bipolar disorders in 15 OECD countries were reported as 13% and 11% respectively 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.3

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.

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.

REFERENCES


7 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.

REFERENCES


8 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.
Methods An interactive, qualitative design is used.3 Experiences from patients/next-of-kin representatives in NSK working groups are explored using interviews. A deductive content analysis is used to analyze date where the findings are related to Carman’s model; describing patient involvement at different levels; organizational design and governance and policy making with a continuum of engagement (consultation, involvement and, partnership and shared leadership).4 Persons with own experience are included in the research group. We collaborate with patient organizations and different groups within the NSK.

Results We present preliminary results since the study is ongoing. Patient and next-of-kin representatives experience that they have been fully accepted as participants in the national groups by the healthcare professionals. They express that their suggestions and lived experience have been appreciated and incorporated during the process of producing clinical pathways. Also, they express that they have been properly introduced to their assignment. Being more than one representative in a group is experienced as favorable. From the narratives, it is clear that different perspectives are presented depending on whether the representative come from a patient organization or not.

Discussion The value of patient participation is still under debate. Some professionals doubt that the patient perspective will bring something new to the table and consider themselves debate. Some professionals doubt that the patient perspective will bring something new to the table and consider themselves

REFERENCES

9 CHARTING THE ‘NEW NORMAL’ IN CANADIAN COMMUNITY PHARMACY PRACTICE: SCOPING REVIEW
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10.1136/bmjqj-2022-iss.9

Introduction To identify the Canada-wide changes in community pharmacy practice in response to the COVID-19 pandemic and to assess what is currently being practiced. What are the emerging practices and regulations that keep community pharmacies safe (customers and professionals) during the COVID-19 pandemic and what are the implications of these changes? Methods Review includes primary studies (i.e., experimental, quasi-experimental, observational, and qualitative study designs) and grey literature that broadly focused on policies, regulations, and recommendations developed for Canadian community pharmacies during the COVID-19 pandemic. Study abstracts and full texts were screened for eligibility by two reviewers, independently. Data extraction of relevant studies were also done independently by two reviewers. All discrepancies were addressed through further discussion or adjudicated by a third reviewer. Presentation of the extracted data focuses on descriptive frequencies and thematic analysis and the results are presented in diagrammatic or tabular form, with a narrative summary of the findings.

Results Team members screened fifty-five citations and considered five to meet the inclusion criteria, with an additional 449 grey literature items. Pharmacists rely on regulatory and professional associations as their primary information source, yet corporate employers were found to offer better resources for communicating policies to pharmacists.1 In the pan-Canadian context, Health Canada granted pharmacists new permissions for prescribing, including extending and renewing prescriptions2 3 while simultaneously recommending that pharmacists should limit patient medication supplies.2 4 Although COVID-19 updates were regularly being sent by regulatory bodies and national associations, pharmacists were either unaware of where to find or did not understand available information.1 2 4 5

Discussion As Canada emerges from the COVID-19 pandemic, there is a ‘new normal’ for community pharmacy practice, or an expanded role in the overall healthcare system. This review adds to the understanding of how pharmacies faced challenges of incorporating rapidly evolving information into practice, while maintaining client care and worker safety.

REFERENCES

10 HEALTH INFORMATION-SEEKING AMONG WOMEN DIAGNOSED WITH BREAST CANCER BEFORE COMMENCING RADIATION THERAPY
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10.1136/bmjqj-2022-iss.10

Introduction Women diagnosed with breast cancer express a desire for continuous information throughout the course of treatment. The delivery of health information is essential not only to facilitate active patient participation in clinical decisions but to encourage self-efficacy and reduce distress. Additionally, it makes out an imperative element in the preparation for the radiation therapy. While the radiation therapy procedure itself takes only a few minutes and is painless, it requires meticulous preparation.

Aim The aim of the study was to explore women diagnosed with breast cancer’s experience of active health information process comprising access, understand, appraise, and apply health related information before commencing radiation therapy.