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

-‘Oxygen Safety’ posters on wards

-Reminders at handover for staff to measure and document oxygen saturations

Results Following PDSA Cycle 1, all patients with valid oxygen prescriptions had a specified target saturations range. In the PDSA Cycle 2 re-audit, all patients had ‘actual’ saturations within their prescribed target range, and 99% had oxygen saturations documented with sufficient frequency for their NEWS score. These were huge improvements from previous audits, which highlighted significant proportions of patients at risk of hypercapnia. Despite improvements, 14% of patients continued to use oxygen without valid prescriptions in 2019.

Conclusions Through a combination of trust-wide and local changes, we were able to drastically improve behaviours towards oxygen use. This will have great implications towards improving the safety and quality of care patients receive. Further work is needed to ensure oxygen is consistently prescribed.

Discharge time and SNF readmissions

21 DISCHARGE TIME AND 30 DAY READMISSION RATES FROM SKILLED NURSING FACILITIES

Sharon Blackwell. *Licensed RN and Certified Case Manager, Virginia, USA*

10.1136/leader-2020-FMLM.21

This study was performed at Chesapeake Regional Hospital which is a 300 bed community hospital in Chesapeake Virginia. It was conducted through chart review and communication with the skilled facilities, care management department and hospitalist group.

The SNF readmission rate at Chesapeake Regional Hospital meets the national readmission rate of 23.5%. We wanted to test the theory that earlier discharges would lower that readmission rate.

I reviewed 469 charts over a 90 day period of patients being discharged to a skilled facility. I noted time of discharge and receiving facility.

Hospitalists were instructed to begin completing discharge summaries on SNF patients before noon on the day of discharge and care managers were to set up transport before 4:00 pm. We also sent surveys to receiving facilities to assess patterns and areas of opportunities with the discharges.

During the next 90 days I reviewed charts of 523 additional patients and compared the results.

Implementation of earlier discharge summaries and earlier transport times did not result in a lower 30 day readmission rate from the skilled facilities. Although the rate did not go down, we noted that rates were much higher on some units at certain time periods. This gives management a good idea of where to focus resources such as discharge nurses and care managers. Discharge nurses should attempt to focus on units with higher readmission rates.

Surveys completed by the receiving facilities also identified a pattern of issues with medications and no or incomplete report. This information helps discharge nurses to put emphasis on discharge medications and proper report to the receiving facility. The hope is that focus on units/times with higher readmission rates will result in a decrease of our overall readmission rate.

Wellbeing

22 ‘LET THEM EAT CAKE’: THE INTRODUCTION OF A WEEKLY CAKE ROTA IN THE ACUTE MEDICAL UNIT (AMU) TO IMPROVE TRAINEE WELLBEING DURING THE COVID-19 CRISIS

Hannah Parker. *Musgrove Park Hospital, Taunton, Somerset, UK*

10.1136/leader-2020-FMLM.22

The outbreak of COVID-19 had substantial impact on trainees. Examinations were cancelled, rotations to other specialties were suspended with little information available regarding the immediate impact and enduring consequences of the pandemic. Trainee morale in AMU dropped during this uncertain period, which this project aimed to address.

To identify baseline levels of morale, an anonymous survey was distributed to all AMU trainees at Musgrove Park Hospital via social media, asking to rate level of agreement using a Likert scale with several wellbeing statements such as ‘I feel happy at work’ and ‘I feel part of the AMU team’. The introduction of a cake rota encouraged trainees to pick a date they would provide cake for the team. Every Friday, after AMU ward round had finished, the team could eat together, whilst also offering an opportunity to socialise as a group. The survey was then redistributed to ascertain post-intervention levels of wellbeing.

Responses to the question ‘I look forward to coming to work’ were scored more positively post-intervention, with 50% now strongly agreeing with this statement, compared to 0% prior. Similarly, trainees demonstrated an increasingly positive response to the statements ‘I feel part of the AMU team’, ‘there is a spirit of co-operation and teamwork within my team’ and ‘I get along well with my co-workers’, as 100% of trainees now strongly agreed, compared to 43% pre-intervention. This was echoed in the free text comments at the bottom of the survey, where one individual commented this was a ‘great idea to encourage team camaraderie’.

Introducing simple measures (such as a weekly cake rota) promoted teamwork, collaboration, and a sense of unity, to help address a decline in trainee morale resulting from the COVID-19 pandemic. Longer term, this could improve individual wellbeing and maintain enthusiasm for a job which can be challenging and unpredictable, attributes which could be valuable as we enter a post-COVID world.

Intravenous iron use in pregnancy

23 INTRAVENOUS IRON USE FOR ANAEMIA IN PREGNANCY: EVALUATION OF PRACTICE AT A DISTRICT GENERAL HOSPITAL IN UK AND LITERATURE REVIEW

Tomi Ashaye, Sarwat Umer, Rabia Zill-e-Huma, Mehdi Hasan, Sarah Box. *Department of Obstetrics and Gynaecology, Department of Haematology, Department of Pharmacy, Lister Hospital, East and North Hertfordshire NHS Trust, Stevenage, UK*

10.1136/leader-2020-FMLM.23

Objectives To compare the efficacy, safety, and cost-effectiveness of Iron Sucrose (Venofer) and Iron Isomaltoside (Monoferr) in the treatment of iron deficiency anaemia of pregnancy.