Conclusions: Hospital discharge summaries are essentially the main communication link between hospitalists and general practitioners to ensure continuity and future care of patients. Delirium diagnosis is not always recorded in discharge summaries. This is a risk to be managed. Education is vital to ensure awareness, prevention, early recognition and to ensure recording of diagnosis of delirium.

Keywords: Patient safety; Service improvement; communication; delirium

EPP1117

Reception of patients admitted to a psychiatric unit

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Introduction: The reception of a patient in the psychiatric ward is an important step that determines the proper course of care. The welcome is the first stage of the relationship, it is essential to take the measure of the importance of this moment.
Objectives: Assess psychiatric inpatients' knowledge of their rights and obligations.
Methods: This was a descriptive and cross-sectional study based on a self-administered questionnaire containing about twenty questions (20), which assessed the knowledge of patients hospitalized in the HMPIT psychiatry department about their rights and obligations.
Results: Twenty-five (25) patients agreed to answer the questionnaire and two (2) patients refused. Sixty percent (60%) of the patients were unaware of their rights. Sixty-eight percent (68%) of the patients did not know their duties. Forty-eight percent (48%) of the patients did not know the rules and conditions of hospitalization in psychiatry.
Conclusions: Patients hospitalized in the psychiatric ward have limited knowledge about their rights and duties and about the conditions and rules governing hospitalization. In addition to the poster on patients' rights and duties, a welcome leaflet will provide all the information on the rules of hospitalization.

Keywords: patient admission; quality of health care

EPP1118

Therapeutic isolation in psychiatry

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Introduction: Therapeutic seclusion, consist of locking a patient alone in a room dedicated to this type of care. It poses real questions about respect for fundamental rights, in particular the right to liberty.
Objectives: The objectives of our work were to evaluate the practices of psychiatric doctors and nurses in seclusion.
Methods: Our study is descriptive-based. Using a self-questionnaire, a set of questions about the decision of seclusion, its prescription, its means, its surveillance, the information of the patient and his relatives as well as the characteristic of the seclusion room, were asked. Our target population consisted of medical and paramedical staff working in the HMPIT Psychiatry Department.
Results: Our study covered eleven doctors and fourteen nurses. The average age was 35 years with 52% having more than 5 years of psychiatric experience. Fifty-two percent used seclusion while 72% had no specific training. Twelve (12%) percent felt that no accidents could occur in seclusion. Twenty percent (20%) did not find it necessary to transcribe the monitoring parameters on the medical file.
Conclusions: Our study showed that the psychiatric staff lack sufficient exposure to in the area of therapeutic seclusion. A seclusion protocol has been drawn up to guarantee patient safety.

Keywords: patient isolation; administration and organization

EPP1119

Evaluation of efficiency and quality of the multi-disciplinary team handover process in a mother and baby inpatient setting

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Introduction: At Coombe Wood Mother and Baby unit (MBU) there are daily multi-disciplinary team (MDT) handover meetings and a weekly MDT ward round attended by 7-8 team members. There are concerns that the handover is too time consuming, utilising time which could be spent on other clinical duties, and concerns regarding the relevance of information that is handed over.
Objectives: To perform a service evaluation to determine the efficiency and quality of MDT handover meetings in an MBU setting.
Methods: Data was collected from September to October 2020. A checklist was designed listing information felt to be relevant to handover and contained the following data points – 'current situation', 'mental health', 'level of observations', 'risk', 'physical health', 'baby care', 'baby supervision levels' and 'tasks and responsibilities'. The start and stop times of each MDT handover meeting were noted and a record was made as to whether these topics were discussed.
Results: Mean meeting duration was 32.2 minutes (range: 13 – 45 minutes) and amounted to 2.68 hours spent in MDT handover over a 5-day working week. This equates to 21.4 person-hours (based on 8 staff) a week. 928 data points were generated. 50.7% (468) data points were recorded and commonly omitted data points were – 'tasks and responsibilities', 'risk', 'level of observations' and 'physical health'. On all occasions, 'current situation', 'mental health' and 'baby care' were handed over.
Conclusions: The results of this service evaluation provide compelling evidence for a wider improvement project. Involving MDT staff in designing interventions will make handover meetings more meaningful.

Keywords: service evaluation; safety; handover; quality improvement