from another unit with a total of hospital stay > 2 months; Admission from the community with severe depression or history of social isolation.

7 patients (28%) were identified to be at increased risk. Of this, 6 patients (85.7%) were deficient and another 1 (14.3%) had insufficient level. Management was instituted.

Conclusions If indicated, psychiatrists ought to consider monitoring VitD levels during inpatient stays and managing as appropriate.

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EV1101

Auditing of discharge summaries Contet at Al Amal medical complex

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Introduction and aims Patient's records are the most important clinical assets and tools which are required in consultations. Patient records also support the accurate continuity of care when patients return to other health providers.

Objective Understand the extent of Discharge Summaries, which conform to the set best practise guidelines on the Mental Health Service.

Method A cross-section retrospective study on Discharge Summary contents was conducted at Al Amal Medical Complex. Chart review of randomly selected patient files (200 of a total 495), of Discharge Summaries for Psychiatric Patients in 2014 was performed. The data was statistically analysed using descriptive statistics taking into account proportions and frequencies. Pearson chi square and Fisher's test methodologies were used.

Result This study found of the 200 randomly selected Discharge Summaries that documented data of mental health examination 94% ($n = 188$), data of discharge date 100% ($n = 200$) while data of social investigation and family work up 82% ($n = 164$). The above

three categories were the only categories to conform to standard discharge guidelines. The other thirteen items studies were found not conforming to the defined standard guidelines.

Conclusion and recommendation There is an active challenge for clinicians to introduce good clinical practice in Mental Health. Standard guidelines must be followed by clinician's in order to reduce potential areas of concern and achieve a good clinical practise. Regular recurring audits are highly needed & recommended to ensure the alignment with standard guidelines for the writing of Discharge Summaries.

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EV1102

Blackburn with Darwen mental health assessment and treatment team – A service evaluation report

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Introduction Assessment and Treatment Team (ATT) was developed to manage mental health referrals within the borough of Blackburn with Darwen (BwD). The ATT became the main point of initial referral and assessment for adults presenting with mental health needs. It acts as the gateway service for access to specialist mental health services.

Aim To evaluate the effectiveness of ATT against the key performance indicators.

Methods Quantitative data was collected using electronic database from June 2014–May 2015. Feedback was obtained from GPs and also from patients who attended ATT over a one-week period.

Results The ATT received a total of 2234 referrals. A total of 73% were seen within 10 working days of the referral. Assessment outcome letters were sent to the GPs within 48 h in 47.53% cases. Referral rates to community mental health and Crisis teams were 7% each showing an overall reduction compared to the previous service. GP satisfaction – 70% were 'moderately satisfied' and 30% were 'very satisfied' with ATT. Hundred percent felt the service was easily accessible and 90% felt that the staff were friendly. Patient Satisfaction – 96% of patients rated the team as 'friendly and polite'. Eighty-seven percent reported that they were listened to and 91% felt their concerns were understood. Eighty-three percent felt that ATT involved them in their decision making. Ninety-two percent responded that they were likely/extremely likely to recommend ATT to their friends and family.

Conclusions The establishment of ATT has led to improved satisfaction among GPs and service users and has resulted in reduction in referrals to secondary mental health services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1103

Factors associated with non-show to first therapeutic appointments in a mental health clinic in Northern Israel

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Introduction Patient non-show to clinical appointments is a major component of nonadherence, specifically in mental health

institutions, being twice that of non-show in other medical specialties, and is associated with a greater risk of morbidity and mortality.

Aims and objectives Our study was conducted to assess the rate and factors associated with missed first appointments in an outpatient mental health clinic, in order to find correlates between the various factors and the probability of non-show among newly referred patients.

Methods This was a retrospective study of 400 consecutive outpatients referred to a single regional mental health clinic in northern Israel during 9 months. Data was collected on sociodemographics, attendance rates, source of referral, the presence of chronic physical illnesses and time elapsed between referral to appointment. The findings were statistically analyzed to identify factors associated with patient non-show rate.

Results Of the 400 patients included in the study, the non-show rate was 39.6%. Patients who missed appointments were significantly more likely to be younger, to belong to the Arab sector and to wait longer for their appointment. They were less likely to be physically ill. Gender, marital status and source of referral were not significantly associated with the non-show rate.

Conclusions Given the problematic potential outcome of non-show to mental health clinics, it is important to identify high-risk factors associated with non-show and unique to the population in question, so that interventions can be targeted at them, thus improving treatment outcome and reducing risk to patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1104

Establishing a physical health monitoring service for patients on depot antipsychotic medication

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Introduction Patients with major mental illness are recognised to be at risk of premature death for a multitude of reasons. Those with schizophrenia and bipolar disorder are at highest risk.

Objectives International best practice recommends monitoring of blood tests, physical parameters such as weight, BMI, waist circumference and blood pressure, and side effects of patients prescribed antipsychotic medication. A clinic was established to target these interventions.

Aims This initiative aimed to improve the physical health monitoring of patients prescribed depot antipsychotic medication in a catchment area of approximately 36,000 in Ireland.

Methods A twice-yearly, multidisciplinary monitoring clinic was established. A protocol was drawn up, following a literature review and inspection of current international guidelines, and a proforma assisted as an aide-mémoire. A self-report questionnaire, the Glasgow Antipsychotic Side Effect Scale, was used to enquire about side effects.

Results Evaluation took place in descriptive form with audit used to examine outcomes. Full blood test monitoring improved from 9% of patients to 61% in one year, with 78% of patients having had at least one blood test recorded. Prior to the clinic's establishment, only one patient had had any physical parameters recorded, but this improved to 96% recorded after the clinics were run. Side effect documentation also improved.

Conclusions The clinic was well-received and led to improved teamwork. Future recommendations include organising the clinic so as to include simultaneous blood testing. A similar project is

being planned to target all patients attending who are prescribed antipsychotic medication.

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EV1105

How much longer will a patient stay in acute unit if mechanical restraint is required?

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Introduction Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. In order to implement measures to prevent agitation and therefore mechanical restraint, it is important to quantify the effects and costs of those procedures. The aim of this study is to determine whether the application of mechanical restraint in psychiatry acute unit is related to a longer stay in hospital.

Material and methods We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of our institution, between 2012 and 2015. For every discharge, the presence of at least one mechanical restraint was coded, resulting in two groups. The length of stay of the groups was then compared performing a *t*-test.

Results The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint associated. There are significant differences between the length of stay of admissions with and without episode of mechanical restraint. The episode of mechanical restraint during an admission is associated with 5 to 9 more days of stay in the unit ($P < 0.001$).

Conclusions The performance of a mechanical restraint is associated with a statistically significant and clinically relevant higher length of stay. These results suggest that preventing agitation, and therefore mechanical restraint, would be possible to decrease length of stay, and therefore costs related to hospitalization.

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EV1106

Predictors and rate for one-year inpatient readmission in the psychiatric hospital of Sarajevo Canton

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Introduction Number of patients who are again unexpectedly admitted to hospital after a previous hospitalization are used to evaluating the quality of hospital care. Readmission can be represented by the total number and by readmission rate.