Methods: Patients (>18 yrs) undergoing sleeve gastrectomy or Roux-en-Y gastric bypass during 2013 at a single centre [N=124; F=71, M=53]. A retrospective review of electronic patient records. Primary outcome was successful discharge <24 h of leaving theatre recovery. Patient, operative and peri-operative details were analysed to identify factors associated with failed discharge. Significance was set at p<0.05.

Results: 17/124 (13.7%) of patients were discharged within 24hrs. Co-morbidities (%Successful/%Failed groups), OSA (20/9, p=0.09), Asthma (0/100, p=0.09) and Diabetes (11/85, p=0.5), and additional operative events (hernia repair/cholecystectomy/adhesiolsis) (0/100, p=0.08) were not significantly associated with discharge. Successful discharge was more likely from Level 2 (27%/Total) than Level 1 care (12%/Total). Time to pharmacy conversion of medication to bariatric compatible medication was not associated, but time to prescription of discharge medication was (p=0.02).

Conclusion: Few patients are meeting current discharge targets. Efforts to improve this could include increasing staff awareness of the target, quicker preparation of discharge medication and recognition of high-risk groups/wards.

0063: IMPROVING STANDARDS OF OPERATIVE NOTE KEEPING IN PLASTIC SURGERY: A CLOSED LOOP AUDIT

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Aim: The importance of operative note recording is a vital part of communication between the multidisciplinary workforce to uphold the highest standard in patient safety and follow up. This audit compared current practice in a plastic surgery unit with standards from the Royal College of Surgeons of England, Good Surgical Practice (2008).

Methods: Data was collected prospectively from 50 consecutive operative notes between November 2013 and December 2013, and audited against the guideline. After the intervention of an educational presentation, and a poster, a subsequent re-audit was carried out between March 2014 and April 2014 of a further 50 consecutive operative notes.

Results: The results from the initial audit cycle demonstrated much room for improvement when compared with the Royal College of Surgeons guidelines. After the introduction of an educational presentation, and a poster, a subsequent re-audit was carried out between March 2014 and April 2014 of a further 50 consecutive operative notes.

Conclusion: This audit objectively demonstrates that operative note recording standards can be significantly improved by education and complementary aide-memoirs. Despite this, there is still scope for further development and the answer may lie in implementing a universal pro-forma or operative note computer programme.

0094: THE TRAUMA PROFORMA: A COMPLIANCE, EFFICIENCY AND DOCUMENTATION TOOL

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Aim: Accurate and comprehensive documentation is an essential component of good surgical practice, particularly when a patient first presents for review. This audit examines the standard of surgical documentation prior to and following the implementation of a trauma proforma in a busy regional plastic surgery unit.

Methods: The admission documents for 40 patients were retrospectively reviewed and compared to the standards recommended by the GMC and royal colleges. Following implementation of the trauma proforma, a further 40 were reviewed.

Results: Key demographic data and significant elements of the patient history were omitted in pre-proforma surgical clerking. Following implementation, the proforma increased documentation compliance (range 2.6–277.8%), particularly with regards to specialist history elements. Physical form completion time was also significantly reduced.

Conclusion: Trauma proformas serve an important role in improving the quality of documentation, in addition to acting as an aide-memoir and efficiency tool. In an era of increasing pressures, litigation and financial penalties, they are likely to have an increasing role in patient management and in the streamlining and digitalisation of services.

0143: GENERATING FINANCIAL INCOME FOLLOWING IMPROVEMENTS IN CLERICAL AMBIGUITY: AN AUDIT OF BEST PRACTICE TARIFFS WITHIN AN ORTHOPAEDIC DEPARTMENT

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Aim: Best Practice Tariffs (BPTs) is a government scheme, which aims to reduce unexplained variation in clinical quality. This is associated with a financial incentive of £250 per case. A retrospective audit was conducted assessing the orthopaedic department’s compliance to the guidance associated with the BPTs.

Methods: Patient details of all upper-limb orthopaedic cases eligible for BPT were provided from the financial department over a 3-month period. Clerical notes for those eligible that did not achieve BPT were evaluated retrospectively. Results showed clerical ambiguity by clinicians in registering a patient for an operation to be the main cause for failing to achieve BPT incentives. Using existing hospital software (ICE™), an on-line electrical registration form was activated for each patient registered for surgery. Patients achieving BPT in the following 3 months were re-audited following the intervention.

