Collaborative learning between GPs, fledgling MDTs, and across the primary-secondary care interface has united colleagues around a shared purpose, starting solution-focused conversations.

**OUTCOMES OF THE ELECTRONIC MEDICAL TAKE LIST – IMPROVING STAFF EXPERIENCE, PATIENT SAFETY AND ROSTERING**

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10.1136/leader-2020-FMLM.161

**Aims and Methods** The ‘medical take’ is a demanding process, whereby doctors review and manage acute admissions. We created a task force group and collaborated with Patienteer, a patient tracking software that can pull real-time patient information from our electronic medical record system Cerner, in order to improve this experience for our staff and ultimately improve patient care.

A bespoke electronic medical take list was which allowed us to overcome previously identified issues:

- Patient details were automatically added to the list (removing the potential for transcription errors)
- Multiple user access
- Live location
- Live NEWS2 scores

Thereafter, 6 months' worth of data was analysed from February to September 2019.

**Results** Doctors were surveyed through an anonymised online questionnaire, with 27 respondents who had used both the old Excel list and the new Patienteer list. 89% found Patienteer to be improve efficiency. Two-thirds overall found it helped prioritise clinical need. 78% found patient details were captured more accurately with Patienteer. Accessibility was also thought to have improved, with 85% favouring Patienteer as being ‘easier’ or ‘much easier’ to access. 59% thought Patienteer had decreased their workload. 96% would overall, recommend the new Patienteer medical take list.

Through 6344 patient encounters, various outcomes were reviewed. There was a significant inverse correlation between NEWS2 scores and time taken for a medical doctor review: as NEWS2 score increased, patients were seen earlier. The time taken to be seen in minutes was expressed as

\[ 4.24621 \times \text{NEWS} + 133.031 \]

where NEWS is the NEWS2 score (p=0.0002397).

**Conclusion** The survey suggested the Patienteer medical take list had made the acute medical take experience more efficient and decreased the workload. There is also a suggestion that patient care is improved through the display of the NEWS2 score, allowing doctors to prioritise sicker patients earlier.

**QUALITY IMPROVEMENT PROJECT ON COMMUNITY INDUCTION FOR FOUNDATION YEAR 2 DOCTORS**

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Foundation doctors regularly rotate through different specialties as part of their training. Inductions to these new placements can vary in delivery and effectiveness. High quality induction is a recommendation of the Academy of Medical Royal Colleges for safe trainee changeover.

**Aim** To improve the induction process for Foundation Year 2 doctors (FY2s) in community placements at Epsom and St Helier Trust.

A survey of 10 questions, devised from the British Medical Association guidance on adequate induction, was circulated to FY2 doctors (n=10) in community placements (GP and Psychiatry) between 4th August - 4th December 2019. Induction booklets individualised to each placement were created by