QIP on Improving Access to Physical Health Pathways, Services, and Resources for Inpatients in KMPT

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Aims: Mental health patients are often severely unwell presenting with significant risks to their health and multi-morbidity/complex health needs. Currently, at KMPT there is a lack of access to the right care at the right time with a lot of silo mentality and fragmented services. Feedback from junior doctors includes:

1. Lack of clarity or easy accessibility of relevant physical health-related trust policies.
2. Unclear referral pathways between KMPT and acute trust relevant physical health specialties.

A survey was conducted amongst resident doctors in KMPT to identify the scale of the problem. We aim to improve:

Knowledge and awareness of access to physical health interventions on KMPT inpatient wards.

Systems and protocols for liaison and consultation with physical health care teams/specialists.

Patient safety and patient experience.

Methods: Based on feedback, we felt that the best solution to increase staff confidence in managing physical health problems and increase their awareness of what is available, would be to create an online easy to access page where everything is centralized in one place. In turn this would allow for a better patient experience and improved patient safety on our wards.

The creation of a staffroom page for all physical health resources for KMPT staff. As part of our staffroom page, there will be live links to relevant policies, IT applications, IT systems and relevant referral pathways contact information

Results: Liaise with the Trust digital team to create a folder on the intranet for resident doctors containing all the collated resources. This includes:

Collated contacts for referral pathways for the 5 Acute trusts in Kent.

Collected relevant pathology and imaging request forms and made an electronic copy for easy access.

Collated all the trust policy guidelines relating to physical health and put in a folder for easy access for resident doctors.

Liaised with the Trust physical health and infection control team for one click easy access on the Trust.

We have presented to the Trust Clinical director and Head of Psychiatry, as well as Urgent care Community of practice for necessary support for the project.

Conclusion: We would go live on the trust intranet next month and then roll out the second PDSA to resident doctors.

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.

Improving Knowledge, Attitude and Perception of ECT Amongst CWPT Healthcare Workers

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Aims: Electroconvulsive Therapy (ECT) remains a misunderstood and underutilized treatment option in psychiatric care, often due to misconceptions and biases among healthcare professionals. This Quality project aimed to identify the perceptions, attitudes, and biases toward ECT among ward staff at Coventry and Warwickshire Partnership Trust (CWPT) and to improve their knowledge and attitudes through targeted educational interventions. The project sought to address the lack of access to accurate information about ECT, which has led to its perception as an inhumane treatment, overshadowing its therapeutic benefits.

Methods: The project involved a pre-intervention survey to assess baseline knowledge, perceptions, and attitudes toward ECT among 32 CWPT ward staff. Following this, a teaching session was organized to disseminate accurate information about ECT, its applications, and its benefits. Post-teaching questionnaires were administered to evaluate the impact of the intervention. The Plan-Do-Study-Act (PDSA) cycle was used to guide the intervention and measure outcomes.

Results: The intervention led to significant improvements in staff knowledge, perceptions, and attitudes toward ECT. Key findings included a 42.6% increase in positive attitudes toward ECT, a 22.6% improvement in knowledge, and a 12.9% increase in confidence levels when discussing ECT with patients. Staff reported higher awareness of ECTs applications and effectiveness. Willingness to recommend ECT as a treatment option also increased by 6.5%. These results highlight the importance of targeted education in addressing misconceptions and biases among healthcare professionals.

Conclusion: This project successfully improved the knowledge, perceptions, and attitudes of CWPT ward staff toward ECT. The findings underscore the need for ongoing education and access to accurate information about ECT within psychiatric services. Recommendations include incorporating ECT teaching into e-learning resources for staff and continuing to provide opportunities for staff to observe ECT procedures. These efforts can help ensure that ECT is recognized as a valuable and humane treatment option in psychiatric care.

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Improving the Junior Doctor Induction Programme in an NHS Trust

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Aims: The aim of this Quality Improvement (QI) project was to enhance the induction programme for junior doctors at an NHS Trust, ensuring it is more meaningful and better prepares trainees for their psychiatry rotation.

