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76 STAFF RE-ALLOCATION DURING THE COVID-19 PANDEMIC: IMPROVING THE JOB ROLE CONFIDENCE OF MEDICAL SHOS THROUGH THE DEVELOPMENT OF A DIGITAL HANDBOOK

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Introduction During the spring of 2020, medical training for junior doctors was largely suspended to prepare for the evolving Covid-19 pandemic. During this time junior doctors were reallocated to other departments, many of whom began working as part medical teams. As a result, many doctors needed to relearn the protocols and the conventions of their new role. This quality improvement project aims to review how prepared junior doctors reallocated to medicine felt at the start of the Covid-19 pandemic and whether this was improved through the development of an on-call handbook.

Results An initial survey of junior doctors (n=19) asked where they had gained information about their job roles and whether they would find a handbook of information useful; 82% felt a handbook would be of use. The majority of doctors (95%) were receiving information about shifts through unofficial channels such as word of mouth and messaging groups. The 'Medical SHO On-call Handbook' was developed by the authors. Junior doctors (n=9) were then asked in a repeat questionnaire about their shift confidence following the release of the handbook and whether they found it a useful resource. For all available job roles, shift confidence increased (mean +24%) and overall lack of confidence reduced (mean -8%). 78% of doctors found the handbook useful.

Key Features of the on-call handbook:

- Information for all the on-call shifts with the specific role and top tips.
- IT information is specific to the local electronic patient records system.
- Hospital maps and information about rest areas.
- Official information from medical on-call administrators regarding annual leave.

Recommendations and actions

- Release the on-call handbook to all medical SHOs via an email and intranet access.
- Organisation of a handbook committee to review the handbook in next year and develop a second volume.

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77 IMPROVING THE INITIAL INPATIENT BLOOD INVESTIGATION OF COVID-19 PATIENTS AT THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST: A QUALITY IMPROVEMENT PROJECT

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Background The COVID-19 pandemic highlighted the importance of evidence based guidelines and many studies have been published to identify appropriate investigations that may be used as predictors of mortality and ITU admission. The Hillingdon Hospitals NHS Foundation Trust (THH) produced trust guidelines for the initial blood investigation of COVID-19 inpatients. However, lack of awareness and education on these guidelines meant adherence could be improved.

Aims To improve adherence to the local trust guidelines, targeting clinicians involved in the initial assessment of patients presenting with COVID-19 symptoms where appropriate.

Methods Between 16th April 2020 and 14th April 2020, investigations performed for positive COVID-19 cases were compared to guidelines. Results were presented locally and a COVID-19 panel was added to the electronic order-request system that allowed prompts for appropriate investigations. A re-audit between 15th May 2020 and 14th June 2020 was conducted to assess adherence post-intervention.

Results 383 patients were identified in the initial audit cohort, and 20 patients were identified in the re-audit cohort. Adherence to Full Blood Count, Urea and Electrolytes, C-Reactive Protein and Liver Function Tests increased to 100% (from 99.7%, 99.2%, 98.7%, and 96.6% respectively). Coagulation screen adherence increased from 72.8% to 90%. D-dimers were appropriately requested more often, increasing from 19.9% to 50%. Inappropriate troponin requisition decreased from 38.9% to 26.3%.

Conclusions Reduced COVID-19 admissions meant that the re-audit cohort was not as large as the initial audit cohort. However, a user-friendly COVID-19 panel of investigations resulted in better-targeted management of patients, and improved adherence to guidelines. This showed the importance of disseminating information effectively. Education is essential during times of uncertainty, especially during a pandemic.

Psychiatric emergency plans

78 IMPROVING PSYCHIATRIC EMERGENCY PLANS IN SCOTLAND

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Aim To create a template Psychiatric Emergency Plan (PEP) for use by Scottish Health Boards when reviewing their PEPs.

Background PEPs are reviewed by health boards on a regular basis and at least every five years. PEPs are recommended by the Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice as a means to help manage the detention of a patient and aspects of multi-agency working. They are also recommended by the Police Scotland Standard Operating Procedure in dealing with patients who present in mental health crisis.

Methods We incorporated the view of patients and carers, Police Scotland, Scottish Ambulance Service, Emergency Departments, and from our own team with practitioners with a background in General Adult Psychiatry and Social Work in