Trauma

77 SILVER TRAUMA PATHWAY: A NEW GOLD STANDARD IN ELDERLY TRAUMA CARE

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The elderly are increasingly represented in trauma. Low level falls are the leading cause of injury. Special attention should be paid to their altered physiological reserve and increased comorbid disease. The Whittington Hospital is a Trauma Unit in London.

A team of junior doctors, led by a senior trainee, conducted a retrospective audit. Using SMART framework, our goal was improving care of elderly trauma patients, measured against elderly trauma guidelines (2017). It was believed better compliance with the guidelines, particularly holistic aspects of elderly care, was achievable and realistic given available resources. The timeframe for our study was 10 months.

108 elderly trauma patients attended the Emergency Department (ED). Forty-six (43%) were admitted. Three patients received full trauma team assessment. While most received ECG, blood tests and imaging, 53% received a cognitive assessment, and few had assessment of anti-coagulation, movement status or treatment escalation plans (TEP). During inpatient stay, 38% had a tertiary survey, which led to 4 missed injuries. Excellent involvement of the multidisciplinary team (MDT) was noted. The results were presented to the Acute Medical Board, ED, the Frailty Group, and Trauma Rehab Group. Input was sought from the MDT to find solutions to issues raised. The results were presented to all stakeholders.

A new 'Silver Trauma Pathway' was initiated, which highlights undertaking a primary and secondary survey in low level trauma, and prompts assessment of features specific to elderly care: cognition, anticoagulation status, TEP and frailty. In addition, an inpatient pathway has been developed. Though uptake was slow, illustrating the difficulty in changing organisational culture, re-audit has shown improvement in elderly trauma care and clinician documentation. Our pathway was presented at the London Trauma Symposium, where it was awarded first prize for innovation, illustrating the power of a collaborative approach.

Leading innovation and improvement

78 CHANGING MINDS, SAVING LIMBS; REFORMING REFERRAL PATHWAYS IN CRITICAL LIMB ISCHAEMIA

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Background Critical limb ischaemia (CLI) is a limb and life-threatening condition. Current NHS guidelines suggest that suspected CLI patients should be assessed by a vascular nurse practitioner (VNP) within 7 days of GP-presentation. Any indicated procedure should then be performed within the

following 6 weeks. Retrospective review of patient records (n=9) at this Trust showed that mean time from GP presentation to VNP review was 8.1 ± 3.1 weeks, with a subsequent procedure requiring further 15.8 ± 5.2 weeks.

Aim To design referral pathways that the Trust believes will lead to CLI patients receiving vital treatment sooner.

Methods Baseline surveys were obtained from 14 stakeholders to assess perceptions of current referral pathways. Our survey comprised 10 questions, assessed using a five-point Likert scale (maximum score 50), with a higher score indicating greater confidence in the system. We also designed new pathways in conjunction with a new tiered scoring system to assess disease severity. Using Plan-Do Study-Act (PDSA) cycles, we then presented these to the same stakeholders, and further reformed our pathways based on feedback. Overall, we completed 2 PDSA cycles, presenting to a senior VNP, and then to the vascular multidisciplinary team meeting.

Results We designed 3 new referral pathways, 'red', 'amber' and 'green'. Each pathway had a different proposed timeline corresponding to patient disease severity, as assessed using our tiered scoring system. Baseline mean survey score was 25.4 ± 2.3 , and final mean score was 33.9 ± 5.2 . This represented a significant improvement in stakeholder confidence (Wilcoxon Signed-Ranks test, $p=0.003$).

Conclusions Improving perceptions of necessary change is an important step to implementing such change. It is necessary to build a culture of improvement prior to implementing any. We have designed new CLI referral pathways that are perceived to be superior to the current pathways. Although further refinement is likely necessary, we believe these pathways are suitable for implementation in the near future.

Leadership development

79 THE OXFORD EMERGING LEADERS PROGRAMME: DEVELOPMENT AND EVALUATION

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Background Leadership is a core competency of medical professionals, including junior doctors.

In junior doctor representative committees at Oxford University Hospitals (OUH):

1. Motivation for engagement has historically dropped throughout the year
2. There is a perceived lack of formal leadership development opportunities available
3. There is an appetite for leadership training

To address these concerns the Oxford Emerging Leaders' Programme (ELP) was developed.

Development The programme was developed from existing resources at OUH through interviews with potential participants.

The 4 month programme included 6 half-day workshops alongside team quality improvement projects (QIPs). 13 participants completed the course.