Service Evaluation of Activities Offered in Waterton Ward; Rehabilitation Ward, Medium Secure Forensic Inpatient Unit, Newton Lodge (The Yorkshire Centre for Forensic Psychiatry), Wakefield

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Aims:

- To provide patient with a method to give honest and protected feedback around activities offered on the ward and also to allow the improvement of activities offered on Waterton Ward, Newton Lodge.
- To provide staff with the opportunity to identify gaps in service provision around activities offered on Waterton Ward, Newton Lodge.

Methods: A survey was conducted in person with patients on Waterton ward using a printed survey questionnaire between May and June of 2025. An anonymous staff survey questionnaire was printed and given to members of staff on the ward to complete between May and June 2025

The data were analysed by the project lead. Both quantitative and qualitative data were collected. Data were grouped into themes to aid the analysis and presentation of the results

Results:

- The survey highlighted a disparity in awareness of available activities on the ward. While some activities, such as the **Horticulture Garden**, **Community Sessions,** and **Walking Group,** have full awareness among patients, others, such as the **Lego Group** and **Driving Skills Group**, have very low awareness.
- Enjoying the activities, **staff persistence, more awareness, and an additional occupational therapist** are key motivators for engagement.
- Patients expressed interest in additional activities, including **vocational skills like painting and decorating, music groups, more gym time, and more frequent walking groups.**
- The responses emphasize a wide range of life skills patients believe will prepare them for reintegration into the community. Cooking, budgeting, shopping, banking, and IT skills are frequently mentioned, reinforcing the importance of practical education and independence.
- Patient satisfaction with current activities on the ward appears varied–while some patients feel satisfied, a portion remain indifferent or dissatisfied

From the staff survey, **staffing shortages** was consistently mentioned across different staff roles as a barrier to providing rehabilitation services on the ward. Staff satisfaction with the ward activities was mixed with 55% of respondents expressing dissatisfaction.

Conclusion: The findings from the patient survey underscore a need for better communication and promotion of existing activities, improved scheduling, and staff availability. This project highlighted the need for patient and staff participation in improving the interventions and activities offered on the ward.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Trainee-Led Informatics Leadership and Electronic Medical Record Documentation Compliance in a Psychiatry Residency Program

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Aims: High-quality clinical documentation is essential for patient safety, continuity of care, and compliance with regulatory standards. However, maintaining documentation quality within complex electronic medical record (EMR) systems can be challenging in training environments, particularly in psychiatry where documentation requirements are extensive. While resident involvement in quality improvement is encouraged, there is limited evaluation of structured trainee-led governance models in clinical informatics. This study aimed to evaluate the impact of a trainee-led informatics leadership initiative on EMR documentation compliance within the Psychiatry Residency Program at Hamad Medical Corporation (HMC). It was hypothesised that formal trainee leadership and continuous engagement would be associated with improved compliance across key documentation indicators.

Methods: A longitudinal quality improvement evaluation was conducted following the establishment of the Cerner Documentation Leadership Subcommittee in August 2022. The subcommittee consisted of psychiatry residents assigned formal leadership roles focused on documentation quality and clinical informatics. The initiative included monthly educational sessions, targeted feedback on documentation performance, iterative workflow optimisation, and continuous auditing of documentation standards. Compliance was assessed using 16 documentation indicators aligned with Joint Commission International (JCI) standards. Longitudinal compliance data were extracted from Cerner audit reports and reviewed across 2023 to examine trends, improvements, and variability in documentation performance over time.

Results: Following implementation of the trainee-led leadership model, sustained improvements were observed across multiple documentation domains. History and Physical documentation and Medication Reconciliation maintained consistently high compliance rates throughout the evaluation period, with average compliance ranging between 86% and 90%. Comprehensive Assessment documentation showed the most notable improvement, increasing from a baseline compliance rate of 13% to 77% by the end of the evaluation year. Active trainee involvement in institutional reaccreditation processes and collaboration with Health Informatics teams supported optimisation of Cerner documentation templates and improvements in clinical workflow. Periodic declines in selected metrics were observed during resident rotation changes and onboarding of new trainees, indicating the influence of workforce turnover and the need for ongoing education and reinforcement.

Conclusion: This evaluation demonstrates that a structured trainee-led informatics leadership model can improve EMR documentation compliance within a psychiatry residency program. Embedding residents in formal documentation governance roles supported sustained quality improvement while promoting accountability, leadership development, and systems-based practice. Ongoing

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education and continuous monitoring are necessary to maintain gains, particularly during trainee transitions. Integrating informatics leadership into residency training may strengthen regulatory readiness and support safe, high-quality psychiatric care.

