Despite what would be expected, DNA and cancellation rates in NW CMHT reduced. The contribution of telemedicine to this warrants further exploration as a means of delivering healthcare in an efficient and accessible way.

An audit of admission clerking of patients in Heddfan, Adult Mental Health Unit in BCUHB - north Wales

Asha Dhandapani*, Sathyan Soundararajan, Manjula Simiyon, Vinila Zachariah and Rajvinder Sambhi

BCUHB

*Corresponding author.

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Aims. To ensure admission clerking includes salient features needed for the management of both physical and mental health of the patient and also to aid in administrative purposes.

Method. The audit included a team of doctors reviewing the admission clerking notes for 50 patients in the General Adult Psychiatric unit in-patient ward.

We created a standard questionnaire-based on Intended learning outcome of core training in psychiatry CT1-CT3 from Royal College of Psychiatry and standard textbooks.

Our aim is to achieve 100 % compliance in clerking

Result. It was noted that only 30% wrote their GMC number, 4% added route of admission of the patient and a mere 8% filled the Consultants name. Though almost everyone had written the presenting complaints, the other aspects such as history of presenting illness, medical and family history, Allergy status and substance misuse history were missing in many clerking notes. None of them had filled in details of personal history and very few did a risk assessment.

Further lacuna was noted with Mental state examination. Physical examination was also noted to be incomplete. While more than 50% had completed the Blood investigations and ECG, half of them had not documented it and that meant searching in the entire file. A mere 20% filled the nursing observation level whilst none had completed the formulation in the notes.

Conclusion. Admission clerking is a vital source of information that would be needed for the formulation of patients diagnosis and future management.

Apart from this, it also is needed for further continuity of care.

Hence this vital source of information will need to be shared with the junior doctors who will be clerking the patient and seeing them in the first instance.

We, therefore, intend to create a complete clerking proforma along with physical health proforma to aid us in this respect.

We will audit initially in the first round and then plan to introduce a proforma for Clerking and physical examination based on the findings.

We will re-audit to see if the standards are achieved after using the proforma and will consider a Quality improvement project based on this topic

Junior doctor daytime bleep audit

Asha Dhandapani*, Sathyan Soundararajan and Rajvinder Sambhi

BCUHB

*Corresponding author.

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Aims. There had been ongoing concerns with regard to covering daytime duty bleeps across the three sites in the Mental health Department, BCUHB, North Wales.

Frequent empty on-call slots meant some doctors being asked to hold the bleep between 9-5 in-order to cover the vacancy.

Some felt this added to the existing workload and that it was unfair and unsafe.

This issue was raised during a supervision session with the Educational supervisor, North Wales and an initial data collection was suggested.

Method. Data were collected over 2 week period to look at the Daytime bleep duties between 9 am to 5 pm

We hoped the data would demonstrate certain patterns of the task being asked to perform.

Result. The total number of bleeps were noted to be 249

Discharge notification and prescription writing was noted to be the commonest reason for bleep in East and Central while Routine review and Discharge notification was the reason to be bleeped major number of times in the West

Nearly 70% and 90% of the bleeps were found to be appropriate by the East and West respectively, while only a mere 15% were reported so in Central.

While 30% of these bleeps in the West were considered to be deferred, 70% bleeps were deferrable in the East and almost 95% in Central.

The general trend in all 3 centres was as follows:

All three centres have high numbers of bleeps for discharge, prescribing tasks and routine patient reviews

Most think planned discharge paperwork could be done in advance and jobs can be deferred if there is a ward/team doctor available

Conclusion. A simple solution could be some jobs being planned ahead (e.g TTO/Discharge Summaries, Re-write charts) and done by the team/ward doctor. ECG could be arranged to be done by nurses/ECG technicians. Some nurses/HCAs are trained in phlebotomy, however, they have not been utilising the skills. That needed to be reinforced in safety huddles meeting.

Apart from these suggestions, we were also wondering about the impact of the service models and how the juniors placed in the community mental health unit could stay involved in their team inpatients

Audit on use of PRN (pro re nata) psychotropic medication for behavioural disturbance in individuals with intellectual disability in the community

Asha Dhandapani*, Sathyan Soundararajan and Claire Jones

BCUHB

*Corresponding author.

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Aims. Psychotropic medication is commonly used in people with Intellectual disabilities (ID). This may be attributed in part to an increased prevalence of mental illness in this population and the presence of challenging behaviour which has been shown to increase rates of prescribing. Whilst there are a number of studies looking at regularly prescribed medication there are few studies on "as and when" required (PRN) medication.

Psychotropic medication continues to be used to manage behavioural disturbances in people with ID. Where there is no clear cut psychiatric illness, the role of psychotropic medication is an adjunct to a comprehensive multimodal treatment plan.

The aim is to find out if prn psychotropic medication for behavioural disturbance is being used appropriately and safely in these individuals.

Method. Files and PRN protocols of individuals known to be using prn psychotropic medications for the management of acute episodes of agitation and behavioural problems and supported by professional staff teams was studied.

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