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.

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 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