

required senior clinical leadership that is committed, visible and facilitative. The support provided by the medical director and trust executive team was crucial to enable the team to experiment and apply the principles of reducing unwarranted variation.

65 INITIATING, IMPLEMENTING AND MAINTAINING A COMPREHENSIVE EDUCATIONAL PROGRAM FOR DONOR CLINICIANS WITHIN NHS BLOOD AND TRANSPLANT

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Background NHS Blood and Transplant (NHSBT) is responsible for the efficient, safe and reliable supply of blood in England. Within NHSBT, the Clinical Support Team (CST), with Donor Consultants, SAS Doctors and Senior Nurse Practitioners based at different sites, are responsible for the care of blood donors. Continuing professional development (CPD) is vital in this regard. Educational events were however sporadic and not centrally managed. An educational quality improvement project was therefore initiated in 2017. Existing Information Technology (IT) was used to deliver a high quality, diverse, fit-for-purpose and cost-effective educational program.

Method An 'Assess-Plan-Do-Review' framework was followed with an initial 'scoping' meeting to identify the educational needs, promoting a culture of collective ownership. A dedicated teleconference line was allocated and all educational resources were saved in an accessible platform. Sessions were delivered by invited speakers, maximum 1 hour in length, on different days of the week, 4–6 weekly, covering a wide range of topics. A SurveyMonkey questionnaire was circulated in November 2017 to evaluate this initiative.

Results Twenty successful educational sessions have been delivered so far, covering a range of topics. Operational colleagues have also joined in some sessions promoting shared learning and inter-professional education. With an 83% response rate to the questionnaire, it confirmed that the program's structure was appropriate and addressed educational needs successfully. Suggestions for improvement were captured, including the use of Skype and establishing a Journal Club.

Conclusion It resulted in a positive, collaborative climate and an enthusiastic, participatory learning environment. Reliable IT facilities are vital for successful delivery of such a program to geographically dispersed teams. Commitment and constant review is necessary to ensure the educational program remains fit-for-purpose.

66 IMPROVING INFORMATION PROVISION IN DELIRIUM CARE

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Background Delirium is a common hospital presentation among the elderly population. Chronicity of this condition necessitates that relatives and carers have better access to

information. Patient information leaflets offer a simple and cost-effective solution to managing patient education.

Aim(s)/objectives To improve leaflet distribution in Plan, Do, Study, Act (PDSA) cycle 1 and to improve information, aesthetics and educational quality of the current delirium information leaflet in PDSA cycle 2.

Methods PDSA cycle 1 focused on leading improvement in leaflet distribution. Interventions included putting up posters around the ward, introducing the project in team meetings, via emails and moving the leaflet stand to a more visible location. In PDSA cycle 2, baseline data on the quality of the current leaflet was gathered using a questionnaire. A pilot leaflet was developed based on the feedback. The pilot leaflet was surveyed again for quality assessment and to gain further feedback.

Results In PDSA cycle 1, delirium leaflet distribution for weeks 1–3 was 40%, 0% and 20% respectively. Following an implementation of intervention measures, it increased to 110%, 120% and 100% in weeks 4–6 respectively. In PDSA cycle 2, mean 'Aesthetic Quality' score improved from 5.14 to 8.71 ($p < 0.00001$), 'Quality of Information' from 5.86 to 8.94 ($p < 0.00001$) and 'User Knowledge Rating' from 5.43 to 9 ($p = 0.00003$).

Conclusion Overall, we achieved an increase in leaflet distribution and succeeded in developing a new and improved pilot leaflet. Due to the generalisable nature of this quality improvement project, we believe that the framework can be used elsewhere to improve health information management and provision.

Quality improvement

67 IMPROVING EFFICIENCY OF CARE FOR ADULT TYPE 2 DIABETIC PATIENTS UNDER SECONDARY CARE

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This quality improvement paper aimed to improve the efficiency of care for type 2 diabetes mellitus patients. This was done by analysing why patients are not being discharged from hospital diabetic care back to the community whilst creating a novel discharge criterion to help standardise the process. In England over 9% of the population have been diagnosed with diabetes; with £13 billion a year being spent on treatment. In the current financial climate, we must ensure that the vast resources being spent are spent as efficiently as possible.

As medical students at the Lewisham and Greenwich trust we found a lack of a discharge criterion made it difficult to discharge patients from hospital care back to the community. Therefore, to improve quality of care and bring cost savings to the department, we aimed to define a clear discharge criterion to de-escalate patients to primary/community care, maintaining optimum care, and increasing the number of discharged patients by 10% over a 12 month period.

We performed two PDSA cycles on 501 randomly selected patients and found an extra 11.27% of patients could be de-escalated down to community care (from secondary) using our criteria. This quality improvement project could optimise and