intervention (statin, blood pressure or diabetes medication). The Kardia6L allowed us to attain 88% compliance with achieving up-to-date ECGs and provided instant results to the clinicians/patients.

Conclusion. In this first phase of the quality improvement project we were able to show that half of the patients were willing to attend for in person monitoring. Patient engagement was better as intervention was being delivered at their usual CMHT by their Psychiatrists. The model of a shared letter between patient, GP and psychiatry encouraged shared responsibility for carrying these issues forward. From participating in the project the psychiatry team plan to review patient's medication and develop a robust intervention plan regarding weight loss/exercise/diet from the CMHT in collaboration with GPs as there are clear issues affecting our patient's health long term. The Kardia6L proved to be a quick/easy way to monitor QTc safely in an outpatient setting and allowed us to provide this as one step process at CMHT without requiring referral to Cardiology while improving compliance with annual ECGs.

Clear Records: Exploring Patient and Staff Experience of Ward Rounds to Inform and Improve Ward Round Communication and Documentation

Dr Rebecca McKnight*, Dr Neeti Singh, Dr Imran Ali and Miss Robyn Hooley

Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom
*Corresponding author.

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Aims.

1. To improve ward round efficacy and efficiency.
2. To make ward rounds more patient informed and create an updated ward round patient "preparation sheet".
3. To improve collaboration and communication between the multidisciplinary team (MDT).
4. To review and modify ward round/Care Programme Approach (CPA) proformas.

Methods.

1. Quality Improvement training was delivered to the MDT.
2. An anonymous Likert scale survey was completed by the MDT (n=10), to gather views on ward round experience and documentation.
3. Patients: 2 interactive, breakout sessions (n=4) were facilitated to:
   - Explore their experience of ward rounds through discussion and Likert scale questionnaires (n=4).
   - Review the existing patient preparation sheet and coproduce a revised version.
4. MDT: 4 interactive, breakout sessions were facilitated with staff (n=10) to create a:
   - Process map of ward rounds.
   - Fish bone diagram of the challenges within ward rounds.
   - Reverse fish bone diagram, to consider solutions.
   - Revised ward round and nursing proformas.
5. A driver diagram was developed to generate change ideas.
6. A scoping exercise was completed, comparing ward round proformas within the rehab division, to consider areas of best practice.
7. A Plan Do Study Act (PDSA) cycle was initiated.

Results.

1. Patient discussion and questionnaire feedback re: ward round experience was positive. Patients felt "respected", "supported," "understood team roles" and "plans" within ward rounds.
2. Patients mostly agreed with the current format of the patient preparation sheet, however wanted a visual prompt, for their recovery areas. A diagram, "My recovery wheel", was designed, to include diet, hobbies, mood, exercise, substances etc.
3. Staff felt "respected", and "listened to" and "understood their roles" in the staff survey; MDT proformas and time keeping were highlighted as requiring improvement.
4. The fishbone diagram identified challenges within: staffing, procedural factors, time, resources/equipment, training and education, communication, proformas and patient engagement.
5. New, succinct, MDT ward round proformas were designed, with focus on rehab goals, in order to facilitate the patient journey and discharge pathway.
6. A ward round prompt sheet for the chair was created.

Conclusion.

1. Both MDT and patients feel largely positive re: ward round experience.
2. The improved patient preparation sheet is more patient centred, after being co-produced with patients.
3. The MDT highlighted multifactorial challenges pertaining to ward rounds running in an efficacious and efficient manner.
4. The next cycle of the project will focus on testing the new forms and change ideas.

Increasing the Efficiency Of Community Mental Health Team (CMHT) MDT Meetings in Birmingham & Solihull Mental Health NHS Foundation Trust (BSMFT)

Dr Anannya Menon[1,2]* and Dr Kallol Sain[2]

[1]Sandwell General Hospital, Birmingham, United Kingdom and [2]Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom
*Corresponding author.

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Aims. Multidisciplinary team (MDT) meetings provide a timely opportunity per week where a range of professionals involved in the service user's care come together to discuss patients and make an informed decisions as a team. With an increase in psychiatry community mental health team (CMHT) caseload (referrals in March 2021 were +5%), it is paramount we think of more efficient ways of running routine CMHT practises. Our aim was to identify the inefficiencies that surround the Aston & Nechelle's weekly MDT meetings & derive feasible modifications to make the protected team discussion time more efficient.

Methods. The PDSA (Plan-Do-Study-Act) cycle quality improvement methodology was used. A mixed qualitative & quantitative methodology was utilised. An observational study was carried