intensivist, to promote perioperative medicine with the aim of tackling this important issue.

Ten influential primary research papers on a variety of topics within the field of perioperative medicine were summarised by the team. The theme of the day was quality improvement driven through measuring clinically important outcomes. Each paper was presented in an interesting, informative and engaging format that could be digested by the multidisciplinary audience.

The study day was attended by 22 doctors from around the North West Deanery and consultant anaesthetists and surgeons who worked locally. By providing an open forum, empowering the audience and delivering overwhelming evidence for the benefits of perioperative medicine it was agreed by the attending consultant body that anaesthetists will start attending colorectal multidisciplinary team meetings.

This important change will allow high risk patients to be identified earlier in their surgical journey. This will ensure there is more time to fully investigate and better medically optimise them prior to surgery thereby giving them the best chance for a full recovery. This change, brought about through this study day, will help to achieve the Royal College of Anaesthetist's vision of a more integrated and patient centred approach to surgical care.

Having received overwhelmingly positive feedback and achieved tangible changes to the patient care pathway we hope to make this study day an annual event to build on the success of 2018.

Frictionless digital referral management system implementation

35 FRICTIONLESS DIGITAL REFERRAL MANAGEMENT – THE KEY TO IMPLEMENTING NOVEL CARE PATHWAYS

¹Piyush Mahapatra*, ²Francois Prinsloo, ¹Harry Lykostratis, ¹Nicholas Ferran. ¹London North West University Healthcare NHS Trust, Northwick Park Hospital, Watford Road, Harrow, UK; ²University of Sheffield, Beech Hill Road, Sheffield

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We describe a clinician-led transformation of trauma and orthopaedics services in one of the country's largest integrated healthcare trusts. Analysis of 2638 outpatient surgical procedures showed an unacceptable delay (mean=16.1 days) from injury to surgical treatment. A 5 year retrospective review of trust litigation cases yielded 28 litigation cases related to failure/delay of treatment or diagnosis for traumatic injuries with resultant total claims of £2,000,000.

A novel N3-network hosted cloud-based bespoke single-point referral management system was developed. Referrals are processed at a specialist-led Virtual Fracture Clinic (VFC) with patients allocated to specific digitally actioned treatment pathways. Key stakeholders including referrers, assessors and treatment providers were involved from the early stages of system design. Regular on-platform feedback is obtained for quality control and iterative improvements. 11 769 patients have been assessed in VFC since March 2017. Post-implementation, 720 outpatient surgical procedures were performed with a significant reduction in mean time from injury to treatment (9.6 days). The British Orthopaedic Association target of <72 hours from referral to assessment was achieved in

88.7% of cases. 25.4% of referrals were deemed to not require a face-to-face (F2F) appointment.

67% of assessors felt that VFC reduces F2F appointments and is overall beneficial. 90% of patients that were discharged without a F2F appointment were positive or neutral about the service. 77% of referrers felt the system was safer for patients and 71% felt that it was an overall improvement. Cost analysis showed a £1 04 576 cost saving in addition to perceived further litigation-related savings.

Frictionless digital referral management and virtual clinical pathways can improve patient care and help manage increasing workload pressures whilst simultaneously reducing costs and maintaining stakeholder satisfaction.

The TRUMANSHOW: a quality improvement project to improve the detection of aortic dissections in the emergency department

36 THE TRUMANSHOW

¹Rama Subrahmanyam Puthucode Easwaran*, ²Ben Loryman. ¹ST4 Higher Speciality Trainee in Emergency Medicine, Lincoln County Hospital; ²Consultant in Emergency Medicine, Lincoln County Hospital

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Aim To create a Screening Tool and Guideline for Early Detection Of Aortic Dissections at The Emergency Department of Lincoln County Hospitals.

Assessment of issue and analysis of its cause:

Literature search was performed to identify various risk factors for missed dissections and any other screening tools already available. We also reviewed the guidelines of Royal College of Emergency Medicine and Thoracic Society.

A Screening tool was created using 10 risk factors – The TRUMANSHOW

A guideline using The TRUMANSHOW was created which enabled all doctors to Fast-Track the CT Aortogram.

Methods Stickers with the mnemonic in checklist form were attached at the front of the ED notes. The stickers and the guideline were placed in the triage, RAT, majors and the resuscitation room in a TRUMANSHOW folder.

Results and strategy for improvement We did 3 cycles of PDSA during a period of 5 months. 100 CT aortograms were done which revealed 32 Acute Aortic Syndromes out of which 20 had Aortic Dissections.

The results of each PDSA cycle were shared during the Departmental morning handover sheets and every doctor and nurse were enrolled in the national THINK AORTA campaign.

Measurement of improvement The results of the 3 PDSA cycles recorded the highest early detection of Acute Aortic Syndromes in UK, during a period of 5 months.

Impact We initiated The TRUMANSHOW in the Emergency Departments of Pilgrim and Grantham Hospitals and the subsequent board meetings resulted in implementation across various departments within the trust.

The CQC report of United Lincolnshire appreciated The TRUMANSHOW as Outstanding practice towards improvement.

https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1713.pdf (Open page 8 – Outstanding practice)