facilitating substantial improvements in both patient and service outcomes.

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HEALTHCARE LEADERSHIP IN MEDICAL SCHOOL: DELIVERING EXTRA-CURRICULAR LEADERSHIP TEACHING AND OPPORTUNITIES THROUGH STUDENT-SOCIETY EVENTS

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10.1136/leader-2021-FMLM.28

Introduction The experiences of medical students suggest that the teaching on healthcare leadership currently delivered through core curriculum material at medical school is insufficient, and there are few opportunities to engage in leadership activities. Thus, Birmingham Medical Leadership Society (BMLS) sought to gauge students' perceptions on an alternative form of healthcare leadership teaching that would facilitate core curriculum material – extracurricular events on healthcare leadership and management organised by a student-led society.

Methods Renowned leaders in healthcare were invited to speak on various topics related to leadership and management at 12 online events organised by BMLS. 249 participants completed evaluation forms, distributed after each event. Participants were asked to rate the leadership training available at their medical school and the perceived usefulness of the BMLS event they attended, how interesting it was, and how relevant it would be to their careers – on a scale of 1 to 5, with 5 being most useful/interesting/relevant.

Results Only 27% of participants agreed or strongly agreed that the leadership teaching or opportunities available at their medical school were sufficient for developing leadership skills for the workplace. 96% of the 249 participants rated the BMLS event they attended 5/5 (62%) or 4/5 (34%) in terms of usefulness. 92% rated the event 5/5 (62%) or 4/5 (31%) in terms of how interesting it was. 94% rated the event 5/5 (66%) or 4/5 (28%) on relevance to future careers.

Conclusion This study demonstrates that the use of the student-society model for promoting healthcare leadership and management is an effective way to incorporate leadership training at medical school without overloading medical curricula. Existing medical leadership societies across the nation are recommended to adopt the scalable, sustainable, and promising student-society model demonstrated, to promote healthcare leadership among students.

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HIGH OUTPUT VACCINATION CENTRE FOR OPTIMUM VACCINE DELIVERY

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10.1136/leader-2021-FMLM.29

Background The COVID-19 pandemic presented many challenges, one of which was the necessity to provide a large number of COVID-19 vaccines at scale within a short period of time.

Aims and Objectives To use process mapping to ensure maximum efficiency flows of patients through a High Output

COVID vaccination centre during the COVID-19 pandemic and utilize lean methodology and six sigma methods to ensure maximum output within both time and resource constraints in primary care.

Methods Using process mapping and patient flow mapping, we were able to study various permutations of COVID-19 vaccine pathways from booking to vaccine delivery. The service was challenged by practices to deliver the most effective patient vaccine volumes within a given time frame ensuring patients could be streamed through the vaccine centres with maximal efficiency. The high output vaccine model could ensure a maximum uptake of 2500 vaccines in one working day. Following the initial pilots, the process flow mapping enabled the application of lean methodology and six sigma to reduce inefficiency and duplication. The design was implemented across three sites across the Basildon, Billericay and Wickford areas optimising workflow and execution of large volumes of vaccine delivery during the national immunisation programme.

Results The methodology enabled a process flow map that would provide the most clinical and cost effective patient flow through the high output vaccine hub ensuring maximum numbers could be vaccinated in the given time.

Conclusions The QI methodology enabled a cost effective and clinically effective high output vaccine hub to provide up to 2500 vaccines in one day, across three sites in the Basildon and Brentwood, Wickford area.

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HOSPITAL 2 HOME: IMPLEMENTATION OF A CLOSED-LOOP DIGITAL PATHWAY TO SUPPORT REHABILITATION IN AN OLDER POPULATION

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10.1136/leader-2021-FMLM.30

Aims To establish the feasibility of a closed-loop feedback system to remotely monitor and deliver personalised care to patients who have had a fractured Neck of Femur (NoF).

Methods Smartwatches were provided to NoF patients post repair and linked to the Cush Health digital web-app platform allowing visualisation of the data by the patient and their clinical team and access to personalised exercise/support plans. Monthly multidisciplinary meetings attended by the healthcare team reviewed smartwatch data and patient progress to progress rehabilitation. Objective outcomes (ie. smartwatch and quality of life data) was combined with subjective feedback from patients and the clinical team.

Results 3-month data showed positive engagement with technology and a progressive increase in step count data, reduction in average heart rate and reduced length of stay in a 62-89 years old population. Clinical lessons learnt include specific drivers and barriers for older populations; use of support networks can help engagement in those not experienced with technology; closed-loop system can empower patient autonomy and progress rehabilitation whilst an inpatient and help transition to community care. Independent analysis of the pathway showed cost and carbon emission saving benefits by facilitating a remote MDT and patients have responded positively by having the supported messaging via the platform.

Conclusion Our research has shown that a rapid deployment of a digital pathway is feasible and able to deliver better