Conclusion. Innovative alternative Outpatient Service delivery balances the elimination of No Shows with enhanced outcomes by continuously improving all the workflow process

Quality Improvement Project: Increasing the Proportion of Inpatients Being Re-Offered and Receiving Baseline Physical Investigations

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doi: 10.1192/bjo.2023.326

Aims. The Greater Manchester Mental Health trust standard on admitting patients states that "The patient will receive a comprehensive mental health & physical health assessment (including electrocardiogram (ECG) and routine admission bloods) commenced within 4 hours of admission". It was observed that patients commonly do not receive admission blood tests or ECG. It was also identified that there is no current system for keeping track of those who have not received admission investigations or any guidance on re-offering them. The aims were therefore to: 1) Increase the proportion of patients being re-offered baseline physical investigations (blood tests and an ECG) after not receiving them on admission. 2) Increase the total proportion of patients receiving baseline physical investigations
Methods. The patients included were any male inpatients (n=41) across two wards between 23/05/22 and 17/06/22.

A list was created of all the patients who had not received admission investigations. Each patient had their notes searched to find out whether they had undergone blood tests and an ECG on admission. If they had not, their notes were searched to see if there was any evidence of them having been reoffered and/or done later. As patients were admitted, they were added to the list if they had not received admission investigations.

The list was taken to ward reviews with the intention of prompting a reoffer of investigations to the appropriate patients. Following the creation of the list, it was reviewed and updated weekly. After 4 weeks, percentages were calculated to determine if there had been an improvement in the proportion of patients being reoffered/receiving baseline investigations.
Results. 85.14% patients did not receive admission bloods. 83.79% did not receive admission ECG.

Prior to the introduction of the list, 90% of patients who did not have admission bloods were reoffered. 55.77% patients had baseline (admission or on reoffer) bloods taken. 85.72% patients who did not have admission ECG were reoffered. 78.85% patients had a baseline ECG.

During the 4 weeks following the introduction of the list, 97.5% patients who did not have admission bloods were reoffered. After 4 weeks, 85.14% of all patients had baseline bloods taken. 95% patients who did not have an ECG were reoffered. After 4 weeks, 86.49% of all had a baseline ECG.
Conclusion. Following the introduction of the list, the proportion of patients being reoffered baseline blood tests and ECGs increased.

The proportion of patients receiving baseline blood tests and an ECG also increased.

Improving the Assessment and Management of Acute Alcohol Withdrawal on General and Older Adult Mental Health Inpatient Wards – Baseline Data and Proposed Interventions

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doi: 10.1192/bjo.2023.327

Aims. The management of alcohol withdrawal has become a national focus amongst psychiatry with recent POMH-UK audit data suggesting many aspects for improvement, whilst alcohol competencies have been reintroduced into the core training curriculum. The first part of this project was to evaluate the current standards of assessing and managing alcohol withdrawal on acute inpatient wards within Livewell South West and to survey doctors' confidence levels in this area.
Methods. All admissions to the acute adult and older adult inpatient wards at Livewell SW between March and July 2022 were included in the initial data collection. An audit tool was designed to evaluate the initial assessment of alcohol use, the withdrawal risk and subsequent management. Guidance was provided to the authors assessing the records.

A survey to all doctors was conducted during a CPD session about this project which assessed confidence levels in the assessment and management of alcohol withdrawal.
Results. On initiation of this project, it was noted there was no trust guideline or policy to manage those presenting with possible alcohol withdrawal symptoms.

120 patient admissions were assessed against the audit tool. Half of these (53%) had alcohol intake documented on admission.

11 patients (9%) were found to be at risk of alcohol withdrawal symptoms (n.b 46% too little data). 5 (45%) of these were identified promptly and 4 (36%) were given thiamine (1 parental, 3 oral). Only 4 out of the 11 (36%) were prescribed benzodiazepines, these 4 patients were also considered for referral to alcohol services. Relapse medications were not considered for any patients. No significant incidents were noted.

Generally, trainee doctors feel confident in recognising and managing alcohol withdrawal in acute hospital settings but have difficulties on psychiatric inpatient wards. A major reason stated for this was the difficulty distinguishing between psychiatric and alcohol withdrawal symptoms and also concerns surrounding prescribing benzodiazepines
Conclusion. This project identified a need for a trust policy which has subsequently been developed and is currently being ratified.

The initial baseline results show poor assessment of alcohol use and low confidence amongst doctors in assessing and managing alcohol withdrawal in this population. Several interventions have been identified that could be trialled to improve these results. Further training has been given to junior doctors involved in initial assessment and other interventions planned include posters, electronic prompts, nursing survey and education. Furthermore, patient focus groups are planned to understand patients' perspective and help guide further training.