

admission if haemodynamically stable, and within 2 hours of resuscitation in patients with a severe AUGIB. The Joint Advisory Groups in GI endoscopy (JAGS) expects hospitals to offer endoscopy to least 75% of all patients presenting with AUGIB within 24 hours. They also recommend daily GI-bleed list for any hospital seeing more than 330 cases of AUGIB a year. Our audit was focused on analysing if the above recommendations are being met at our DGH hospital, and if changes suggested improve overall patient care.

A total of 341 referrals were collated from July 2019 - February 2020, from these the data for 262 endoscopies were retrieved and analysed.

The results showed on average, 63% of the endoscopies were done within 24 hrs overall. 100% of the referrals from the emergency department and the wards had a Glasgow-Blatchford Score completed pre-endoscopy. The most common symptom for referral was melaena. However in unstable patients, the commonest symptom was haematemesis.

In summary, we found out that our local DGH is short of the gold standard target of 75% endoscopy within 24 hrs of UGIB presentation. From the data gathered, this audit projects that in a 12-month period up to 450 UGIB endoscopies will be performed. As a result of this, we should be offering 7 days a week UGIB endoscopy service.

From this audit, we have been able to initiate the use of the Acute UGIB bundle in our emergency department. We have also presented the result at departmental meetings, to educate the junior doctors on the important of prompt referral to endoscopy as a means to ensure patients are getting their endoscopy within 24 hrs of presentation.

Leading innovation and improvement

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DEVELOPING FUTURE LIFESAVERS & BEYOND. IMPROVING CPR OUTREACH THROUGH MEDICAL STUDENTS

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Introduction Timely and effective Cardiopulmonary Resuscitation (CPR) can increase the survival rates by 3times. Bystander CPR rate in India is very dismal as 1.3%.¹ The present study aims to training all medical undergraduates in Basic Life support(BLS) for delivering effective CPR and Increasing` CPR outreach by training the community.

Methodology Students were divided into groups of 30, had three instructors, with a mannequin for every 3 students. Students were given video lectures, followed by hands-on training. Students were evaluated about confidence, likelihood of peer teaching, and implementation. The medical students were trained in first year, and again during Internship. A second-tier was proposed from May 2020,where trained undergraduates will be instructed to teach the CPR methods to a minimum of 5 people from the community using home-made mannequin. The program has been now temporarily halted due to pandemic.

Results Till date, 1950 undergraduates have been trained, and all 750 students in campus are BLS-CPR providers. The confidence to perform independent CPR after the

training was about 64.2%, with interneers being more confident (81.3%). Likelihood of implementing CPR was 40.9%, with those confident more likely to implement (54.3%). Likelihood of peer teaching was 22.9% overall, which was only 7% among those who were not confident. There was a significant difference among the above parameters between those confident and not confident after training ($p<0.001$). The program produces 150 new CPR providers per year, and second phase could add more than 3750 providers in the community, with 750 people being added each year.

Conclusion We proposed to empower future lifesavers who are young and enthusiastic about learning new skills and also to impart them to others there by increasing the number of first responders in the community.

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