demonstrated through organisation and administration of the channel. We are on Plan-Do-Study-Act (PDSA) cycle 1 and will shortly commence evaluation of our intervention.

Conclusions We anticipate our intervention will gradually improve wound photography compliance in open fracture patients following continued PDSA cycles. Our devised photography process can be applied for other clinical indications within various specialities.

Testing, implementation, spread and scale up of high quality and innovative healthcare improvement approach for patient safety

One of the innovative approaches implemented at Hamad General Hospital (HGH) for effective healthcare quality improvement was combining different quality improvement methodologies and tools for improving the care process and achieving patient safety. To test this approach, Lean and Model of Improvement with PDSA methodologies were combined for reducing the delay in IV stat administration.

Approach Tested an innovative idea for a 6-month intervention with a 6-month data collection period in a pilot test site of inpatient medical ward. Intervention was implemented by a multidisciplinary team and involved study of existing process, removing superfluous tasks through lean technique, using fishbone and Pareto analysis for decision making, testing and implementing change ideas using Model of Improvement and PDSA methodology. Appropriate and need based training was provided to staff involved in the process for sustenance of the improvement. The lessons learnt were spread to other medical units and scaled-up to other Hospitals of HMC across Qatar.

Results The outcome measures in terms of total mean delay in stat delivery time was well within target time of 30 minutes as set by the hospital guidelines. The previous mean time was 2 hours 20 minutes. The results were sustained in the pilot unit for 12 weeks before they were spread to other units.

Conclusions Combining Lean and model of improvement methodology can significantly contribute to better safety outcome measures for a patient-centered care.

Leading innovation and improvement

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Coverage
- Organised events in 110 educational institutions.
- Involved over 10,000 students and general public.

Feedback
The reflections of medical students from their participation:
- ‘Speaking and communicating to a crowd is much different experience from medical school setting’
- ‘Surprised at the amount of stigma, taboo and ignorance about menstruation’
- ‘Speaking about depression really made us connect with the audience’
- ‘The interaction with community has given us a new perspective of medical practice’

Future plans
1. Collaborating with other student bodies and NGOs to complement our work.
2. Aggressive outreach on social media platforms.
3. More structured schedule to balance academics and outreach activities.

Occupational Health

176 LEADING THE DEVELOPMENT OF LOCAL CONTACT TRACING SERVICES ACROSS THREE NHS TRUSTS

Alice Palmer, Bernadetta Bari Adityani, Gabriella Clark, Jessica McIndoe. Royal Cornwall Hospital, University Hospitals Plymouth Trust, Royal Cornwall Hospital, Royal Cornwall Hospital

During the COVID-19 pandemic, NHS Occupational Health services in Plymouth and Truro quickly recognised the need for accurate identification, monitoring and management of exposure to nCoV-19 virus in the workplace.

We had recognised several issues arising as the pandemic began to intensify. These affected a) the health and wellbeing of NHS staff exposed to COVID-19 in the workplace, b) patients, as high risk exposure increases the risk of transmission of the virus, preventing outbreaks within a clinical environment, protecting staffing levels and allowing healthcare services to continue.

A system of identification and assessment of staff and their risk from contact with COVID-19 was developed. Using this assessment, staff were advised on action, ranging from no additional action needed, to a swab with no isolation period to full 14 day isolation. There have been positive outcomes since the introduction of the system. At RCHT only 18% of staff whom have had contact with a COVID-19 positive patient or staff member have been required to self-isolate. This is a vast improvement over the potential 100% whom would have had to self-isolate were simple guidance of isolating applied. Staff are given the option of offering any contact follow up after any contact followed without exploring the risk from contact with COVID-19 was developed. Using this assessment, staff were advised on action, ranging from no additional action needed, to a swab with no isolation period to full 14 day isolation. There have been positive outcomes since the introduction of the system. At RCHT only 18% of staff whom have had contact with a COVID-19 positive patient or staff member have been required to self-isolate. This is a vast improvement over the potential 100% whom would have had to self-isolate were simple guidance of isolating after any contact followed without exploring the risk further.

By the end of April 2020, the contact tracing services in UHPT and RCHT were well established; the only local services in the country at the time. Public Health England (PHE) were kept informed of our policies and aided in some of the finer details. Multiple NHS trusts across the South West have started to implement similar systems working in close collaboration to ensure consistency across the region. Weekly regional meetings now take place virtually between occupational health services across the region, facilitated by the occupational health service at RCHT. The development of the service has left the participating trusts in a much better