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

10.1136/leader-2020-FMLM.17

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

mentoring in real-time clinical practice and patient care. Further analysing their effectiveness, impact factor and overall benefits in collaboration with organisations such as the Royal College of Physicians (RCP), Royal Pharmaceutical Society (RPS) and others.

Leading innovation & improvement

18 CARE NAVIGATION IN PRIMARY CARE: A STUDENT-LED CLINICAL AUDIT & QUALITY IMPROVEMENT PROJECT

Shubham Gupta, Akash Srinivasan. *Imperial College School of Medicine, England. Mapesbury Medical Group, Brent, UK*

10.1136/leader-2020-FMLM.18

Aims Aims included assessing the need for a care navigation intervention and creating a tool to help patients access care more efficiently. Further objectives were developing leadership and management skills as medical students and pursuing a role in service evaluation and improvement within the practice.

Methods GPs at the practice were experiencing a high demand for telephone consultations as well as face-to-face appointments. Although some were reserved for same-day booking, elderly patients were often disadvantaged due to the need to call early for an appointment. 110 triage telephone consultations were analysed which suggested that 43% of calls were misdirected, with pharmacists being the most overlooked alternative. A patient education flowchart was developed and presented to 9 patients to raise awareness of alternative healthcare providers and appropriate reasons to book appointments. Feedback was evaluated using questionnaires.

Results Although all patients were aware of some services pre-intervention, 89% said they were more aware of others post-intervention. Some patients suggested having services like Women's Aid in the flowchart and having it both online and in-person.

Conclusions The needs analysis showed how education can help direct patients to appropriate healthcare providers. The flowchart was successful, but dissemination will be vital in future. Incorporating patient education into appointments may improve efficiency and the primary care network (34 k people) intend to circulate the diagram. Care navigation benefits both practices and patients – potential benefits being patient satisfaction, empowerment and efficiency. Further, it may relieve GP workload and boost morale. The medical students involved also developed research and leadership skills by using quality improvement methodology. Leadership and management are vital for service improvement and there is great advantage to medical students designing and leading quality improvement projects.

Developing effective leaders

19 LEADERSHIP TRAINING COMPONENTS AS PART OF JUNIOR DOCTORS' EDUCATION CURRICULUM – SHOULD THEY BE COMPULSORY? A QUALITATIVE STUDY

Callum Jay Sandhu. *University of Birmingham, UK*

10.1136/leader-2020-FMLM.19

Background Literature suggests clinical leadership is an important attribute for junior doctors working in the National Health Service (NHS). However, no formal, mandatory leadership training exists for this group of clinicians. To date, there has been no qualitative research exploring if the absence of leadership training within the foundation programme for junior doctors is justified.

Primary Aim This is a qualitative study, with the primary aim of researching attitudes and perceptions of junior doctors towards the incorporation of leadership training within their foundation programme, in order to determine whether junior doctors believe this training would be beneficial if mandatory.

Methodology This study comprised of 13 semi-structured, one-to-one interviews with junior doctors on the foundation programme. Interviews were either conducted in-person, over video-calling platforms or via telephone calls.

Findings Thematic analysis generated four main themes, some of which had sub-themes. The main themes were: 'Working in the NHS', 'Leadership and Medicine', 'Should training be introduced?' and 'Delivery and Implications'.

Conclusion Junior doctors expressed their acknowledgement of the importance of clinical leadership within a hospital setting. However, only three interviewees stated that there is a clear need to introduce mandatory leadership training in the foundation programme. Barriers were frequent, especially in relation to an already overcrowded timetable. If this training were to be introduced, it would have significant implications for numerous NHS stakeholders.

Oxygen

20 IMPROVING OXYGEN PRESCRIBING PRACTICES AT AN ACUTE TERTIARY CARE HOSPITAL

Shruti Dorai, Hoda Ranjbar. *Brighton and Sussex University Hospital NHS Foundation Trust*

10.1136/leader-2020-FMLM.20

Oxygen is one of the most commonly used, yet poorly prescribed drugs. The British Thoracic Society (BTS) 2015 National Oxygen Prescribing Audit highlighted national shortcomings in prescribing practices and use of oxygen. A 2017 audit at The Royal Sussex County Hospital amongst hospital inpatients continued to highlight inadequacies in the prescribing, monitoring and documentation of oxygen.

Aims 95% of patients using oxygen to have a valid drug chart prescription

100% of patients to have a target saturations range specified

100% of patients to have oxygen saturations documented with sufficient frequency for their NEWS score

90% of patients to have 'actual' SpO₂ within their specified target range

Methods We carried out yearly re-audits in November 2018 and 2019 to objectively measure the impact of trust-wide and local changes.

PDSA Cycle 1

-Introduction of the 'NEWS 2' scale

-Re-designing drug charts with 'tick-boxes' for target oxygen saturations

PDSA Cycle 2

-Mandatory junior doctor teaching on safe oxygen prescribing