

period and 43% in the subsequent period. Length of stay prior to hot clinic was 3.63 days, 2.57 days in the pilot period and then went down further to 1.7 days – to 53% of baseline. Admission avoidance was 41% in pilot and 32% subsequently.

The Urology Hot Clinic has had a significant impact on reducing ED attendance and length of stay of urology patients in our hospital, and on admission avoidance. It has streamlined the patient pathway reducing burden on multiple departments and patients. The success of the hot clinic at our hospital could serve as an example for other urology departments and potentially other specialties.

113 IMPROVEMENTS IN SEPSIS CARE

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10.1136/leader-2019-FMLM.113

The Royal Oldham Hospital is an acute site with a Cat 1 Emergency Department serving a population of 235,000. In 2018–19 there were 110,000 ED attendances with 30,000 emergency admissions.

With over 1500 patients admitted each year with sepsis and around 1 in 5 (20%) dying in hospital sepsis is a high volume, high mortality and high impact condition.

A multi-disciplinary sepsis steering group was set up chaired by a sepsis lead clinician with input from key clinical areas along with quality improvement team. Worked with Advancing Quality Alliance using a sepsis measure set to track care.

Strong, enthusiastic, leadership backed by senior support and evidence based quality improvement methodology allowed us to embed a number of changes. Involvement of all staff groups and specialities has led to a change in culture where staff now consider sepsis early in a patients journey and know how to escalate and treat sepsis.

- Sepsis champions
- Sepsis intranet page, e-learning and face to face education packages
- Changes to IT system to ask about sepsis at triage and if patients score on NEWS2
- Fortnightly sepsis microsystem meetings
- Sepsis lead visible and accessible for direct feedback
- Key ED staff identified to encourage use of sepsis screening tool at triage
- Tests of change introducing new ways of working when successful such as escalation stamps

Sepsis data was collected throughout the year for the AQuA measure set and national CQUIN.

Target for AQuA was 75% of measures achieved and this was met. 2018/19 CQUIN data showed improvement for patients receiving antibiotics within an hour from 70% in Q1 to 86% in Q4 in ED and from 75% in Q1 to 91% in Q4 for inpatients.

Cultural change within TROH backed by specific system changes with senior support means that patients at risk of sepsis are identified, assessed and treated in a timely manner. Empowering staff to identify risk of sepsis and appropriately escalate and treat means both patients and staff benefit.

114 LEADING A QUALITY IMPROVEMENT PROJECT ACROSS A LONDON-BASED SEXUAL HEALTH SERVICE

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Background Recent BASHH Guidelines recommend testing for *Mycoplasma genitalium* (MG) in clinically indicated conditions (CIC); non-gonococcal urethritis (NGU); epididymo-orchitis; pelvic inflammatory disease (PID). The aim of this quality improvement project was to ensure that 100% of clinically indicated patients were tested for MG across the Guy's and St Thomas' trust Sexual Health service.

Method Baseline data was collected over five weeks and it was identified that the median number of clinically indicated MG tests carried out were as follows: 60% for NGU, 63% for PID and 100% for epididymo-orchitis. Subsequently, three Plan-Do-Study-Act (PDSA) cycles were planned:

- Ensuring that all staff had IT access to the order set for MG by liaising with the relevant staff
- Holding a departmental educational event about testing for MG in conjunction with displaying posters clinical areas
- Sending reminder emails to clinicians who didn't test clinically indicated patients for MG.

A sample of 10 patients for each CIC per week were analysed to identify the percentage tested for MG; results were plotted on run charts.

Results There was a sustained increase in the number of NGU cases appropriately tested for MG following the cycles. No increase in MG testing was seen in PID and epididymo-orchitis, however, the median number of patients each week was low (7.8 and 2.3 respectively). The rate of inappropriate testing for MG was also analysed and found to be high at 15%.

Discussion We have demonstrated sustained improvement in MG testing in NGU patients but not for the other CICs; the significant number of inappropriate tests performed warrants further work. Key staff members were involved in the planning stages of the project and therefore, were made aware of the changes through meetings, emails and the teaching event held. This optimised staff involvement and meant that we were able to gain feedback.

Understanding Leadership Through Research

115 THE UMBRELLA EXPERIENCE REDESIGNING CONTRACEPTIVE SERVICES IN A TIME OF AUSTERITY

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10.1136/leader-2019-FMLM.115

Background Following the 2012 Health and Social Care Act, Local Authorities became responsible for the provision of Sexual and Reproductive Health services. Birmingham City Council and Solihull Metropolitan Borough Council redesigned their service and introduced an integrated, lead provider model through Umbrella Health.