-‘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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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.

Methods A retrospective review for our local maternity services was done for use of intravenous iron involving 24 pregnant women with iron deficiency anaemia. Cost of treatment was provided by the local business authority and the NHS Prescription Cost Analysis 2012 database.

Results 80% of patients received oral iron as the first line. However, there was inadequate evidence of antenatal counselling and checking compliance.

15 patients were treated with Monofer at a cost of £847 per patient. 9 patients were treated with Venofer at a cost of £2721.74 per patient.

On average women received Monofer later in pregnancy, 36 weeks compared to 31 weeks. In a small group of patients, mild adverse effects such as flushing and headache were seen with Monofer. However, these were self-limiting. Only one had severe HSR which was successfully managed.

No adverse reactions were seen in the Venofer group.

Conclusion Monofer replenishes iron stores faster than Venofer, offering a safe, convenient, cost-effective, single-dose therapeutic treatment for iron deficiency anaemia in pregnancy. However, it is not commonly used in pregnancy due to fear of hypersensitivity reaction. Simple adverse effects are mislabelled as hypersensitivity reactions. A management flow chart has been suggested after a multidisciplinary discussion to guide in case of such events.

There is a scope to improve detection of anaemia as well as the use of oral iron. To improve detection and management of iron deficiency anaemia, we have also introduced a simple flow chart for doctors and midwives to follow in hospital and community.

This study highlights being innovative, proactive and execution of ideas within wider multidisciplinary teams in community and hospital to improve patient experience, safety and management.

Think sugar

24 THINK SUGAR-HYPERGLYCEMIA MANAGEMENT IN CARDIOLOGY

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10.1136/leader-2020-FMLM.24

Introduction • Issue :Lack of awareness for the significance and management of hyperglycaemia in the short and long term for cardiology patients. Data collected from 21 inpatients in Cardiology ward and CCU between May 8th and 24th 2018, and 2nd cycle between 10th July till 30th July 2018.

Results

1. Hb A1C check (1st cycle showed on 33% which rose to 90% in 2nd cycle)
2. Reason for admission 1st and 2nd cycle: The most common reason for admission within the cohort was myocardial infarction.
3. Frequency of blood glucose checked: 1st cycle 67% patients checked 4 times a day. 2nd cycle this rose to 85%.
4. Referral to Diabetic specialist team: 38% were referred to the Diabetic inpatient team in first cycle which changed to 75% in the 2nd one.
5. Information given to the patients: 100% patients were given the information leaflet in the second cycle as compared to 42% verbal info in 1st cycle.

• Leadership and innovation: This QIP led to improvement in the understanding of healthcare professionals, about the significance of glycaemic control, patient information and appropriate follow up for it via following:

1. Catchy 'Think sugar' posters created and put up in cardiology ward and CCU, with literature references as part of evidence based medicine.
  2. First initial CBG check documentation was made part of nursing CBG check sheets.
  3. Patient information leaflet was created and feedback taken
- 6) Impact:

- Patient care and hence further admissions improved in terms of both cardiology care and glycaemic control and helped anticipating in reducing the health care burden as well.
- The innovative way of disseminating the knowledge and improving patient care helped health care professionals understand better the significance of good quality control as an integral part of cardiology related medical issues and overall health of the patients.

Enhancing your leadership and management skills

25 THE COVID JUNIOR SUPPORT TEAM (CJST)

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10.1136/leader-2020-FMLM.25

The NHS response to COVID 19 required staff to work very differently as the health service pivoted dramatically. As clinical service models evolved to prepare our hospital for the anticipated wave of COVID patients, a group of junior doctors who were excluded from frontline duties volunteered to contribute by providing office based tasks. The COVID Junior Support Team (CJST) was formed with its main 'objective', to support staff in the delivery of effective and high quality patient care. The CJST self-organised its members, taking on specific roles and setting up services tailored to address specific needs identified. Outputs included:

1. Standard Operating Procedures (SOP) for COVID-19 results management for discharged patients
2. Updating clinical guidance
3. Communication cascade
4. Rotas
5. Induction and Training programs for interim FY1's
6. Mortality Reports
7. Rapid learning reports/literature searches
8. Staff wellbeing survey
9. GP advice service provided by senior trainees and consultants

Our intervention has shown that despite not being able to work in patient facing clinical environments doctors in training have many transferable skills which can be harnessed to assist front line staff and contribute positively.

The CJST provided a unique development opportunity for doctors in training to gain experience of leadership and management across a wide range of activity. The team were