

Improving Family, Carer and Community Professional Involvement in Patient Care for Individuals Admitted to a Psychiatric Intensive Care Unit

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Aims: To assess and improve the consistency of family, carer and community team involvement in our MDT (multidisciplinary team) ward rounds on a PICU (Psychiatric Intensive Care Unit).

Methods: Baseline data involved retrospective analysis of EPR (electronic patient records) reviewing the documentation of 27 admissions over a six-month period (February to August 2024). We recorded details of demographics, diagnosis and length of stay. We reviewed MDT documentation for a maximum of eight weeks to ascertain invites, attendees and whether family/carers had been contacted within three days of their first MDT as this was an agreed expectation. A total of 101 MDTs were reviewed.

Following baseline data collection we made the following changes:

Circulation of expected standards regarding family involvement.

Change in format of our daily handover document to include details of important family/carers contacts and most recent recorded contact.

Use of a standardised MDT documentation proforma to improve accuracy of written records.

Results: Baseline data: The majority of our patients were male (74.1%), White British (74.1%), English speakers (88.9%), from the local area (81.5%) and had a diagnosis of a schizophrenic, schizotypal or delusional disorder (51.9%). The average age was 35 years and length of admission 35.5 days.

59.3% of admissions had documented contact with relevant family/carers within three days of their first MDT review.

On average relevant family/carers/professionals were invited to 61.4% of MDTs and attended 45.3% of the time.

On average MDT attendance reduced over time from 48.1% in week one to 33.3% in week eight.

Re-audit data: We are in the process of prospective re-audit between the period of January to March 2025. Thus far we have reviewed the records for 9 patients and analysed data entry of 18 individual MDTs.

100% of admissions had documented contact with relevant family/carers within three days of their first MDT review.

On average relevant family/carers/professionals were invited to 81.5% of MDTs and attended 59.3% of the time.

The MDT documentation proforma use was 61.5%.

We expect to have a larger data set as collection is ongoing.

Conclusion: Quality and accuracy of documentation is likely to have underestimated the frequency of contact with carers, particularly in the baseline data.

Timely, regular and meaningful liaison with family, carers and community professionals improves outcomes and quality of care for PICU patients. Simple interventions and reinforcement of expected practice can improve frequency and consistency of patient and carer involvement.

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.

Prioritising Sexual and Reproductive Health on a Female Inpatient Psychiatric Ward: A Quality Improvement Project

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Aims: Serious mental illness is associated with higher rates of sexual assault and gynaecological cancers, alongside pre-menstrual disorders and the menopause which can be implicated in psychiatric presentation, relapse or treatment resistance. This project aimed to ensure better screening and referral for sexual and reproductive health issues in order to improve relevant health outcomes.

Methods: Two pre-existing health-recording forms were highlighted to nursing staff and encouraged using information posters placed in staff areas. Six individual referral pathways were developed for doctors' use. Data was collected pre- and post-intervention including proportion of forms completed, abnormalities identified, appropriate follow-up initiated, and time spent carrying out these tasks. Reasons for non-completion were analysed. PDSA cycles were used to guide improvements and increase engagement.

Results: Prior to intervention, 53% of patients had the 'women's physical health' (WPH) form completed, 0% the contraception form. Despite 59% of these finding abnormalities, 0% were referred for investigation or treatment (32 patients over a 2-month period August–September 2024). Post-intervention, completion of the forms remained static at 50% of WPH and 0% of contraception forms, though detected abnormalities rose to 88% and appropriate referrals to 40%. Of the remaining 60%, 7 patients identified as requiring a referral declined, most commonly refusing a smear test. 1 further patient was too unwell to engage. Overall patient group size was similar with 34 patients over a 2-month period November 2024–January 2025. Average time for form-reviewing and referring was 6.9 minutes per patient. Independently of the forms, 1 patient who remained admitted throughout both data periods was followed up for 3 separate issues, and 4 patients without completed forms were noted to have concerns, and subsequently referred appropriately.

Conclusion: Though patient referrals increased from 0 to 40% after the referrals guide was created, the proportion of concerns addressed remained low. Patient education is a key target for improvement, specifically cervical screening, and eye-catching patient education posters are to be displayed on the ward for this purpose. Form-completion rates did not improve, suggesting further engagement with nursing colleagues and specific time-allocation for completion would be of benefit. Perhaps most significantly, the increased identification of reproductive and sexual health concerns of patients without a completed form highlighted the team's increased awareness of these issues. This suggests that clinician education can help in utilising inpatient admission as an opportunity to improve sexual and reproductive health for women with serious mental illness.

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