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Aim: The aim of this study was to develop an audit tool, identify current standards and measure improvement of emergency CT request forms for patients admitted to our surgical unit.
Methods: A 16-point scoring tool was developed and a retrospective review of 200 consecutive inpatient CT requests was carried out. A point was allocated to each completed parameter and the overall score calculated. Results were presented to the surgical team and a prospective audit of 100 consecutive requests performed. Following the audit a questionnaire was disseminated to members of the surgical team to determine the level of individual change in clinical practice.
Results: The overall mean score for CT request form completion improved from 13.3 (83.1%) to 15.3 (95.6%). Previous surgery documentation (35% to 71%), reference to previous imaging (37.5% to 75%), documentation of clinical signs (67% to 97%) and contact details of requesting practitioner (79.5% to 98%) all showed improvement. 20 individuals completed a post-audit questionnaire with 95% finding the audit useful in their clinical practice and 100% recognising the audit's educational merits for junior doctors in radiology request form completion.
Conclusion: This audit tool is a useful method of assessing and improving standards of radiology request forms.

0627: IMPLEMENTING THE WHO SURGICAL CHECKLIST: AUDIT OF ENT PATIENTS

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Aim: In 2009 the National Patient Safety Agency published a patient safety alert, aiming to implement the WHO Surgical Checklist in all surgical procedures. A previous study by Haynes et al. had demonstrated a significant reduction in morbidity and mortality in surgical patients when utilising a surgical checklist. Our aim was to determine the completion rate of the checklist within our department. A previous audit had shown only 14% of procedures had a fully completed checklist.
Methods: We undertook a retrospective re-audit of ENT patients undergoing elective or emergency procedures. Data were collected from 34 case notes using a pre-defined audit proforma tool.
Results: We found that only 19% of notes had a fully competed checklist (previously 14%). In 16% of cases the forms were blank, and 6% had no checklist within the notes. Regarding the sections of the checklist (sign in, time out, sign out), completion rates were 56%, 75% and 50% respectively (previously 86%, 48% and 19%).
Conclusion: The WHO Surgical Checklist is now an essential tool in surgical practice. However, both audit cycles have demonstrated a significant number of incomplete forms. All surgical teams should complete regular audits to ensure correct implementation of these guidelines.

0628: AN AUDIT TO ASSESS AND IMPROVE ADHERENCE TO ABBREVIATED MENTAL TEST SCORING IN EMERGENCY NECK OF FEMUR PATIENTS

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Aim: An audit to evaluate as well as improve junior doctor adherence to the best practice tariff as set out by the national institute of clinical excellence (NICE) of completing an abbreviated mental test score (AMTS) on admission in all emergency fractured neck of femur (NOF) patients.
Methods: A retrospective observational audit of all junior doctor clerking's of emergency NOF patients admitted into orthopaedics over a one-month period was completed. Junior doctors were educated upon NICE guidance of completing an AMTS on admission. A repeat audit cycle was completed over the following month to assess the efficacy of intervention.
Results: Data was collected from 36 patients over the first audit period. The audit demonstrated an overall adherence of 80.6% to NICE guidance. Following intervention data was collected from 31 patients, which demonstrated an improved adherence rate of 87.1%.
Conclusion: The audit demonstrated that there is currently a high level of adherence to NICE guidance. However with education of junior doctors on the importance of AMTS on predicting patient recovery improved adherence. Further research is recommended with a larger patient population as well as a longer audit period to further evaluate the efficacy of intervention.

0644: A PROSPECTIVE AUDIT OF THE WHO SURGICAL CHECKLIST USE IN A DISTRICT GENERAL HOSPITAL

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Aim: We aim to identify how effectively the checklist is being used to capture both quantitative and qualitative information about the use of the WHO checklist using a predesigned proforma. Use of the WHO checklist in eight hospitals around the world was associated with a reduction in major complications from 11.0% before introduction of the checklist to 7.0% afterwards.
Methods: 32 Cases in General Surgery Theatres at Hillingdon Hospital in June 2013 were randomly chosen to cover general surgery, vascular surgery, paediatric surgery and Ophthalmology. Data was collected on 1) documentation of WHO checklist at the sign-in, time-out and sign-out phases. 2) Each phase was observed and a questionnaire to assess qualitative. Re-audit was performed after educational measures for all Operating Room staff.
Results: Documentation completions at the three phases were, 69%, 59% and 50% respectively. Re-audit showed improvement of sign-in and time-out to approximately 95% and 80% respectively. However sign-out results remained low at 50%. Qualitative improvement in sign-in phase was demonstrated after educational measure. There was no improvement in the execution of time-out and sign-out.
Conclusion: Checklist performance can be poor due to high turnover of elective cases, staff distractions and lack of respect for the procedure.

0678: THE NATIONAL COMPLICATED ACUTE DIVERTICULITIS (CADS) AUDIT – A SNEAK PEAK

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Aim: Acute complicated diverticulitis (ACD) is a common surgical emergency with significant implications for patients like major surgical intervention, intensive care support and life-long stoma. However, there is currently no standardization of care or unified national guidelines. This audit aims to generate baseline data to inform future RCTs.
Methods: Protocol was developed and nationally peer-reviewed for a national audit with a pre-audit questionnaire exploring existing management policy for ACD, followed by 3-months of data-collection on patient demographics, admission details, surgical intervention, mortality/morbidity. Finally, a one-off follow-up will be at 3-months from the date of admission to assess short-term outcome.
Results: The national CADS audit has successfully launched with 107-centres participating nationally. The data-collection phase is ongoing with nearly all participants having submitted the unit policy questionnaire and more than 1800 patient-records in the database so far. More results will be available at the conclusion of phase-1.
Conclusion: The audit has generated data on an unprecedented number of patients with diverticulitis. It is anticipated that these data may refine several pressing questions relating to management of ACD, like role of/need for radiological and drainage of sepsis, major surgical resection with/without primary anastomosis+stoma formation. This may enable development of robust RCTs with potential to generate level-1 evidence.

0724: A CLOSED LOOP AUDIT OF PRE-OPERATIVE MAINTENANCE FLUID PRESCRIPTIONS IN PATIENTS MADE NIL BY MOUTH PRIOR TO SURGERY

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Aim: In December 2013, NICE published guidance entitled 'Intravenous Fluid Therapy in Adults in Hospital [174]' highlighting a weight-based approach to maintenance fluid prescribing suggesting patients require 25–30 ml/kg/day water, 1 mmol/kg/day Na/Cl/K, 50–100 g/day glucose.