

In addition, the comments from the trainees suggested being ‘undervalued’, ‘forgotten about in hospital wide conversations relating to learning/change’, and ‘felt junior doctors are left to get on with it’.

The Network features

- Trainee leads from each speciality
- All network members in contact via email and WhatsApp
- Periodic newsletters with opportunities at the trust, circulated by the network members
- Extra training slots were generated to facilitate trainees in existing training workshops, such as in finance and management.
- Allows for cross speciality collaborations in projects, and also a direct access for trainees to the trust leaders.
- Trainees could share other opportunities available to them, such as committee reps.

The network is growing with increasing numbers of volunteers to take up the lead roles. We hope this is a step in the right direction in finding our future leaders.

102 LEADING INNOVATION AND IMPROVEMENT

Maria van Hove, Anya Gopfert. *Junior Doctor, Previous National Medical Director's Clinical Fellow*

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Low morale among junior doctors has been attributed to a loss of the ‘firm’ or feeling of belong to a team as well as an increasingly demanding job, reduced resources and significant rota gaps. Improved teamwork is also associated with improved clinical outcomes. It is essential that we invest in and prioritise teambuilding for clinical staff in order to improve their wellbeing and to improve outcomes for patients. We developed an interactive, educational team-building workshop delivered in the form of an escape room, as a two-hour session including an extensive debrief and time for reflection. The Aims of the session are a) for participants to build inter-personal relationships with their colleagues b) to gain an understanding of their own role in a team. We obtained feedback from participants immediately, and nine months after the session in the form of survey data and qualitative responses. Immediate and long-term feedback were extremely positive and suggested that the training had significant improved participants’ knowledge and understanding of working in a team. All participants reported that they were able to get to know their colleagues better, and that the session was enjoyable. Participants reported an improved understanding of team dynamics, a deeper awareness of their own role within a team, an increased knowledge of common team challenges and reported feeling more prepared for managing team conflict and delegating tasks. Feedback from participants after nine months particularly emphasised how the training had helped them prioritise effective communication with their team. An escape room scenario provides a novel, fun and effective way to both build a team and to improve understanding of teamworking. Participants were able to learn in a fun, innovative way, and feedback indicated that the training was successful. This is an affordable, innovative intervention which can be used for improving morale among clinical teams.

103 KEEP THE WIRES AWAY. A QI PROJECT TO REDUCE THE OVERUSE OF CARDIAC TELEMETRY BEDS IN CAUSEWAY HOSPITAL

Maysa Salman. *Causeway Hospital, UK*

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Introduction ECG monitoring has been and remains to be an integral part of patient care in hospital. Arrhythmia detection has been reported to affect the clinical management in around 3.4–12.7% of patients. The American Heart association in collaboration with the American College of Cardiology published a statement in 2004 addressing the use of non-intensive cardiac telemetries stratifying patients into 3 different categories: cardiac telemetry is indicated, may provide benefit, or is unlikely to provide benefit. 123 telemetry beds were requested for acute admissions in October, including 13 post lysis stroke patients costing more than 30000 GBP

Methods We have adapted the AHA recommendations and formulated a local telemetry protocol in Causeway. Copies of the adapted guidelines were incorporated in the medical admission booklets, and circulated among the nurses as well as the bed managers. Junior doctors were trained about the protocol. There were 2 parts for this project. Part 1 was aimed at reducing the number of inappropriate cardiac monitors being used, while part 2 was aimed at reducing the duration in which cardiac monitors were used for.

Results Among the admissions, around 30% of referrals were inappropriate and not indicated. Looking into the financial aspect of it, each bed costs around 300 GBP per night, leading to a total of around 30000 GBP for the total admission per night. After launching the cardiac telemetry protocol, there were a total of 89 telemetry bed requests, of which only 3% were inappropriate or not indicated, and an overall reduction of 10% in all the admissions, and 26% reduction in the inappropriate referrals. There was an overall 28% reduction of cost, saving around 10000 GBP during the first month period.

Conclusion Telemetry monitoring requires both trained personnel and specialized equipment, thus making one of the most costly equipment in the hospital setting. Guidelines remain a tool to aid but not replace clinical judgment.

104 INCREASING THE PROPORTION OF VERBAL HANDOVERS OF ACUTELY UNWELL PATIENTS AT TORBAY HOSPITAL

^{1,2}Esther Oluseyi Bamigboye*, ¹Yuanpei Zhang, ¹Clarissa Grondin. ¹Torbay Hospital, UK; ²Derriford Hospital, UK

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Introduction This quality improvement project, run by three Foundation year 1 (F1) doctors, occurred at Torbay Hospital, a district general hospital in Devon England. The aim was to make the process of F1 Acute Reviews of unwell patients during weekend safer and more efficient.

Method Over a 3-week period, the number of acute reviews F1s received via text or a phone call on Saturday and Sunday was collated to ascertain the percentage of verbal acute review handover. We surveyed and spoke to nurses and members of the Hospital-at-day-team to determine their feelings on the subject.