

Aims. Hyperprolactinaemia is a problem secondary to anti-psychotic use. Current management guidelines are heterogeneous and impractical. We aimed to assess coherence to common themes monitoring and intervention, reasons for failure, and to design new guidance for both general use Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and beyond.

We hypothesised that performance would be poor and new guidance warranted.

Background. Hyperprolactinaemia is defined as blood prolactin of >530 miu/L in females and >424 miu/L in males, with 49.9% is due to medication. Several agents are deemed higher risk Symptom profiles and risk are idiosyncratic and there are adverse long-term outcomes. Treatment is based on symptom profile and severity and cause. Current guidance is trust specific or advised through The Maudsley Prescribing Guidelines.

Comprehensive and practical guidance reflecting front-line limitations is lacking. There is no clear delineation of a risk stratified pathway.

Method. We wished to ascertain data on surveillance, aetiology and signpost opportunities for service improvement. We also designed 'risk strata' to guide intervention.

A random sample (n30) was selected from Enfield South Locality Team and data captured using local records. No ethical considerations were raised.

A number of audit standards (95%) were developed based on previous guidance and agreed within the team and included frequency of monitoring, time to review and need for further referral.

New guidance was developed based on results, MDT agreement and consultation with medical specialities.

Result. Data (n 30) showed predominant male bias to sample (66%) and average age of 48.87 yrs. Predominant diagnoses were Paranoid Schizophrenia (53.33%) and Schizoaffective disorder (33.33%). Only 7/30 (23.33%) had undergone testing within the last year.

Of those sampled, 2 (6.667%) had a new diagnoses of Hyperprolactinaemia, one on routine monitoring, one incidentally on admission to hospital. Both were on high risk agents. Both were reviewed and treated within one month. No audit standards were met, but no further referrals were required.

Reasons for failure varied, but included loss to follow-up, no test requested or appointments missed.

Conclusion. Based on these data it was noted that monitoring was poor and reasons for failure varied. New Guidance was developed in response. The scope and validity of this guidance was agreed by MDT and awaits formal ratification.

Re-audit will occur in 2020, and if successful the guidance submitted to other Trusts and RCPsych for national use.

No financial interests to declare.

Using SBAR in psychiatry: findings from two london hospitals

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Aims. We aimed to evaluate the use of the Situation, Background, Assessment and Recommendation communication tool (SBAR) at two large psychiatric hospitals, in order to design new approaches to teach and reinforce its sustained use. In doing so we hope to

improve communication, staff experience and outcomes for patients.

We hypothesised that use prior to intervention would be low and attitudes inconsistent between teams and objective data.

Background. SBAR is a communication tool developed to accurately refer information with improved outcomes within the NHS. Within psychiatry there is evidence of relatively poor care of medical problems leading to adverse outcomes in a group more susceptible to multiple physical illnesses. The reasons for this include a cultural ethos of learned helplessness in staff and lack of medical knowledge.

The use of SBAR is likely to overcome these issues.

Method. Surveys were presented to doctors and nurses staff at two Psychiatric Hospitals, Chase Farm and Edgware. Inclusion in the survey was voluntary and anonymous. Questions elucidated topics ranging from awareness of SBAR through to its use and benefits.

Objective data were also collected, looking at handover gathered during the survey period. This was collected via phone from the duty physician over a five-day period, twice-daily. Qualitative data on handover content was collected at CFH.

Audit standards around knowledge, use and outcomes were set. Data were collected and analysed in house.

Result. The data (n23) showed that most nurses reported awareness (86.96%) ease of use (86.96%) actual use (60.87%) efficacy in communication (78.26%) value in understanding patients (78.26%) and agreement with mandatory use (78.26%).

Doctor reports (n14) showed that although 100% were aware of SBAR, no respondents thought nurse-led communication was adequate, or that SBAR was used. The majority thought that mandatory SBAR use would improve communication (92.86%) and patient care (100%)

Objective data (pooled) of referrals showed that on 6.52% used SBAR. Qualitative data showed that handover was often inaccurate, lacking in information and unsafe. Suggestions for teaching included written or video media, or taught classes.

All audit standards were failed.

Conclusion. SBAR is an effective tool for improving communication and patient outcomes, and is well perceived by the MDT. However, it is poorly used with psychiatry leading to adverse outcomes. Reported use is undermined by objective data. Its mandatory use is well supported and new teaching initiatives are thus being designed to remedy this and improve client experience.

Quality improvement project: improving the confidence of junior doctors to manage emergencies; Drs abc in an acute psychiatric setting

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Aims. To improve the confidence and preparedness of junior doctors in managing medical or psychiatric emergencies when on call at an inpatient psychiatric unit.

Background. Facilities for emergency care differ between acute medical and psychiatric units. Protocols for managing acutely deteriorating patients and those requiring immediate resuscitation differ across these organisations.

Managing medical emergencies can be stressful for all involved. Junior doctors rotate between services where the level