Background. Efficient handovers are integral to patient care. Challenges to handover for liaison psychiatry included high patient and staff turnover and varied handover approaches across the multidisciplinary team (MDT).
Method. MDT focus groups and questionnaires explored change ideas. PDSA cycles were used to design a structured handover.

We aimed to:

Reduce handover time to 30 minutes.

Improve communication using the SBAR tool.

Implement a multidisciplinary teaching schedule in the time saved.

Daily measures:

Handover timing

Team Satisfaction (Individuals ranked handover as 'good', 'average', or 'poor')

Weekly measures:

Semi-qualitative questionnaires triangulated areas for improvement.

Emails, posters and team meetings provided team feedback regarding QI progress.
Result. A structured twice-daily handover format incorporating SBAR, allocated handover coordinators and documentation was created. Weekly MDT teaching sessions were developed.

Over 4 weeks, 'good' handover ratings increased from 22% to 65%; 'poor' ratings decreased from 25% to 8%. Mean handover time decreased from 37 minutes to 28.5.

The team viewed SBAR as a positive efficiency-promoting tool. MDT teaching improved team communication and confidence. Documentation is an area to improve.
Conclusion. Structured handover has promoted efficiency and effective information-sharing amongst the liaison psychiatry team.

Interdisciplinary teaching can promote inclusive team feeling and encourage confidence across the MDT.

Are we adequately reviewing confusion inducing drugs in patients referred to the memory assessment service?

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Aims. The aim of this quality improvement evaluation project is to establish the standard of current practice in relation to reviewing confusion inducing drugs (CIDs) at the time of referral, as it has been hypothesised that these medications contribute to short term cognitive impairment. This is essential in order to establish the validity of the diagnostic processes of dementia syndrome in the memory assessment services.
Background. It has long been established that anti-cholinergic medications (ACMs) have contributed to short-term cognitive impairment in patients taking them. This is compounded with the fact that these medications may be continued without review, for longer than was originally intended. The impact of polypharmacy, subsequent anti-cholinergic burden, and the overlapping presence of delirium, may call into question the validity of a diagnosis of dementia in patients who have not been correctly vetted during the course of their assessment. This quality improvement evaluation aims to assess whether patients' medications are being reviewed before diagnosing a memory disorder. This is in accordance with guidance set out by the NG97 NICE guidelines, The Royal College of Psychiatrists Memory Service National Accreditation Programme (MSNAP), and the National Institute on Ageing and Alzheimer's Association (NIA-AA).
Method. All new referrals to the memory assessment service during July and August 2019 were systematically reviewed and data extracted from the memory referral document and entries on RIO from first point of contact. The following data were recorded: patient ID, GPCOG/6CIT score, final diagnosis, CID prescriptions and CID review.
Result. The results were collated using a data-set of 216 patients (136 females and 80 males,) of which the mean age was 79 years. It was noted that 36% of patients had not had any sort of cognitive assessment before referral, which identifies an area for improvement. However the most substantial finding was that only 10 patients (5%) had a CID prescription review documented in the RIO notes.
Conclusion. Our data suggest that in our memory assessment service, only a small proportion of patients are having a documented review of their CIDs prior to diagnosis of dementia. In order to improve this and thus improve compliance with guidelines from the Royal College of Psychiatrists MSNAP and the NIA-AA, measures will be taken to issue each dementia support worker and nurse with a CID prescription review card, which will list those medications to consider and flag for review.

The physical healthcare of patients in secure hospitals: setting standards for medical equipment

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Aims. The increased morbidity and mortality relating to the poor physical health of patients with severe mental illness has repeatedly been an area identified as requiring improvement. Despite this, no national minimum standard has been published around the minimum level of physical health equipment that should be available within an inpatient psychiatric setting.

The aim of this project was to improve and standardise availability of physical health equipment across the five clinical areas within a medium secure inpatient forensic setting, thus enabling optimal and timely medical care and physical examination of patients to occur.
Method. This project used a combination of audit and quality improvement practices. An audit standard was created and current practice was established within the 5 clinical areas of a Medium Secure Forensic Unit. Improvements were made in a systematic and measured way and two audit cycles were completed.
Result. At baseline, the attainment of audit standard ranged from 14-76%. Clinical areas were sharing equipment and there was an inconsistency as to where and how equipment was being stored. Changes implemented included redistribution and reorganisation of equipment which increased attainment to between 48% - 86%. Following this further equipment was ordered and the equipment was separated into that which was required on a daily basis to conduct physical observations and more specialist specific examination equipment. Re-audit found attainment across the five clinical areas being between 90-100%.
Conclusion. Monitoring of physical health within psychiatric inpatient settings is a key area of patient care, and is frequently identified as requiring improvement. Without access to equipment to monitor and assess physical health, this becomes