Methods: Surveys were conducted with junior doctors during their rotations to identify areas of dissatisfaction and potential improvements within the induction process. The feedback was subsequently analysed to develop and implement targeted interventions. These interventions included the modification of a local induction programme schedule led by junior doctor representatives and other key leaders within the Trust, revision of the Trust junior doctor handbook to incorporate up-to-date practical and rotation-specific guidance, and creation of an induction pack hosted on Microsoft

Teams available to all junior doctors joining the Trust. Key quality improvement tools, including driver diagrams, questionnaires, measures checklist and Plan-Do-Study-Act (PDSA) cycles, were employed to evaluate and refine the implemented changes.
Results: Survey responses demonstrated significant improvements in preparedness for psychiatry rotations and comprehension of roles and responsibilities post-intervention. Specifically, there was a two-fold increase in the proportion of trainees reporting preparedness for their rotation, from 33% pre-change to 66% post-change. Similarly, those who reported understanding their roles and responsibilities increased from 35% to 65%. Notwithstanding these improvements, persistent challenges include the inability to fundamentally alter the overarching three-day trust-wide induction and difficulties in assessing the sustained impact of changes due to high turnover among trainees.
Conclusion: This project addressed key deficiencies in the induction programme for junior doctors in the Trust, demonstrating that targeted, trainee-led changes can significantly improve preparedness for their psychiatry rotation. Future efforts would focus on embedding sustainable improvements and exploring further restructuring of the broader trust-wide induction programme to address systemic issues.

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Cross-Cover Chaos to Calm: A Smarter Protocol for Efficient Patient Care

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Aims: To ensure fair workload distribution and faster patient care, SWLSTG follows a cross-cover policy, grouping wards into clusters based on proximity. Each ward has designated cross-cover doctors responsible for daytime medical advice and patient reviews in absence of the ward doctors.

A duty-doctor covers all the wards, handling emergencies, urgent reviews, and mandatory tasks if no cross-cover doctor is available. Duty-doctors carry the duty phone which is a dedicated mobile phone for urgent but non-life-threatening situations. However, in practice, ward staff often bypass the protocol and contact the duty-doctor directly, leading to:

Increased workload for a single doctor.

Delays in patient care due to unnecessary escalations.

Interruptions in emergency response.

This project aims to reinforce adherence to the cross-cover protocol, ensuring appropriate ward doctors are contacted first before escalating to the duty-doctor, reducing unnecessary workload and improving efficiency of patient care.
Methods: Pre-Intervention Data Collection: Distribute feedback forms to trainees to assess the frequency and impact of unnecessary duty-doctor calls.

New System Implementation: Set up an automatic voicemail on the duty phone using the Teams, reminding callers to contact their cross-cover doctor first (operating 9 am–5 pm on weekdays, except bank holidays). The Teams system also allows call tracking by displaying missed call numbers, unlike the previous system, which only showed "unknown number".

Educational Intervention: Develop a leaflet and ward posters outlining the correct protocol, emphasising contacting cross-covering doctors first unless in a medical emergency.

Implementation: Circulate materials to nursing staff and ward teams, reinforcing adherence through staff meetings.

Collaboration with Ward Managers: Engage ward managers to reinforce adherence and ensure staff compliance.

Post-Intervention Evaluation: Conduct a follow-up survey to measure changes in behaviour and impact on patient care.
Results: The expected **Results:**

Faster response times for non-emergency reviews as cross-cover doctors are located closer to wards and responsible for fewer patients.

Improve efficiency of patient care by providing continuity.

Increase awareness among ward staff regarding the importance of cross-covering doctors.

Greater clarity and adherence to the protocol among staff.

Reduction in unnecessary escalation to duty-doctors.
Conclusion: Implementing a structured approach to protocol adherence improves workload distribution, reduces unnecessary escalations, and enhances efficiency of patient care. An automated voice message serves as a constant reminder, reinforcing the correct escalation process. However, Teams system carries potential downtime risk, so the old duty phone number will remain as a backup. Future steps include ongoing reinforcement, monitoring reliability, and periodic re-evaluation to sustain improvements.

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A Practical Alternative? KardiaMobile to Improve Uptake of ECGs on Psychiatric Wards

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Aims: ECGs on psychiatric wards are crucial for detecting cardiac side effects of psychotropics and identifying patients with underlying cardiac conditions. However, there can be variable patient uptake of standard 12-lead ECGs, which can lead to delays in initiating treatment and poor quality of physical health monitoring. KardiaMobile is a portable ECG device which can offer an alternative when 12-lead ECGs have been declined by patients, and was therefore explored as a way to improve ECG uptake. The aim was to reduce delays in ECG completion for patients admitted to inpatient settings and to explore the views of patients and staff around their experience of the device.
Methods: From September to October 2023, baseline data was collected retrospectively from one general adult psychiatric ward (A) and one psychiatric intensive care unit (B). This included the dates of patients' admissions and the dates admission ECGs were completed. KardiaMobile devices were then introduced to wards as an alternative and in-person training sessions were delivered. Data was collected post-implementation of the devices from September 2024 to January 2025, recording use of KardiaMobile ECGs and dates of completion. Questionnaires were also used to collect patient and staff feedback.