

Well-Aware' QI Project: Well-Being Support Awareness for Specialty Resident Doctors in Kent

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Aims: Doctors in training can be at high pressure to balance the service needs with their own training needs, thus leading to a risk of burnout. Hence, supporting their wellbeing is of paramount importance to optimize their training experience. This Quality Improvement (QI) project led to an improvement in well-being support for specialty trainee psychiatrists, training in Kent, United Kingdom.

Methods: This project employed a baseline survey among the specialty trainee psychiatrists training in Kent in Jan/Feb 2024 with support from the trusts' medical education department and the wellbeing team. The survey questionnaire was modified from the NHS staff wellbeing survey. It utilized a Likert scale (1 to 5) to explore several aspects of awareness and access to available wellbeing resources. Additionally, open questions were included to collect views of the resident doctors regarding wellbeing support.

Following the outcome of the baseline survey, the suggestions were implemented by the medical education department over a year and a follow-up survey was conducted to assess the impact of the changes. This project was registered with the QI department of the trust.

Results: Fifteen specialty trainee doctors participated in the baseline survey. The survey identified several gaps in the participants' awareness about wellbeing resources such as; lack of information about the resources, lack of confidence in accessing wellbeing events/activities and inadequate wellbeing check-in during supervision. Moreover, several barriers were identified including having limited access to information about wellbeing resources, lack of time and fear of stigma/discrimination to access the resources if available.

Following the baseline survey, a document with all the available resources was developed and included in the induction pack for all the resident doctors. A protected wellbeing event was organized with wellbeing activities chosen by the specialty trainee resident doctors. The findings from the survey were also shared with the consultant supervisors in the CPD session. A QI fishbone session was further organized to explore what wellbeing meant to the resident doctors.

Sixteen specialty trainee doctors participated in the follow-up survey. The findings showed improvement in awareness about the resources available to them and confidence in accessing these resources. There was a significant improvement in their perception regarding wellbeing check at workplace (baseline 53.3%, follow up 81.3%). However, there were still concerns around stigma, fear of discrimination that need further exploration and intervention.

Conclusion: This project has demonstrated improvement in the specialty trainee resident doctors' perception about their wellbeing support. However, there are several challenges in terms of sustaining

these positive changes and fostering a positive culture of help seeking by mitigating stigma and fear of discrimination.

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Improving Physical Health Monitoring in Lithium-Treated Patients Using a Cumulative Record Sheet

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Aims: Lithium is a widely prescribed mood stabiliser with proven efficacy in managing bipolar disorder, but its narrow therapeutic index necessitates regular physical health monitoring. Inadequate monitoring can increase risks for patients. Within the Taff Ely Community Mental Health Team (TECMHT), we identified a lack of a structured system to track and manage the necessary monitoring tests. This quality improvement project aimed to determine whether the implementation of a structured record sheet could improve adherence to the National Institute for Health and Care Excellence (NICE) physical health monitoring standards for lithium treatment in TECMHT.

Methods: A retrospective review of clinical records for 30 patients was conducted to establish baseline monitoring practices. A pre-implementation meeting with the nursing team highlighted existing challenges, including inconsistent monitoring and lack of centralised tracking. The intervention consisted of three components: (i) a standardised monitoring proforma, (ii) a formal clinic protocol, and (iii) a training session for clinic nurses. Following the implementation, prospective data for 20 patients attending the clinic during the 6-week monitoring period were analysed. Run charts were used to compare monitoring practices before and after the intervention, while Pareto charts identified areas for improvement and helped track compliance over time.

Results: Before the intervention, monitoring of BMI was not routinely performed, and calcium monitoring was suboptimal. Serum lithium level monitoring, however, showed good compliance with guidelines. After implementing the intervention, lithium level monitoring achieved 100% compliance with NICE guidelines, BMI monitoring was completed for 82% of patients, and calcium monitoring improved from 8% to 33%. A decline in compliance for urea and electrolytes and thyroid function monitoring was noted, which was attributed to initial confusion over the new system. This issue was addressed in a subsequent training session aiming to improve clarity and compliance.

Conclusion: A physical health monitoring form was successfully developed and integrated into the lithium monitoring clinic, improving access to monitoring data and ensuring better adherence to NICE guidelines. The form streamlined monitoring without requiring additional resources or labour. Following approval from senior health board management, the form is being rolled out across the health board. To assess its broader impact, further data

analysis is recommended, and additional educational resources for clinic staff may be beneficial. This intervention demonstrates the value of structured systems in enhancing patient care in outpatient settings.

