Audit Reviewing Consent for Electro Convulsive Therapy

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Aims. The National Institute for Health and Clinical Excellence (NICE) recommends that valid consent be sought for Electro Convulsive Therapy (ECT) in all instances where the individual has the capacity to provide or deny consent. Individuals should get comprehensive information on the general risks and potential advantages of ECT. When informed consent and decision-making are not possible, advance directives are fully considered, and the individual's advocate and caregiver are consulted. Additionally, patients should be informed that they can discontinue treatment at any moment. The purpose of this audit is to determine whether we are adhering to the NICE-recommended standards and recommendations.
Methods. This is a retrospective audit looking at case notes from the last 30 individuals who received ECT at University Hospital Wishaw. Individuals' electronic and paper light notes were analysed for data.

In informal patients, the aspects reviewed were:

1. Documentation about adequate information given.
2. Documentation of risks and benefits explained.
3. Documentation of information given about withdrawing consent.

In Formal patients the aspects reviewed were:

1. Number of cases who received urgent ECT under Mental Health Act (Scotland) with Record of notification on T4 form.
2. Number of cases who received ECT under Mental Health Act (Scotland) with Certificate of the designated medical practitioner completing T3A form.
3. Number of cases who regained capacity to consent for ECT during the course of treatment and had appropriate informed consent with Certificate of consent to treatment completed on T2 form.
4. Did any of the cases have Advance Statement either for or against having ECT as a treatment option for them?

Results. Observations of the data collected revealed that over 30% of cases lacked the documentation proposed by NICE standards. Only 25% of cases with complete documentation were informal patients, whereas the remaining 75% received ECT under the Mental Health Act Scotland.
Conclusion. Based on the observations, this audit establishes that our results do not meet generally accepted standards. The full results will be disseminated with appropriate recommendations to the prescribing Consultant Psychiatrists. This Audit process has also prompted us to redesign the ECT booklet to include the required documents in accordance with standards.

Improving Awareness and Accessibility of Well-being Resources Among Core Psychiatric Trainees in the West Midlands Deanery- a Quality Improvement Project

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Aims. Supporting the mental health and well-being of psychiatrists impacts on the quality of patient care delivered, and crucially for trainees, on retention to the profession. Our aim was to survey core trainees to gauge their awareness, access and use of well-being resources.
Methods. 111 core trainees in the West Midlands deanery were invited to complete an anonymous online survey during November 2020. Quantitative data were analysed using Google Forms and Microsoft Excel. Qualitative data were reviewed by all team members to identify relevant themes.
Results. Only 14% of trainees felt well informed about the well-being resources available to them, 57% who attended local trust induction and 82% who attended deanery induction did not think nor recall if the topic had been covered. Despite this, trainees were aware of a range of resources, with the most known being BMA Wellbeing (58.3%), Psychiatrists' Support Service (44.4%) and the local Peer Support Unit (30.6%). Just 14% of trainees reported using a well-being resource during their training.
Conclusion. Our results suggest that more work needs to be done at local trust and deanery level to make well-being a priority during induction and improve awareness of available resources. At least one trainee reported they would not seek help, due to concerns about the impact on their training progression, and stigma may be an under-reported barrier to accessing these resources.

We hope to use our results to improve signposting, and to collate a resource easily accessible and applicable to all trainees in the deanery.

QIP: Liaison Psychiatry Outcome Measures at University College Hospital in London

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Aims. The purpose of this quality improvement project was to improve the collection of outcomes in the Liaison Psychiatry (LP) department at the University College Hospital in London (UCLH). To achieve this, the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP) was used to gather data and evidence on clinical and other patient-related outcomes provided by the department. The FROM-LP was created to provide a consistent way to compare the quality and performance of Liaison Psychiatry services across the NHS. It was developed in 2015 and is based on the most widely used measurement frameworks for assessing quality and performance of services.
Methods. This project implemented the FROM-LP, using the Identify and Rate the Aim of the Contact (IRAC) tool and the Clinical Global Impression – Improvement scale (CGI-I) from September to November 2021 in the UCLH Liaison Psychiatry department. The PDSA (plan, do, study, and act) cycle was used to carry out this quality improvement project and the data were collected by two foundation year doctors.

The IRAC scale identified ten categories for the aim of contact by LP and a rating on whether the aim was fully achieved, partially achieved, or not achieved after patient contact. The CGI-I scale was used to rate whether a patient had improved upon discharge by LP. Data were also collected on the demographics of patients, the specialty teams that referred to LP, whether legal frameworks were used, and where patients were discharged to.

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