speaking and phone use. Staff were unable to hold face-to-face family meetings and families were unable to be at the bedside which would, in normal times, enable them to be part of the patient's hospital journey. Inevitably, this all led to an increased volume of phone calls.

To try to solve some of these issues, it was decided that a dedicated team was needed to establish open lines of communication between patient, family and staff. A group of senior nurses from across the hospital were brought together to form the Critical Care Family Liaison Team (FLT).

FLT now give coordinated information and are the first point of contact for families. Interventions include using technology such as FaceTime and Zoom to allow 'virtual visiting', conference calling for family updates, bedside photographs, voice recordings sent in by families and music playlists.

The role for the FLT has evolved; the team was set up rapidly at the start of lockdown and members were in their new roles within a week. Daily verbal feedback was gathered from the medical team and interventions changed as necessary.

It is difficult to assess what the situation would have been without this innovation. Formal feedback was requested from all staff members working in Critical Care and from patients and their families. Qualitative and 5 point likert scale responses have been positive. Further data collection and feedback is ongoing to ensure the service continues to evolve as we move towards a new normal.

Improving in-patient experience

13 IMPROVING PATIENT COMMUNICATION WITH RELATIVES DURING THE COVID-19 LOCKDOWN

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10.1136/leader-2020-FMLM.13

Introduction The strict visiting rules imposed by hospitals during the COVID-19 lockdown left patients isolated and relatives distressed by the lack of contact. The aim of this quality improvement project was to improve patient communication with relatives, thereby enhancing their recovery and experience.

Method In-patients at St Mary's Hospital, London were asked if they were able to contact their loved ones and if there was appropriate technology available to facilitate this. Teaching was then delivered to healthcare professionals highlighting the importance of patient communication with friends and family, and posters were displayed to promote communication opportunities. Additional equipment was procured (through donations) to aid the process. A second data collection was conducted after 3 weeks.

Results The initial results revealed that 30% of patients were unable to communicate with their relatives, and only 16.6% were being offered the opportunity to contact them. Comments following the initial data collection included: 'I feel isolated because my family can't visit, and I don't have a mobile phone', and, 'the ward staff are too busy to call my family on the ward phone'. After the intervention 73.3% were offered the opportunity to contact relatives. There was a significant increase in use of the ward phone and video calls. This had an increase in both patient and family satisfaction; for example, a patient was able to ask a friend to deliver their belongings, and a daughter of a patient with dementia was able to encourage him to eat via a video call.

Conclusion Proactive use of technologies in healthcare settings can improve patient care. Organising a teaching session, obtaining equipment, and encouraging healthcare workers to facilitate these important moments during an in-patient stay can have a dramatic impact on both patients' and their relatives' wellbeing.

A QIP on improving referrals of inpatient smokers with cardiovascular disease to the smoking free team

14 HELP US, HELP YOU QUIT SMOKING

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10.1136/leader-2020-FMLM.14

Introduction Blackpool tops for having the highest number of smokers and smoking related diseases in the whole of England. This QIP was carried out mainly in our Cardiology department with an aim to improve referrals of inpatient smokers to smoking free team thus paving way to have a team dedicated in the hospital. The annual cost to Blackpool's health service associated with smoking related illnesses are estimated to exceed 7 million/year with an additional £744,000 spent on treatment due to passive smoking. Although Blackpool Council has a smoking cessation team in the community, the lack of a smoking cessation team solely in the hospital led us to embark on this project.

Methods and Findings Data collected for 60 patients with cardiovascular diseases over a period of one month showed 75% of patients admitted under cardiology were either ACS or IHD. Among them, 85% were confirmed smokers. Due to poor documentation 94% of the patients were not referred to the smoking cessation team, that led to lack of advice and education to aid smoking cessation and thus affecting future follow up for 90% of the patients, who agreed to a long-term quitting plan.

Outcome Post education to healthcare professionals working on the wards, we saw drastic increase in the referrals sent to the smoke free team thus increasing the number of patients seen from 42% to 57%. Given the success of increased referrals from the cardiology department over one month, it provided good evidence and opportunity for the trust to form its own smoking team in the hospital.

Perioperative care

15 POST-OPERATIVE HYPOTENSION IN FRACTURED NECK OF FEMUR: THE ROLE OF THE HIGH DEPENDENCY UNIT

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Patients with a fractured NOF (Neck of Femur) present multiple challenges perioperatively. Since 2014, 11 major events