

An Audit of Junior Medical Seclusion Review Documentation in the Adult Psychiatric Intensive Care Unit (PICU) setting

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Aims. Seclusion facilities are frequently used in adult psychiatric intensive care units (PICUs). Seclusion refers to the supervision of a service user in a secure area.

Aim:

To evaluate whether trust standards for seclusion review assessments at Park House Hospital were being met.

Objectives:

To measure the quality of junior medical review documentation to determine whether reviews of physical health, risk, medication, and mental state exams (MSEs) were included. The time frames in which reviews were being undertaken and the rationale for seclusion were considered.

Methods. A retrospective audit of notes on the electronic patient information system was completed. Those included were patients secluded between May 2022–October 2022. The majority of seclusions occur on the male PICU, or 136 suite. Eligible patients were identified following consultation with the business intelligence team within Greater Manchester Mental Health (GMMH). For those who had multiple periods of seclusion, the first episode of seclusion was audited. Data were obtained from the last recorded junior review prior to the seclusion episode being terminated. Progress notes and the internal MDT review documents were searched. This was compared against the local trust seclusion policy.

Results. 20 patients were included in the audit. The majority had a diagnosis of either paranoid schizophrenia (40%) or schizoaffective disorder (25%). 95% of seclusion reviews had a clearly documented initiation time and rationale for seclusion. Physical health considerations were documented in 75% of reviews. 50% of junior reviews documented an assessment of risk to others, compared with 5% of reviews with documented review of risk to self. Half of all reviews had evidence of a MSE and medication review, including the use of rapid tranquilisation (RT). Of the reviews eligible for initial medical review within 60 minutes, this was completed in 44% of cases.

Conclusion. Junior medical reviews have consistently documented the rationale for seclusion and physical health reviews. Areas for development include clear documentation of MSE however documentation may be limited due to time constraint, lack of engagement from the patient or if patients are asleep. The policy since time of audit has changed to reflect this, where consideration must now be given to “overall psychiatric health”. It was found that risk to self largely remains undocumented, despite trust policy. There is evidence to suggest risk to self may increase during a period of seclusion. Another area of development includes medical review documentation to specifically comment on use of RT.

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.

Audit of Quality of General Practitioner (GP) Referrals to a Local Memory Service in South Sefton

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Aims. To assess the quality of General Practitioner (GP) referrals to a Local Memory Service in South Sefton – a reaudit.

Methods. The quality of GP referrals received from primary care to the Memory Clinic at South Sefton Neighbourhood Centre (SSNC), Mersey Care NHS Foundation Trust, was assessed over three months. This reaudit was based on an initial similar audit conducted in 2019 of 106 GP referrals to SSNC.

The GP's documented history and duration of memory loss, collateral history, and the impact of the patient's memory loss on activities of daily living (ADLs) were analysed. Also explored were the cognitive tests, physical examination, and completeness of blood investigations.

The expected standard for completeness was set at 100%. Achieved compliance for each parameter was graded 95% and above (green), 75% to 94% (yellow), and below 75% (red).

Results. 106 GP referrals were received in the SSNC Memory Service between June and August 2022. About 86% of the referrals had a history of memory loss noted by the referring GPs, while only 46% commented on the duration of memory loss. We observed increased documentation regarding the patient's history of memory loss, physical health status and cognitive testing. On the other hand, there was an 8% reduction in the referrals regarding the impact of memory loss on activities of daily living in comparison to the initial audit done in 2019.

About a quarter of all the GP referrals were accepted based on the information the GP provided on the first referral letter sent to the service. On the contrary, 70 referrals were either considered inappropriate or declined outright. Alternative diagnostic advice was given to the referring GPs in 12, and the GP asked to provide additional information in 9 of these 70 referrals. After the GP offered further details, 17 initially rejected referrals were accepted for assessment.

Conclusion. Even though there were some observed improvements in the information GPs provided on referrals made to the local memory service in 2022 compared with 2019, this still fell drastically below the expected standard. The finding from this re-audit process brings to the fore the need for improved partnerships between memory services professionals and GP colleagues.

A new referral proforma has been designed in collaboration with the local Integrated Care Board (ICB), detailing essential information that needs to be documented by the GP before a referral is sent to memory services

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Forensic Psychiatry at a Tertiary Care Hospital in Faisalabad, Pakistan: An Audit From 2015 to 2018

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Aims. In Pakistan forensic psychiatry lacks behind as far as formal training and separate departments are concerned. In spite of the cases are ever increasing. To find out the magnitude of the burden of forensic cases, current study was conceptualized. This