Leading Innovation and improvement

47 DOCTORS ADMINISTRATORS A NOVEL ADDITION TO THE NON-MEDICAL WORKFORCE

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Introduction We describe a project to introduce a novel non-medical role to support Medical staff, the 'Doctors administrator', and to improve the quality and timeliness of the final discharge summary letter (DSL) being sent to primary care teams. A bespoke training program was developed which included, ward clerk duties, typing, medical terminology and coding.

DAs were trained to produce DSLs, which consultants then verified or amended electronically, before forwarding to the GP.

Pilot phase: 6 months

3WTE DAs produced 260 DSL each month. Two consultants acted as supervisors. This relationship was key to building confidence and capability and to ensure high quality of the letters.

A very early quality indicator was the percentage of letters typed within 3 Days.

Letter typed within 3 days% by consultant

- PRE – DA • POST –DA
- Consultant A • 55.4% • 67.6%
- Consultant B • 8.6% • 71.2%

Full implementation DA's now act on behalf of 13+ consultants producing over 550 DSL monthly. Assuming each DSL takes around 15 minutes, we estimate DA's save around 120 hours consultant time monthly. A standardised format ensures key information is not omitted facilitating more accurate coding and data collection.

Consultants and DAs are highly satisfied. Consultants felt there was less burden of basic admin tasks. 'the time I now spend on admin has significantly reduced and is much more structured'

Feedback from GP's was positive and improved timeliness of communication had been observed.

Safety There have been 3 Clinical incidents recorded during the whole period, both related to onward results/referral management. All incidents were investigated and safeguarding actions put in place e.g. copying of onward referrals to specialist's teams.

Conclusions Doctors administrators are safe and effective and reduce clinical workload. Whilst we have utilised this resource for DSL for we believe this role could be expanded and developed in other clinical contexts.

48 THE SIGNPOST PROJECT- USING TECHNOLOGY TO IMPROVE AWARENESS OF TRAINING OPPORTUNITIES AND SUPPORT FOR DOCTORS IN TRAINING

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Challenging workplaces contribute to low morale & decreased recruitment of doctors into training programmes. Our deanery's 'VALUED' initiatives aim to improve trainee engagement, support & retain doctors in training. Initiatives receive positive feedback, but lack of awareness of opportunities through suboptimal publicity, may contribute to feelings of being undervalued, identified by 62% of obstetric trainees. The Signpost Project, involving educators, administrative, IT staff and trainee representatives, aims to publicise professional development & support opportunities using a digital tool.

Focus groups quantified trainees' baseline awareness of training opportunities, qualified their support & information needs using thematic analysis & considered preferred communication methods. Stakeholders were approached to understand their current roles & secure project involvement. We created a prototype digital communication tool, publicising opportunities within the obstetric specialty, using a mobile website. Content, functionality & global score for increasing awareness of opportunities/support was explored during 3 improvement cycles. Administrative teams and educators were involved in assessing workload burden. We evaluated the tool's impact on trainee feeling of value at project completion. Scalability to other specialties was evaluated. A specification list included all user requirements.

Improvement cycles showed increasing satisfaction with content, function & evidenced improved awareness of opportunities & support. Workload burden review highlighted administrative efficiencies. On project completion, 71% of trainee participants reported they felt valued by the deanery (Baseline 38%) Scalability results showed 100% respondents felt this tool would strengthen communication within their specialty.

Technology can enhance trainees' awareness of opportunities, increase their feeling of value & align with organisational aims to support and retain doctors in training.

Developing effective leaders

49 THE TRAINEE AMBASSADOR SCHEME: CREATING A SUPPORTIVE LEADERSHIP COMMUNITY RESPONSIVE TO TRAINEE DOCTORS NEEDS IN THE NORTHERN IRELAND DEANERY

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Collective leadership is required to transform healthcare. Challenging workplace environments contribute to low workplace morale & decreased recruitment of doctors into training. NIMDTA developed this scheme to create distinctive, supportive leadership training responsive to trainee needs, which aligns with NIMDTA strategy to attract & retain doctors in training. This 'alongside clinical' programme was trainee directed, led by a leadership fellow & supported by NIMDTA educationalists. Leadership training was tailored to participants learning needs & projects developed based on issues identified by trainees. NIMDTA educational teams attended meetings, developing Ambassadors' understanding of organisational

