SARS-CoV-2 being mandatory, those where the patient refused to be swabbed, and those patients who were transferred from another institution already with a pre-admission swab.
Results. There were 37 admissions, of which we included 30 based on the exclusion criteria. 17 admissions occurred prior to training and 13 after the training sessions. Prior to training, it took 1.059 days to obtain a sample and it took 0.846 days after the training sessions.
Conclusion. Providing a training session to enable nurses and healthcare assistants to take samples for SARS-CoV-2 testing reduced the amount of time between admission and obtaining a swab sample. We therefore shortened the first step of the process that leads to obtaining a negative result and enable a patient to come out of isolation.

Safety of Delivering Eating Disorders Day Treatment Programme on the Virtual Platform in (COVID-19) Pandemic

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Aims. Intensive treatment for eating disorders include day treatment programme and specialist inpatient. COVID-19 pandemic led to lockdown in the UK on the 23rd March 2020. Adult Eating Disorders Day Treatment Programme in Surrey started delivering their care on the virtual platform from that date. It offered a combination of 'virtual' only and 'blended' care (virtual and in person) for more than a year. This service evaluation examined the safety of delivering intensive eating disorders treatment on the virtual platform.
Methods. Data from March 2020 to March 2021 were retrospectively collected from Electronic patient record. Two clinicians collected the data on age, referral origin, accommodation, employment status, diagnosis (subtype), length of illness, comorbid mental and physical health diagnosis, duration of day care treatment, medication, admission weight and BMI, discharge weight and BMI, changes in bloods and ECG, acute hospital admission, risk-to-self events, admissions to Specialist Eating Disorders Unit and reasons for discharge.
Results. Data indicated that 21 patients were admitted in day treatment programme over 1 year period. 10 patients had solely virtual treatment and 11 patients had blended day treatment programme. 11 patients had anorexia nervosa restrictive subtype, 5 patients had Anorexia Binge purge subtype and 5 patients had Anorexia Nervosa, Unspecified.

Average length of illness was 4.49 years. Mean age for the group was 24.7 years and most patients lived with family (n 18) and were unemployed (n 11). More than 2/3rd (76%) patients had comorbid mental health diagnosis and 48% (n 10) had comorbid physical health diagnosis.

Average length of admission was 5.26 months. Mean BMI on admission was 15.3 (Range 12–19) and mean BMI on discharge was 16.9 (Range 13.65–22).

Safety and outcome data indicated that there were no serious incidents recorded in that time period. 1 (5%) patients required admission to acute hospital as their physical health deteriorated. 8 (38%) patients required specialist inpatient admission as the day care did not affect any changes to their eating behaviours, and 4 (19%) patients had events indicating self harm episodes(19%).

Conclusion. Our service evaluation data indicated that it is relatively safe to deliver day treatment programme on the virtual platform. Weekly face to face physical health monitoring (weight, BP, Pulse, temperature) and regular physical health investigations (Blood tests and ECG) were integral part of managing risks to health. On the other hand, delivering day treatment programme on the virtual platform has enabled the day treatment programme to prevent any significant outbreak of COVID-19 in a vulnerable group of patients and allowed them to receive uninterrupted support during pandemic.

A Quality Improvement Project (QI) on Screening for Rapid Eye Movement Sleep Behaviour Disorder (RBD) in Patients Referred to Trafford Memory Assessment and Treatment Service (MATS), Part of Greater Manchester Mental Health Trust (GMMH)

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Aims. Lewy Body Dementia (LBD) is predicted to be underdiagnosed in the general population. RBD is one of the four core clinical criteria for the diagnosis of LBD. Longitudinal studies of RBD show strong association with LBD, so there is potential for early identification of LBD and subsequent management. We aimed to screen 100% of patients referred to Trafford MATS for RBD.
Methods. We performed three Plan-Do-Study-Act (PDSA) cycles; in the first cycle we introduced a validated RBD screening question, from the DIAMOND-Lewy study, to the initial memory assessment proforma. This asked 'Have you ever been told that you "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed)?'

In the second PDSA cycle, we delivered a RBD and LBD educational package to the specialist memory nurses who undertake the initial assessments. In the third PDSA cycle reminders were sent to the team to use the new assessment proforma.

We collated data from patients who had undergone an initial memory assessment between 06/04/21- 22/06/21 from the trusts electronic database.
Results. Initial baseline data showed that 0% of initial assessments screened for RBD; at the end of PDSA one this was 100% and 75% at the end of PDSA two. This increased to 100% at the end of the last PDSA cycle. The main reason for non-completion of the screening question was use of the old proforma.

4/152 patients screened positive; patients were diagnosed with Alzheimer's disease, delirium, vascular dementia and mixed Alzheimer's disease and vascular dementia, respectively.
Conclusion. The introduction of a RBD screening question into the MATS initial assessment proforma improved screening for RBD. We think the variation in screening compliance rates was likely due to practitioners using old assessment proformas, hence sending reminders of the new proforma.

A limitation of the project was that some patients did not have a bed partner, which makes identification of the disorder more difficult.

Since the completion of the project, we have circulated a news bulletin through the Dementia United charity to raise awareness of our QI project nationally and also discussed the project with the Lewy Body society. Whilst our project has not yet identified a patient with LBD, we feel that introducing this screening