-‘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

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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

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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

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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.