structure. Senior involvement gave authoritative influence to work. Networking & project collaboration was encouraged at training events. Quantitative surveys before & after the scheme ascertained Ambassadors' awareness of healthcare structures, leadership styles & skill by self-rating Likert scale. Ambassadors worked on projects that harnessed technology, encouraged diversity, supported career transitions, & promoted training communities. At scheme completion, leadership knowledge improved with largest increases in awareness of leadership styles, skill in managing clinician/manager interface & devising improvement strategies. Participants increasingly felt doctors in leadership roles were valued. Empowering trainees to identify problems & solutions through trainee lead, NIMDTA supported improvement projects, enhanced individual capability & increased the profile of leadership roles within healthcare. Projects were organisationally advantageous. This scheme increased connections with trainees & enhanced NIMDTA understanding of training challenges to support doctors. Ambassadors identified the support to direct projects & the collegial community as positives. This sense of value & belonging, known to reduce burnout, aligns with NIMDTA strategy to retain doctors in training.

Quality improvement

50 QI FRIDAY: SCIENCE, SPEED DATING AND CHOCOLATE FISH

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Background Following an inspection, feedback from trainees suggested a lack of opportunities in QI work. This challenge led to the development of 'QI-Fridays', a weekly drop in facilitated by a Chief Resident and consultant with training in QI science. Despite this there was limited engagement between trainee projects and hospital wide work, made more challenging by covid-19.

Aim

- To support trainees to deliver effective QI projects with an understanding of QI methodology
- To facilitate shared work between permanent staff and rotational juniors
- To allow the celebration of QI work during covid

Methods This project has been developed iteratively by chief residents responding to feedback. Beginning with 'QI-Friday' where trainees could discuss ideas and methodology, rewarded with chocolate fish. A QI showcase event was developed to share the work being generated with the wider hospital. Engagement there highlighted an interest from permanent staff in working with juniors. This resulted in 'QI speed dating' – an idea sharing event connecting permanent staff with trainees. The QI showcase was converted to a virtual event during covid with engagement across the health-board.

Results Surveys showed 82% of trainees felt their knowledge of QI methodology improved. Verbal feedback that QI showcase was well tailored to speciality applications. Fifteen

collaborative projects were generated by QI speed dating but not all sustained. Involvement with QI showcase increased yearly – the latest had 35 posters and five platforms.

Conclusion Trainees can do innovative QI work if adequately supported. Ideas generated by collaboration between trainee and permanent staff are useful, but more work is required to ensure sustained improvement. This work requires skilled people to provide support, and we are developing a QI fellowship to train consultants. It is difficult to share ideas in a socially distanced way but virtual platforms allow for wide engagement.

Leading innovation and improvement

51 VIRTUAL LEADERSHIP IN COVID-19 ED: LEARNING FROM PERCEPTUAL GAPS IN KNOWLEDGE AND CONFIDENCE TO BOOST TEAM PERFORMANCE USING TELEMEDICINE

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The Covid-19 pandemic poses challenges. Telemedicine is a recognised ICT tool we adopted for 'rounding' (frequent review of each patient) in our Emergency Department (ED) 'hot area'. Virtual command and control leadership balanced infection control and risk assessment issues. This retrospective survey, power 8% at 95% confidence intervals, aimed to identify staff perceptions of using telemedicine. 103 colleagues (59 females, 44 males) participated in questionnaire completion over a designated one-week period after governance approval. Demographic data was collated on job title/band, sex, age bracket and whether the respondent had worked in the hot area (n=95) or not (n=8). Likert scale referenced statements on knowledge, confidence, safety and utility of telemedicine were transcribed into metric data for analysis (1-strongly disagree, 2-partially disagree, 3-neither agree/disagree, 4-partially agree, 5-strongly agree). Participants reflected the workforce proportionately. Respondents believed that telemedicine is useful, effective and appropriate in the context of their job role and function in Hot ED (3.62–4.36, $p<0.001$). Colleagues recognised telemedicine can assist team performance (3.93, $p<0.001$). Knowledge to use remote video conferencing verses telephone rounding increased confidence ($p<0.01$). Staff recognised initial perceptions to prefer physical senior presence (3.97, $p<0.01$). Perceptions on safety were neutral (3.07, $p<0.001$). Written feedback evidenced ownership and empowerment with progressive familiarisation. Self-recognition, staff acceptance and participation in adopting cultural leadership shifts were evident. Subgroup analysis evidenced facilitation of educational needs (n=36, 35%, $p<0.0001$) and portfolio requirements (n=11, 11%, $p<0.01$). Overall, perceptions to using telemedicine as an adjunct tool to rounding in Hot ED were positive. This survey provides a transferable valid platform for developing and exploring future balanced use of telemedicine.