

Developing effective leaders

190

DEVELOPING EFFECTIVE JUNIOR DOCTOR LEADERS IN QUALITY IMPROVEMENT AND INNOVATION

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Aims Junior doctors experience a unique breadth of experience due to the nature of their rotational pattern of work. The aim of this work was to engage with, empower and support junior doctors to drive quality improvement (QI) and innovation.

Methods 12 junior doctors were competitively appointed as Wrexham Innovation Fellows by the Site Innovation Lead. They were provided with formal QI and innovation training, mentoring and guidance to drive change. They communicate via whataspp when possible and work together as a group to bring issues to the Site Innovation Lead. This helps to identify barriers, signpost to key players in the organisation, open doors and helps develop a robust PDSA cycle.

Results The Innovation Fellows work as a team and have registered over 20 QI projects to date. 100% (12/12) of Innovation fellows feel that trainee involvement in QI and innovation is a good thing and 92% (11/12) feel that their training has been complimented through their work and support as an Innovation Fellow. Since becoming an Innovation Fellow, 75% (9/12) feel more supported by the organisation to undertake QI and Innovation and 92% (11/12) feel more engaged to undertake QI and innovation since undertaking the programme. The scheme is now expanding to include advanced nurse practitioners, pharmacists and physicians associates.

Conclusions Junior doctors are in unique position to influence innovation, quality improvement (QI) and leadership across NHS organisations. Providing them with bespoke leadership and QI training can help them feel supported, drive innovation, enhance trainee satisfaction, enhance their training and deliver quality improvement and innovation that can help drive change. Other organisations should consider utilising junior doctors and allied healthcare professionals as Innovation Fellows within a structured framework to drive innovation and change.

Leadership lessons from across the world

191

SIMULATION AS A TRANSDISCIPLINARY EDUCATIONAL TOOL IN THE PANDEMIC. OUR EXPERIENCE IN 8 HOSPITALS AND 1789 HEALTH WORKERS TRAINED IN ROSARIO, ARGENTINA

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Introduction After the World Health Organization declared COVID-19 a pandemic, the Simulation Center of Rosario (Ce. Si.R), Argentina, under the authority of the College of Physicians, decided to foster a training program for collegiate physicians to continue strengthening their skills in the

advanced airway management and the proper uses of Protective Personal Equipment, with a focus on in situ simulations for health staff in care centers.

Aims Train health teams from transdisciplinary paradigms and expand learnings in the strategic management of social and sanitary care actions, by assessing the participants strengths, and weaknesses, and by developing an improvement plan to implement in each institution or work equipment. Understand how the clinical simulation was perceived.

Methods After the beginning of the pandemic, the Simulation Center delivered some sessions to explain the theoretical and practical approaches of the project; 8 hospitals and 9 primary care centers were selected for the in situ simulations, mostly aimed at strengthening the daily tasks of all those involved in the patient care process: stretcher handlers, nurses, physicians, housekeepers, and administrative staff. Either actors, manikins, or part-task trainers portrayed COVID-19 patients.

Results and Discussion 1789 health workers were trained. The in situ simulation disclosed the need to revisit technical and non-technical skills in real-time. Process non-apparent errors were detected: physical space, resources, signs, inter-service communication as well as the participants' strengths and weaknesses.

The simulation helps creating and recreating the necessary conditions to bond and produce knowledge from simple to complex scenarios. The project intends to directly improve patients and health workers' safety by highlighting the relevance of teamwork and enhanced staff trust in the institutions. To the best of our knowledge, this innovative activity is unprecedented on such a big scale.

Leading innovation for the elective CS pathway during the coronavirus pandemic

192

THE POSITIVE IMPACT ON POSTNATAL METRICS – RELOCATION OF THE ELECTIVE CAESAREAN SECTION PATHWAY TO THE 8TH FLOOR, GYNAECOLOGY WARD

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The COVID-19 pandemic profoundly affected clinicians' work patterns and the clinical activity within the hospital. In the Maternity Department at St Thomas's hospital in London, COVID-19 positive patients were cared for separately on Hospital Birth Centre and cancellation of elective theatre lists led to empty theatres and under-utilised surgical wards.

Over a 6 week period, we looked at the relocation of the low risk elective caesarean section (ELCS) pathway or 'green' according to a devised Traffic light Criteria, to a separate floor and evaluated the impact on relevant process measures. This involved strong leadership and multidisciplinary team involvement to ensure that the new pathway was integrated smoothly, without disruption to patient care.

We compared our data related to this pathway to baseline data from previous work on the ELCS pathway and discussed