bipolar disorders in 15 OECD countries were reported as 13% and 11% respectively[1] and worldwide, over 14% admitted with a mental health illness are readmitted within 30 days.[2]

We investigated the potential role of medication related factors in unplanned readmissions to mental health wards and CRHTTs and whether a collaborative multidisciplinary Quality Improvement (QI) approach helps to reduce medicines-related readmissions.

Methods Notes for patients admitted to 16 wards and 6 CRHTTs over a 2-week period were checked to identify a previous admission. For the 213 cases identified, notes were reviewed and GP practices and patients interviewed to assess if medication contributed to readmission either 'significantly', 'partly' or 'not'. Where readmission was identified as medicines related, we identified whether:

- patient received discharge medication at previous discharge and left with their medication;
- discharge notification was sent and received by patients' GP;
- post discharge follow-up was completed.[5]

Subsequently, collaborative multidisciplinary QI methodology was adopted to assess impact of systemwide changes on medicines-related readmissions.

Results
- 82 out of 126 readmissions were considered to be related to medicines.
- 14 out of 82 had no medication on discharge. For the remaining 68, 8 patients did not receive or collect their discharge medication at last discharge. Medication partly (n=5) or significantly (n=3) contributed to all 8 readmissions; 2 of these readmissions occurred within 60 days of discharge.
- Out of the 126 previously admitted patients, 86 (68%) had their last discharge notification sent to their GP; 40 (32%) did not. Of these, medication was significant to readmission in 17 cases and 'partly' in 11 cases. 7 of these 28 patients were readmitted within 60 days of discharge.
- Of the 86 patients whose last discharge notification was sent to their GP, practices confirmed receipt in 95% of cases. All four whose discharge notification were not received by GP, had a medication-related readmission.
- 24 patients did not receive post discharge follow-up, medication was significant to readmission in 9 cases and partly in 6. Of these 15 patients, 4 were admitted within 30 days and 3 within 31–60 days of discharge.
- QI methodology reduced medicines-related readmissions from 58% to 2 - 5% in 6 months.

Discussion Readmission is distressing to patients and their families and has a negative impact on the health economy.[3] Medicines are the most common healthcare intervention. Medication changes during admission are common and timely communication to GP post-discharge is essential to avoid discrepancies.[4] QI methodology can significantly reduce medicines-related readmissions by adopting a multidisciplinary approach to discharge planning and continuity of care.

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DEVELOPMENT AND EVALUATION OF THE RESILIENCE ANALYSIS GRID (RAG) IN DUTCH HOSPITALS

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Introduction Every day, healthcare professionals make trade-offs to respond to unexpected situations while maintaining (patient) safety. This complex work reality asks for resilience. Tools available in the Netherlands are insufficient to capture this work complexity.

Aim Enhancing resilience of hospital departments by making the RAG available for Dutch hospital context.

Methods The RAG is a Safety II measuring instrument and intervention tool that offers healthcare professionals to reflect on their daily work.[1] This happens on the basis of the four RAG capacities Responding, Monitoring, Learning and Anticipating.[2] The RAG will be tested in this project for suitability of the Dutch hospital context. The project consists of three phases with each phase building on the previous phase. First, the RAG questions will be adapted to the Dutch hospital context. Second, RAG-NL reflection workshops will take place in which the RAG-NL will be further evaluated. Three, an implementation plan will be created.

Results By the time of the conference, phase 2 of this project will be completed so that we can share experiences of translating the RAG to the Dutch hospital context.

Discussion Ideas for further implementation of the RAG-NL as a measurement and intervention tool will be presented and discussed.

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PATIENT/NEXT-OF-KIN PARTICIPATION IN THE NATIONAL SYSTEM FOR KNOWLEDGE-DRIVEN HEALTHCARE MANAGEMENT (NSK)

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Introduction NSK produces clinical pathways to be applied in local contexts, affecting all Swedish healthcare and implicating a large transition for clinical management and governance.[1] Having professionals and patients/next-of-kin co-designing pathways is a conscious but not scientifically evaluated strategy.[2–4]

The project explores how patient/next-of-kin participation works, develops and provides new insights.