standard admission protocols, improving documentation, and ensuring multidisciplinary collaboration for interpreting results and educating patients. A re-audit conducted seven months later assessed the impact of these interventions.

Results: Baseline compliance was poor: only 30% of eligible patients underwent scans, 6% had results explained by professionals, and patient education was documented in 50% of cases. Following the implementation of recommendations:

62.5% of eligible patients received scans, with gaps due to incomplete documentation or unperformed tests.

80% had results interpreted and explained, with pending results accounting for remaining gaps.

Patient education documentation increased to 80%, and adherence to scanning intervals remained at 100%.

However, no documentation was found on hormonal treatments or discussions on scan utility prior to use.

Conclusion: The structured recommendations significantly improved compliance with NICE guidelines, streamlining care processes and enhancing multidisciplinary collaboration. Future efforts should address documentation of scan utility and hormonal treatments while continuing audits to sustain progress and ensure high-quality care for individuals with eating disorders.

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Re-Audit on Improving Patients' Experiences of Ward Round in Psychiatry Wards

Dr Rifat Binte Radwan, Dr Chiro Islam Mallik and Dr Harsha Gopishetty

Essex Partnership University NHS Foundation Trust, Chelmsford, Essex, United Kingdom

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Aims: The re-audit aims to assess the improvements in patients' experiences during ward rounds compared with the findings of the original 2022 audit.

It focuses on ensuring that all patients feel actively included in their ward rounds, fostering a more supportive and engaging experience.

The re-audit also examines whether patients' physical health is given equal attention alongside their mental health and whether they are provided with appropriate and timely feedback regarding their progress during their inpatient stay.

Methods: The re-audit focused on 41 patients from Acute Adult Psychiatry, Psychiatry Intensive Care, and Perinatal Psychiatry Units, all of whom had participated in at least two ward rounds and had capacity to consent. Data was collected via face-to-face interviews with a questionnaire developed with input from the Patient Experience and Clinical Audit teams. The questionnaire used a modified Likert scale to improve clarity, ensuring confidentiality throughout the process. Standards referenced include NICE Guidelines (CG136) and Trust Policies.

Results: The re-audit highlighted several key improvements, including a higher percentage of patients receiving weekly consultant reviews, greater comfort speaking in front of professionals, an increased perception of attention to physical health, and a slight improvement in support provided before ward rounds. However, areas of concern emerged, such as decreased patient understanding of ward round discussions, worsened communication about schedule changes, lower satisfaction with the physical environment, and a higher percentage of patients feeling uninvolved in ward rounds.

Conclusion: Ward rounds are critical opportunities for service users to engage with professionals, seek clarity, and feel supported in their treatment journey. While the re-audit findings reflect some positive changes, particularly in consultant reviews, support, and physical health attention, there are clear gaps in communication, understanding, and inclusiveness. These areas are particularly critical in psychiatric wards, where effective communication and patient involvement are fundamental to care quality and outcomes. After analysing the re-audit results, finding out the root cause, focus on an improvement plan and implementing these plans accordingly and finally by monitoring the progress, there is a real potential to make this audit a quality improvement project.

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A Prospective Audit Investigating How the Anticholinergic Effect of Medications on Cognition Is Assessed and Reduced in Patients Admitted to an Older Adult Ward in a Psychiatric Hospital

Dr Dinushi Marambe and Dr Prami Rai

Kent and Medway NHS and Social Care Partnership Trust, Canterbury, United Kingdom

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Aims: Older adults often have multiple comorbidities associated with an increased risk of anticholinergic effects. Mental health medications increase this risk, contributing to cognitive decline, dementia, memory loss and confusion. Evidence suggests stopping these medications can reduce cognitive deterioration and progression of dementia. MediChec is an online tool that calculates an Anticholinergic Effect on Cognition (AEC) score. An AEC score above 2 and a total AEC score above 3 require a medication review for potential adjustment or deprescribing. This audit aims to determine whether the AEC scores were recorded at admission, during admission, and at discharge. Additionally, it assesses if further actions were taken to deprescribe unsuitable anticholinergics, resulting in a lower AEC score before discharge.

Methods: Data was collected using RIO (clinical system) and eMeds (prescribing system) for inpatients admitted to the older adult ward, from 1 August 2024 to 9 November 2024. Patients' past and current medications, including their AEC scores documented in the Notes section, were reviewed on eMeds. RIO notes were used to determine whether side effects were reconsidered during ward reviews with the medical team.

Results: 24 inpatients were identified with AEC score assessments documented for 22 inpatients. 22.7% (n=5) of these assessments were performed within the first 7 days of admission. The AEC scores recorded were documented solely by the lead pharmacist.

Antidepressant use was noted in 45.5% (n=10) of those 22 patients. Among these, 90% (n=9) were prescribed medication with an AEC score of 1, while the remaining had a score of 2. Similarly, 50% (n=11) of the patients were on antipsychotic medication. On the