

Intervention: Liaised with infection control teams to review local hospital guidelines which previously advised universal screening. From December 2015, local policy adhere to DoH guidelines of modified screening.

Conclusion: MRSA screening was not being targeted as per DoH guidelines. Costing estimates for universal screening range from £86,000–£170,000 per QALY; therefore the practice of universal screening is not cost-effective, nor improved patient safety.

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0414: DIAGNOSTIC YIELD AND COST EFFECTIVENESS OF RANDOM COLONIC BIOPSY

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Aim: Random colonic biopsies (RCB) is a commonly performed procedure to exclude microscopic colitis (MC). We studied the histopathological results of RCB and studied the impact on patients' treatment. We also analysed the risk factors for MC and calculated the cost effectiveness for RCB.

Method: A prospectively maintained list for RCB was obtained from endoscopy biopsy logbook from December 2014 to November 2015. Colonoscopy report, histopathology result and GP & clinic letters were analysed.

Result: 201 patients had RCB, 5 patients were excluded as they had past history of IBD. The mean age was 55 years (range 14–89). This included 125 females (64%) and 71 males (36%). 160 patients (82%) had no reported abnormality after histopathological analysis. 36 patients (18%) had some degree of abnormality reported with only one patient (0.5%) was diagnosed MC. Female sex was positive risk factor for abnormal histopathology ($p=0.03$). The cost of RCB per new diagnosis of MC was £11,028.50.

Conclusion: The incidence of MC is low in general population as well as in patients with chronic diarrhoea. The utilisation of RCB in macroscopically normal colon should be only be reserved for patients with risk factors to reduce the cost burden.

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0502: SUPPORTIVE TECHNOLOGY IN COLLABORATIVE RESEARCH: PROPOSING THE STICR FRAMEWORK

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Background: Trainee research collaboratives have delivered high-impact prospective multicentre audits and clinical trials. Historically these projects have been expensive to run and logistically challenging owing to the high number of collaborators and sites involved. This review outlines the use of technology in collaborative research to facilitate low cost, collaborative clinical research.

Method: A systematic review of the literature identified technology used in collaborative projects. Additional technologies were identified through web searches. They were grouped into project themes including networking and engagement, group communication, data collection, information sharing, data handling, and event organisation. The technologies available to support each theme were studied further to outline relative benefits and limitations.

Result: Thirty-three articles from trainee research collaboratives were identified. The most frequently documented technologies were social media applications, website platforms, and research databases (e.g. Research Electronic Data Capture, REDCap). A Supportive Technologies In Collaborative Research (STiCR) framework is proposed, outlining technologies to support every aspect of collaborative working.

Conclusion: The rapid development of information technologies has overcome many of the logistical and financial barriers to collaborative research. These technologies are often overlooked in the literature. The STiCR framework provides a comprehensive overview of available technologies to support multicentre collaboration.

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0545: A COMPARATIVE ANALYSIS OF THE ACADEMIC ACTIVITY OF SURGEONS IN AN NHS TRUST - WHICH SPECIALTIES ARE THE MOST ACADEMIC?

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Aim: To compare the academic activities of surgeons by specialty in a single UK NHS Trust.

Method: Surgical consultants working in a single Scottish NHS Trust offering all surgical services were identified from the Trust's website. Scopus – a web-based academic metric calculator was used to determine a range of metrics including publication numbers, citation numbers, h-index (the number of papers cited at least that many times), and the m-quotient which corrects for the number of years since the first cited.

Result: The number of publications per surgeon ranged from two to 282 (median 21). Specialties with the highest median number of publications per surgeon were HPB (94), colorectal (71), and transplant (53). The h-index for individual surgeons ranged from one to 69 (median 8). Specialties with the highest median h-index were colorectal (20.9), HPB (19.9), and transplant (13.8). The same three specialties had the highest median numbers of citations and m-quotients. H-index was significantly associated with (1) specialty ($p=0.018$), (2) a higher degree ($p=0.008$) and (3) holding a university position ($p<0.001$).

Conclusion: Academic activities vary between surgical specialties. These metrics provide a benchmark by which prospective trainees can determine the academic expectations for their chosen specialties.

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0569: AUDIT OF MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) USE AFTER THE OPENING OF A NEW 24/7 EMERGENCY HOSPITAL

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Aim: Following the opening of a new 24/7 specialist emergency care hospital, near immediate access to almost all imaging studies has become available. We were concerned that such ready access to imaging, such as MRCP, could lead to unnecessary over-investigation.

Method: A review of all MRCP investigation requested in the 2 months following the opening of the emergency Hospital. Patients were identified from the radiology database. Further information was obtained from electronic records.

Result: 99 Patients (65 female) underwent MRCP in a two month period. Indications were: abnormal LFTs & normal bile duct on ultrasound (USS)/ abnormal LFTs & direct to MRCP (N=39, median bilirubin 41), abnormal LFTs & wide bile duct on USS (N=29, median bilirubin 31), normal LFTs & wide bile duct (N=9) or other indications (N=22, median bilirubin 15). Bile duct stones were found on MRCP in 31% of patients, with the investigation changing the management in 88% of these patients. Additionally, a further 14% of patients were able to undergo a laparoscopic cholecystectomy following MRCP excluding a bile duct stone.

Conclusion: MRCP altered the management in the majority of patients. The ready access to the investigation does not appear to lead to MRCP being excessively requested.

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0577: AN AUDIT ASSESSING THE ASSOCIATION BETWEEN SURGICAL PATIENT RECALL OF CONSULTANT AND NURSE NAMES AND THE PRESENCE OF THOSE NAMES ON BOARDS NEAR THE PATIENTS' BEDS, IN RELATION TO THE '#HELLOMYNAMEIS' CAMPAIGN AT THE ROYAL LONDON HOSPITAL