

39 MANAGEMENT OF COVID-19 PANDEMIC ON AN INPATIENT DEMENTIA WARD

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Minimal guidance was available for management of older adults amidst COVID-19 – we adopted a new approach on our dementia assessment unit with leadership resulting in good outcomes despite challenges that dementia care can create with infection control.

Our patients are older with multiple co-morbidities and lack capacity around care. Psychiatric nursing staff have minimal physical health experience; rarely will they need to employ strict infection control procedures. Knowing the high risk of mortality of our patients, we reacted to reduce transmission while maintaining high care standards in the least restrictive manner.

We changed the functioning of the ward to reduce transmission. Formerly split into a male and female ward, we instigated a mixed-gender 4 'pod' system. A step-wise model of confirmed, suspected, step-down and negative cases was developed. We held educational sessions on virology and handwashing to create understanding of why PPE is essential. Regular meetings brought together evidence and opinion with the MDT. From the onset, we followed WHO advice on 14 days isolation in contrast to our Trust's policy of 7 days. This example of leadership led to reduced transmission and mortality. We kept a high index of suspicion and low threshold for testing.

12 out of 21 patients acquired COVID-19; 3 died. No patients who tested negative on admission went on to test positive, suggesting the model was appropriate. We completed a retrospective study analysing symptom profile, clinical frailty and survival. We measured effect of improvement by discussing with the MDT how they felt the model was working to ensure effective leadership.

Clear leadership ensured procedure followed evidence as quickly as possible and allowed for a flexible approach; We maintained high standards of multidisciplinary psychiatric care without raising levels of COVID-19 or staff burnout.

Quality improvement; effectiveness; healthcare resource management

40 PRE-THEATRE SURGICAL PREPARATION: GETTING IT RIGHT TO PREVENT DELAYS AND CANCELLATIONS

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Introduction At Hull University Teaching Hospitals NHS Trust (HUTH) a substantial amount of theatre time is lost because patients have not had the required pre-operative preparation prior to surgery, such as blood samples, group and save for blood transfusion, ECG, and other necessary

pre-operative steps. This project sought to investigate the causes for the number of delayed and cancelled operations and to improve the use of theatre time, by ensuring that patients have all the appropriate pre-surgery preparation required.

Methods Theatre timing data is contemporaneously recorded for all patients who undergo treatment in theatres at HUTH using the online software ORMIS (Operating Room Management Information System). A baseline audit was performed. All doctors involved in the admitting and consenting of patients for surgery, and booking and accepting patients for theatre, were informed about the project and its aims at departmental meetings and the development of information posters in key areas. An acronym was developed to act as an aide memoire for staff in ensuring that pre-surgical preparation was completed. Continuous feedback on the interventions made was sought throughout.

Results A total of 333 minutes of delays was recorded for the month January 2019. Following education sessions and enhanced awareness of the necessary pre-surgical investigations through the use of the aide memoire, the total recorded delays fell to 132 minutes in January 2020, representing a saving of 202 minutes, or 3.4 hours, of operating department time.

Discussion Through the use of education sessions, enhancing awareness of this project at departmental meetings, and developing prompt posters with a suitable acronym, we have demonstrated that significant savings in operating department time can be achieved. Keys to success have encompassed reminders to the staff involved about the process, including ward and theatre communication, and ongoing education sessions.

Engagement with rest facilities and staff morale

41 DOCTORS MESS: STILL USEFUL IN 2020?

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Background and Rationale Previously the Doctors mess was located in an outbuilding near the hospital accommodation. There were several issues with this including few members, poor usage of the facilities and lack of a community feel among the junior doctor cohort (identified on previous survey July 2019). The Doctors Mess has now moved to a central hospital location and we wanted to see if this has improved membership, use of the facilities and morale among the junior doctors.

Objectives To identify the impact relocating the Doctors' mess has had on Doctors' wellbeing

Key findings

- Increased Doctor's Mess membership after relocation of the mess
- Increased use of the Doctor's Mess facilities
- More opportunities for interacting with colleagues
- Doctor's feel membership is now better value for money
- Increased wellbeing