Results: 64% of patients failed to achieve BPT, prior to intervention. 50% of which were due clerical errors. Following intervention only 20% of patients failed to achieve BPT with a 10% clerical error. Following intervention there has been a 45% improvement in achieving BPTs, saving £2000.

Conclusion: Small changes in clerical methods contribute greatly to departmental financial income, without any change to clinical practice.

0156: IMPROVING ACCESSIBILITY OF SURGICAL GUIDELINES AND PROTOCOLS AT THE GREAT WESTERN HOSPITAL, SWINDON

I. Robertson*, A. Smith. Great Western Hospital, UK

Aim: Timely access to surgical guidelines and protocols is essential to standardise best practice across the trust. Lack of organisational structure leads to time wasted locating information and ultimately potentially compromises patient safety. We aimed to consolidate all surgical guidelines into a single point of access.

Methods: We surveyed 55 junior doctors, 40% spent greater than 5 minutes to locate a protocol and 38% unable to locate some relevant documents at all. 56% felt significantly affected by the poor availability of trust documents and 100% felt improvement in access would increase ability to work effectively. All surgical guidelines and protocols currently were collated, consolidated, renamed and alphabetised according to content. Existing links were then uploaded and a single trust intranet webpage and publicised trust wide.

Results: 97% of respondents had made use of the page. All protocols were located during re-testing with 90% of those resurveyed stating it was easier to locate information. Overall, a reduction in the time to locate protocols was demonstrated: Mean time 15 s vs 60 s pre-intervention (n = 30). 53% of guidelines located in < 30 s and 86% < 2 min.

Conclusion: Implementation of a consolidated repository for trust guidelines and policies, saves time, money, and improves patient safety.

0206: A COMPLETE AUDIT CYCLE OF THE SURGICAL WEEKEND HANDOVER

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Aim: To determine if the surgical teams in a DGH followed the RCS guidelines ‘safe handover’ (2007) & to improve the efficiency of the weekend surgical oncall team.

Methods: Retrospective complete audit cycle of the surgical teams’ handover sheets provided for the weekend surgical on call team. A standardised handover template and colour coded ‘traffic light’ system of urgency was introduced between cycles.
Re-audit: 10/11 standards showed improvement following implementation of recommendations; the standards were more likely to be met when the standardised handover template was used (77–100% completeness).

Conclusion: The standardised handover template ensures standards are met. Subjectively, the traffic light system was popular among on call doctors; easily illustrated the unstable patients to prioritise. Continued work required to educate new doctors and other team members in required handover format. Teams with larger number of patients under their care (i.e. “post take” teams) found it difficult to comply due to extra workload of transferring details to the template. Suggestion: Standardised patient list in line with the handover template.

0208: MRSA SCREENING IN DAY CASE SURGERY

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Aim: The gram-positive bacterium MRSA carries the risk of severe nosocomial infections. Patients are screened on admission to hospital to minimise these risks, including those attending for elective day case surgery. We carried out a retrospective study to determine the cost-effectiveness and appropriateness of universal screening of day case patients.

Methods: We searched the MRSA screening results of all day case patients between October 2012 and September 2014. This included data for nose and groin swabs from 616 patients, giving 1232 results in total. This information was then to be analysed for trends in positive results.

Results: All 1232 MRSA swabs were negative in the time period investigated. We were therefore unable to undertake further analysis in positive swabs to determine common characteristics and the possibility of targeted screening.

Conclusion: With no positive MRSA swabs over a two-year period, we concluded that screening may not be appropriate for all day case patients. We therefore proposed that targeted screening as recommended by the August 2014 DoH guidelines may be better suited and more cost-effective.

0317: VISUAL ACUITY ASSESSMENT IN PATIENTS WITH NECK OF FEMUR FRACTURES: A CLOSED-LOOP AUDIT

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Aim: National Institute of Clinical Excellence (NICE) states visual acuity should be included in all multifactorial falls risk assessments. We aim to improve the compliance to the 2013 update in NICE guidance for falls risk prevention in the population of patients sustaining neck of femur (NoF) fractures. Specifically answering the question: has visual acuity been assessed and how?

