SURGICAL ASSESSMENT UNIT: LESSONS LEARNED FROM AN EMERGENCY SOLUTION TO STEM ED OVERCROWDING AMIDST COVID-19

Fiona Griffin. Aberdeen Royal Infirmary, Foresterhill, Aberdeen, UK

10.1136/leader-2020-FMLM.164

The nation-wide response to COVID-19 has impacted the structure of facilities and training since March 2020. Redeployment of trainees to areas of practice outwith their base specialties allowed for adequate staffing levels in high-risk areas. In Aberdeen Royal Infirmary, a Surgical Assessment Unit (SAU) and an Orthopaedic Assessment Unit (OAU) were established. The SAU engulfed Surgical Ambulatory Clinic (SAC) which was a unit formerly run from 9am-5pm Monday-Friday by a surgical consultant, assessing patients referred to the unit by General Practitioners.

Patients were triaged by ED and those without COVID-19 symptoms were referred to surgical specialty registrars before attending SAU. Data was collected retrospectively for attendances from 1st May-31st May. Core trainees (CTs) from surgical specialties were redeployed from General Surgery (4), paediatric surgery (1), Urology (1), ENT (1), Plastics (2) to staff the Surgical Assessment Unit from 3rd May 2020. Seven-hundred and ninety-seven (797) patients attended SAU, with an average of 25 patients daily. Admission or discharge outcomes are unknown for fifteen percent (118) of patients. 50% (395) of attendances were General Surgical patients, 19% neurosurgical and 11% urology. One-third (238) of patients attended SAU were admitted to hospital. Mondays and Tuesdays were the busiest days with 9am and 12pm being most common presentation time.

General Surgery accounted for the highest number of attendances, likely in part to its combination with SAC. High neurosurgical attendances are a result of the new ED pathways referring all head injuries to specialty, including very minor ones.

SHARING LEADERSHIP: CURRENT ATTITUDES, BARRIERS AND NEEDS OF CLINICAL AND NON-CLINICAL MANAGERS IN UK'S INTEGRATED CARE SYSTEM

Monica Alabi, Lisa Aufegger, Ara Darzi, Colin Bicknell. Centre for Health Policy, Imperial College London UK

10.1136/leader-2020-FMLM.165

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Acute Upper GI Bleed

ACUTE UPPER GI BLEED – OPTIMISING PATIENT CARE IN A DISTRICT GENERAL HOSPITAL

Olaolu Olabintan, Georgina Skee, Michael Odunyemi, Gabor Spos. Medway Maritime Hospital

10.1136/leader-2020-FMLM.166

Endoscopy is an essential tool in treating, diagnosing, and prognosticating patients with acute upper gastrointestinal bleeds (UGIB). NICE recommend all patients presenting with Acute UGIB should be risk stratified using the Glasgow Blatchford Score, must have an endoscopy within 24 hours of...