leaving ED were invited to complete the Friends and Family test (FFT) designed to assess patients' experiences. Feedback collated from FFT at Pilgrim Hospital demonstrates that patients did not receive discharge information and did not know who to approach for further advice.

Aims I designed this QIP to address patient-centred care by increasing the distribution of PILs by 10% at Pilgrim Hospital by March 2021. This was done through the creation of a desktop repository; the intervention will enable clinicians to print the relevant PIL for patients at discharge. The increased use of PILs leads to an improvement in patient centred care (3).

Methods I formed an MDT: the ED Clinical Lead was the project champion. I utilised driver diagrams and model for improvement methodology (PDSA cycle) (4). The CQC urgent and emergency care questionnaire was circulated to patients by clinicians to measure the distribution of PILs, pre- and post-intervention (5). A desktop repository was created and made available on all ED computers. I regularly reminded clinicians at huddles the need to distribute PILs within the department.

Results The distribution of PILs increased from 8% prior to implementation (Oct 2020) to 54% post implementation (March 2021) – an overall change of 46%.

Conclusion There has been a change of 46% in the distribution of PILs in ED, which is a successful QIP. Changes have been made in the department to reinforce the importance of PILs. There is still room for improvement in subsequent cycles of this project, this will be achieved through democratic leadership and further use of information technology.

7

A RETROSPECTIVE ANALYSIS OF OXYGEN ADMINISTRATION AND RECOMMENDATIONS FOR REDUCING OXYGEN WASTAGE DURING THE COVID-19 PANDEMIC AND BEYOND

^{1,2,3}Neil Cunningham. ¹University Hospitals of Northamptonshire, UK; ²University Hospitals of Leicester, UK; ³University of Leicester, UK

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Background During the COVID-19 pandemic, health services across the globe have been under strain ensuring they have the capacity to deal with the substantially increased proportion of patients requiring supplemental oxygen. The NEWS2 scoring system has a target oxygen saturation of $\geq 96\%$ (88-92% in patients with hypercapnia). However, British Thoracic Society (BTS) Guidelines recommend targets of 94-98%.

Aim To conserve oxygen supplies during the pandemic without compromising patient safety, and, show the benefits of junior doctor engagement in healthcare leadership to service delivery.

Methods A retrospective analysis of oxygen usage in a 32 bedded acute medical unit was conducted. 783 admissions owing to 1768 clinical encounters were analysed for oxygen usage. Patients were deemed suitable for weaning if their oxygen saturation was $\geq 2\%$ above the lower limit of the BTS recommended target.

Results 22.5% of patients receiving oxygen were suitable for oxygen weaning. Only 25.6% of these patients did so. 48.7% were suitable for weaning with BTS guidelines. If all eligible patients had been weaned following NEWS2

parameters, net savings of between 6 and 13% were achievable. Following BTS guidelines, net savings of between 16 and 33% could have been made (corresponding to over 3 million litres of oxygen on one ward annually). A new 'Oxygen Weaning Guideline' was created to help conserve vital oxygen supplies.

Conclusion Excessive oxygen is commonly supplied to patients. Whilst junior doctors may not have the 'positional power' to enact change as described by French and Raven, they are an important resource who can use a lens of opportunity to develop 'informational power' through novel audits to enact change. Lessons learned from this study have the potential to change clinical behaviours such that we are more efficient and sustainable with the administration of oxygen whilst alleviating the extra burden on oxygen delivery systems in health care systems worldwide.

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ADJ'S EXPERIENCE IN YOUTH LEADERSHIP DEVELOPMENT

¹Matheus Chaluppe, ²Bruna Patrício, ^{1,2}Pedro Ripoli, ^{1,2}Lucas Xavier, ^{1,2}Mark Barone. ¹ADJ Diabetes Brasil (ADJ), São Paulo, Brazil; ²International Diabetes Federation (IDF), Brussels, Belgium; ³Fórum Intersectorial para Combate às DCNTs no Brasil (ForumDCNTs), São Paulo, Brazil

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ADJ Diabetes Brasil, a Brazilian not-for-profit organization founded in 1980, has been offering since 2009 leadership training programs for youth. During the first 10 years, the programs were exclusively offered to individuals between 15 and 25 years old living with or interested in diabetes. Since 2020, the organization has broadened its programs to youth from 13 to 25 years old, including interest in other health areas, gender equity, domestic violence, education and environment. Furthermore, Brazil is the fifth country in number of people with diabetes (16.8 million adults) and the lack of information and adequate care for its management lead to complications such as neuropathy and coronary artery disease. In addition to health challenges, the country faces social problems such as femicide. The program consists of an intensive program made up of practical workshops during 6 months. It aims to develop skills such as fundraising, empathy, resilience, health education, human rights and advocacy, leadership, effective communication, storytelling, persuasion and interpersonal relationships. The activities rely on the collaboration of expert facilitators from different sectors. However, the COVID-19 pandemic obliged us to adapt most of the program to online platforms. Therefore, this created a new challenge of engaging the youth through one additional online activity. The impact and benefits identified in the program resulted in the preparation of young leaders that became some of the most active health and social advocates and entrepreneurs in national and international platforms. The purpose of the program is to train young leaders, so that they become fully aware of the reality of their surroundings and empowered to use their voice to generate consistent changes in their lives, communities and society. These changes are expected to positively impact the public health, organization of the society and