Methods: All patients admitted under a NoF fracture over the period of 1 month were included. Data on patient demographics, whether visual acuity had been assessed and methods of assessment were collected from the orthopaedic admission clerking. A multimodal intervention was implemented and the 2nd cycle of the audit completed.

Results: First cycle results show 16.7% of admissions had visual acuity assessed (n=36). There was marked variation in the methods of visual assessment. Second cycle results show 58% of admissions (n=31) had visual acuity assessed with three measures documented consistently in all notes: ability to count fingers, symmetry of assessing person’s face and read small print at arm’s length.

Conclusion: 58% compliance to the NICE criterion was achieved with standardization of visual acuity assessment. Multiple co-morbidities present during assessment may be a limiting factor in achieving 100% compliance.

0328: MAINTENANCE INTRAVENOUS FLUID PRESCRIPTION IN GENERAL SURGICAL PATIENTS: AN AUDIT AGAINST THE NICE GUIDELINES AND RE-AUDIT AFTER A BRIEF EDUCATIONAL CAMPAIGN

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Aim: NICE clinical guideline 174 recommends that adults receive 1 mmol of sodium, potassium and chloride per kg per day in maintenance intravenous fluids and a volume of 25–30 ml/kg/day. We investigated the adherence of prescriptions to these guidelines and the effect of an educational intervention.

Methods: A retrospective review of prescriptions was carried out in 20 general surgical patients assessing intravenous fluids and repeated after a brief educational intervention.

Results: Pre-intervention data revealed patients were receiving a mean of 0.16 mmol/kg/day of potassium, with an absolute increase of 0.1 mmol/kg/day after intervention (p=0.1). A mean of 3.36 mmol/kg/day of sodium pre-intervention (336% of the recommendation), with an absolute reduction of 0.3 mmol post-intervention (p=0.345), a mean of 41 ml/kg/day of water pre-intervention (136% of recommendation) which had an absolute reduction of 4 ml/kg/day (p=0.16).

Conclusion: Patients received 16% of the recommended potassium prescription, 136% of recommended water and 336% of the recommended sodium in their maintenance intravenous fluid regime. A brief educational intervention appears to have gone some way in correcting the prescription of electrolytes and fluid, further work is required.

0333: IMPROVING WAITING TIMES FOR ABSCESSES: EXPERIENCE FROM A COMPLETE AUDIT CYCLE

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Aim: Delaying surgical treatment for abscesses can lead to infective complications, prolonged discomfort and increased hospital stay. Minor procedures, such as abscesses are perceived to be low priority, are therefore overlooked and lead to treatment delay. On-call shift patterns often lead to sequential handing over of these patients. To ensure a more rational approach to CEPOD cases, a written review of outstanding operations was incorporated into a formal handover process.

Methods: Data including time of presentation to A&E and time of operation were retrospectively analysed for one month, before and after formal handover was implemented. Retrospective analysis of written handover lists showed compliance with the new handover system was 100%.

Results: Sixty-one patients required incision and drainage (32 patients before: 29 patient after implementation of handover). The average waiting time to theatre before handover was 28.7 hours, compared to 25.3 hours after handover.

Conclusion: The audit showed that formal handover shortened waiting times by 3.4 hours (12.3%). Whilst this improvement was modest, there are likely to be intangible improvements in continuity of care and patient safety. The cause of continued delays is multifactorial, and further work is underway to improve the efficacy of the emergency surgery service.

0340: IMPROVEMENT OF EMERGENCY SURGICAL CLERKING DOCUMENTATION FOLLOWING INSTIGATION OF AN EMERGENCY CLERKING PROFORMA

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Aim: Accurate and comprehensive documentation is important to ensure patient safety. The European working time directive has increased the role of shift work and the frequency of patient handover therefore a high standard of documentation is essential. We present a complete audit cycle describing the introduction of an Emergency Surgical Clerking Proforma at a District General Hospital.

Methods: The audit criteria combined documentation guidance from the GMC and the Royal College of Surgeons with guidelines from the Royal College of Physicians. Criteria included aspects of documentation such as recording of patient demographics, examination findings, and