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Missed Doses and Take-Home Dosing Patterns in Methadone and Buprenorphine Patients.

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Aims: Adherence to opioid substitution therapy is critical for treatment success, yet missed doses and unsupervised take-home doses can increase relapse or overdose risk. This service evaluation aimed to assess patterns of missed supervised doses and take-home medication use, identify factors associated with non-adherence, and evaluate potential service improvements.

Methods: A retrospective service evaluation was conducted in an addictions psychiatry outpatient clinic. Adults aged ≥18 years receiving methadone or buprenorphine for at least three months were included. Patients were excluded if they had transferred care during the evaluation period, had incomplete pharmacy records, or were unable to engage in routine clinic follow-up due to acute intoxication, severe withdrawal, cognitive impairment, or acute psychiatric instability. Data were extracted from clinic and pharmacy records, including supervised dose attendance, take-home dosing patterns, demographic information, concurrent substance use, and housing status. Descriptive statistics were used to summarise missedsupervised doses, take-home medication issues, and associated factors, with exploratory comparisons between patients with and without polysubstance use.

Results: A total of 120 patients on opioid substitution therapy (methadone n=75, buprenorphine n=45) were included in the service evaluation. Missed supervised doses were common, with 36 patients (30%) missing ≥2 doses in the preceding month and 18 patients (15%) missing ≥4 doses. Issues with take-home medication were documented in 22 patients (18%), including misplacement (n=12) and suspected diversion (n=10). Polysubstance use was prevalent, with 52 patients (43%) reporting concurrent use of cocaine, cannabis, or illicit benzodiazepines; missed supervised doses were more frequent among these patients (42% vs 21%, $p<0.05$). Younger age (<35 years), unstable housing, and high polysubstance use were associated with higher rates of missed doses. In 28 of the patients with frequent missed doses, additional adherence support was documented, including increased supervised dosing and motivational interventions. Review of clinic and pharmacy records demonstrated that systematic evaluation of adherence patterns is feasible and provides clinically actionable information for optimizing patient safety and treatment outcomes.

Conclusion: Missed supervised doses and take-home medication issues are common among patients receiving opioid substitution therapy, particularly in those with polysubstance use, younger age, or unstable housing. These findings highlight the importance of structured adherence monitoring, targeted support interventions, and careful supervision of take-home doses to optimize treatment outcomes and reduce harm. Routine evaluation of adherence patterns is feasible in outpatient addiction services and can provide actionable insights for improving patient safety and the overall quality of care.

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At-Risk but Unseen: Overdose Risk Documentation in Opioid Substitution Therapy Outpatients.

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Aims: This service evaluation aimed to assess how consistently overdose risk factors are recorded in routine outpatient clinical records, identify gaps in documentation, and explore patient characteristics associated with missing or incomplete risk assessments.

Methods: A retrospective service evaluation was conducted in an addictions psychiatry outpatient clinic. Adults aged ≥18 years receiving methadone or buprenorphine during a six-month period were included. Patients were excluded if they had transferred care during this period or had incomplete medical records. Clinical notes and pharmacy records were reviewed to extract information on overdose risk factors, including polysubstance use, previous overdose, co-prescribed benzodiazepines, psychiatric comorbidities, and naloxone provision. Demographic information and substance use patterns were also collected. Data were analysed descriptively to summarise documentation rates, and exploratory comparisons were made between patients with and without recorded overdose risk factors

Results: A total of 110 patients were included (methadone n=68, buprenorphine n=42). Overdose risk factors were documented in 61 patients (55%), leaving 45% without recorded risk assessment. Naloxone provision was documented in only 44 patients (40% of total), including 12 patients with known polysubstance use who had no recorded naloxone offer. Polysubstance use was present in 48 patients (44%), and these individuals were more likely to have risk factors documented (65% vs 48%), although a substantial proportion remained undocumented. Patients with co-occurring psychiatric diagnoses were also more likely to have documented overdose risk, but documentation consistency varied widely. The review demonstrated that systematic evaluation of overdose risk documentation is feasible within routine outpatient records and can identify gaps that may compromise patient safety.

Conclusion: Overdose risk is inconsistently documented in OST outpatient settings, despite high prevalence of polysubstance use and psychiatric comorbidity. Gaps in documentation, including missed naloxone provision, highlight the need for structured protocols and staff training to ensure that high-risk patients are identified and receive appropriate harm reduction interventions. Implementing routine overdose risk assessments within clinical workflows is feasible and may improve safety, patient outcomes, and overall quality of care.

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