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SAFE MED Quality Improvement Project: Supporting Availability and Functionality of Essential Monitoring Equipment for Drug Use in CAMHS (Child and Adolescent Mental Health Services) Outpatient Services in Oxfordshire

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Aims: Main aim of this quality improvement project was to ensure that each outpatient CAMHS clinic room is equipped with the necessary, functional equipment for safe and comprehensive baseline and ongoing monitoring of patients prescribed antidepressant, antipsychotic, and ADHD medications, in line with NICE guidelines, the Maudsley Prescribing Guidelines and hospital guidelines.

Methods: The sites included in this project are Raglan house (single point of access), The Clock house (Community Service South Oxfordshire), Slade and Maple house (neurodevelopmental conditions outpatient service in Oxford).

Data collection was conducted with the help of a checklist to be used for each clinic room in outpatient CAMHS. All four sites were included in the data interpretation process each having 54 items in the checklist. It includes quantitative and qualitative data which are crucial to ensure standards and to meet requirements by the guidelines mentioned above. These items consist of three groups, physical health monitoring, infection prevention as well as privacy, confidentiality and comfort. Some of the items were window blinds and engaged/vacant for privacy and confidentiality; sanitiser and soap for infection prevention; stethoscope and height measurement tool for physical health.

Results: On average, 44% of checklist items were present on the sites, which means 56% items were not available. Of the present items, 96% were working well, whereas 4% were dysfunctional such as a clock with no battery, an unstable scale, a faulty thermometer and limited amount of sanitiser. Moreover, concerns were raised about shortage of rooms for routine and urgent appointments across multiple sites despite online and telephone appointments being offered. In addition, some of the rooms did not have appropriate lighting. The issues that pose immediate risk to patients' safety were prioritised and reported to the estates. The rest is planned to be reported at the time this abstract was written.

Conclusion: Functional clinical equipment is essential to ensure patient safety. Efficient and active use of channels to report missing or dysfunctional items as well as regular maintenance and calibration of clinical items are key to excellent caring and safe care. All staff members are responsible to make sure that appropriate equipment is available.

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A Quality Improvement Project on Evaluating the Effectiveness of Using Video Triage Calls to Screen New Referrals Received by the Oxleas Perinatal Mental Health Service

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Aims: There is currently no standardised triage process utilised across perinatal mental health services. Oxleas Perinatal Service (located in South East London, offering service across three boroughs) introduced 15-minute video triage calls, where the staff on duty is allocated six calls a day to screen new referrals received by the service. This was introduced to attempt to standardise the triage process, increase service numbers, and improve patient experience. This study aimed to evaluate the effectiveness of this new triage system.

Methods: We retrospectively looked at all referrals received between 15/01/2024 to 15/04/2024. 3 standardised feedback questionnaires designed for staff, admin and patients were sent out through SmartSurvey to: 14 staff members on the duty rota, 3 admin staff involved in triaging referrals and 170 patients who attended the video triage calls across the three boroughs. 7 out of 14 staff members, all 3 of the admin staff and 12 patients responded to the SmartSurvey. 105 patients were subsequently contacted by telephone to try and obtain more responses. Following this, an additional 29 patients responded with a total of 41 patient responses obtained.

Results: Feedback analysis was grouped into 3 themes: emerging themes from patient, staff and admin responses. Majority of patients reported they preferred video appointments over telephone and felt that the next steps in their care were made clear to them. Patients who were subsequently offered appointments with clinicians expressed how useful the video triage process was. Recurring challenges reported by patients included: poor connectivity, pace of the session and personal preference between video and telephone.

Staff feedback highlighted an enhanced patient experience and information gathering. In addition to this, an increase in service access numbers was also cited. Common barriers reported included: workload pressures, assessments felt repetitive and logistical issues such as wi-fi connectivity.

Overarching themes from admin responses cited a friendly approach for patients and an increase in access numbers. One major challenge highlighted was the workload.

Conclusion: Most patients found video triage useful, thereby highlighting a potential for an adapted process to be used across other perinatal services. To address workload pressures, a change has since been introduced where daily triage calls have been reduced from 6 to 4 calls a day. Anecdotal feedback received says that this is much more manageable. We are in the process of measuring the impact of this change, and findings of this will be reported in the near future.

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