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

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

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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

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

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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