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

Sophie Hawkins, Eleanor Chandler, Louis Koizia. *St Mary's Hospital, London*

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

Pratiksha Srinivas, Lai Lai Yee. *Blackpool Teaching Hospital NHS Foundation Trust*

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

¹Patrick Walker, ²Oliver King, ²Stephen Harris. ¹NHS; ²Musgrove Park Hospital

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

were identified as poor or incorrect postoperative management of hypotension at Musgrove Park Hospital. This improvement project looked to implement a framework for recovery and medical staff to use in the management of post-operative hypotension.

A retrospective review was undertaken of 22 patients following fractured NOF surgery in November 2018. This found 50% (11/22) of patients had one or more episodes of post-operative hypotension (Systolic < 100 mmHg), two patients had ongoing blood pressure (BP) support in recovery but only one was escalated to HDU. The patient not admitted developed an AKI day 1 post op.

We then implemented an algorithm in orthopaedic recovery to guide healthcare workers through initial treatment options for post-operative hypotension and a time frame for referral to HDU. Data was collected prospectively from March 2019 to March 2020 to assess impact on HDU bed capacity, patient outcomes, post-operative AKI, length of hospital stay and time to first mobilisation.

4.8% (24/493) of patients were admitted to HDU with a fractured NOF. 18 were admitted with refractory hypotension for ongoing BP support. The incidence of post-operative hypotension in patients reduced from 14.3% to 4.7% in patients transferred back to the ward and 0/18 patients admitted to HDU had an AKI. 3 patients who were initially transferred to the ward were also admitted and one developed a post-operative AKI. No improvement was found in first mobilisation and length of stay. A review of critical care bed capacity found there was no impact on admissions after elective surgery.

Implementation of this pathway has reduced incidence of post-operative hypotension and AKI. Demonstrating that enhanced post-operative care can have a role in fractured NOF management with minimal impact on critical care bed capacity.

Evaluation of quality improvement utilising lean methodology

16

A SERVICE EVALUATION TO EXAMINE THE EFFECTIVENESS OF A RAPID PROCESS IMPROVEMENT WORKSHOP FOCUSING ON SUPPERTIMES ON AN ACUTE ELDERLY CARE WARD

Gabriella Quiney. Brighton and Sussex Medical School, UK

10.1136/leader-2020-FMLM.16

Lean quality improvement methodology is widely used in healthcare. However, there is a lack of published evaluations of the effectiveness of rapid improvement (RI) methodology. This research uses a RI event to understand the ability of Lean to improve clinical systems and understand the qualitative and quantitative aspects that contribute to improvement.

Method The RI event focussed on improving patient experience during supper times on an elderly care ward to improve the health and wellbeing of patients.

Quantitative metrics were collected at baseline and during the RPIW. COVID-19 prevented follow-up data collection. Qualitative data was collected through semi-structured interviews with participants and subsequently analysed using thematic analysis.

Results Quantitative metrics showed improvement from the baseline state. All data should be used for continuous improvement using Plan-Do-Study-Act cycles. The sustainability of the improvements could not be assessed given the lack of follow-up.

Thematic analysis identified three key themes. For successful QI initiatives, staff needed to be engaged with improvements from an early stage. Staff must also be empowered by leaders to create change, through support and education about QI. Finally, committed and engaged leaders must ensure that QI is prioritised, to ensure that improvement becomes a daily activity in the workplace and staff are supported and encouraged to improve continuously. Ultimately these features result in successful improvement work and initiate culture change for sustainable improvement.

Conclusion QI research often focuses on quantitative data. This research provides a strong argument for including qualitative data collection to further understand how improvement occurs. Qualitative evaluation provided an insight into staff experience of improvement work, which can subsequently be used to guide future quality initiatives.

Developing effective leaders

17

INTERPROFESSIONAL MENTORING: THE KEY TOWARDS A BETTER MULTIDISCIPLINARY TEAM WORKING MODEL?

¹Baguiasri Mandane, ²Shivane Nakum, ³Jagraj Thandi, ¹Jekaterina Jasina. ¹Guy's and St Thomas' NHS Foundation Trust, UK; ²University Hospitals of Leicester NHS Trust, UK; ³University of Birmingham, UK

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Background Medical and nursing literature identify several benefits of mentoring in improving Interprofessional Education (IPE) and practice.¹⁻³ This review analyses available literature aiming to specifically address the potential of integrating intra-professional mentoring programmes within an interdisciplinary context to improve patient care delivery.⁴

Method A literature search was conducted using the Cochrane Library, EMBASE, and MEDLINE databases. Search terms: IPE and mentoring; healthcare. Exclusion-criteria: individual mentoring programmes without IPE. Ethics approval was not required.

Results The search identified substantial evidence around IPE and practice, however relatively few (n=28) studies associated these specifically to mentoring. Of these, eleven met the inclusion-criteria (n=2/11, Cochrane reviews).¹⁻¹¹ These demonstrated overall positive outcomes correlating mentoring and interprofessional working.¹⁻¹¹ However, the limited number makes it difficult to draw generalizable inferences.

Discussion The General Medical Council (GMC) recognises the mentoring benefits in ensuring safe and efficient patient care.⁵ Nursing literature also links mentoring to greater career success and improved stress management. ¹⁻³ The limitation remains understanding its significance and wider impact on multidisciplinary team (MDT) working in real-time. How can the current intra-professional mentoring programmes be tailored to incorporate an interprofessional dimension? The enhanced programme would support an integrated leadership model, e.g. cross-mentoring between professionals. In conclusion, the proposed future research, a pilot study, would aim to evaluate (through feedback) the value of interprofessional