Results: First cycle: Patient identifiers, diagnosis and plan were most likely to be handed over; Poor at highlighting urgency of job handed over/stability of patients and documenting accountability
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 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. Recent guidance from the Department of Health advises selective screening for day case surgery, and therefore this study was completed to justify changing trust guidelines accordingly.

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 with 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 ABSCISS SURGERY: 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
Aim: Surgical patients have traditionally been starved for at least six hours before a general anaesthetic, with many patients made ‘nil-by-mouth from midnight’. Current literature shows that shorter fasting times do not result in an increased risk of aspiration, regurgitation or other related morbidity when compared to traditional fasting policies, and that patients should rather be encouraged to drink. Shorter fasting times enhance recovery post-operatively and may improve patient experiences. We aimed to see whether patients at our hospital were being starved appropriately.

Results: The data for 20 adult patients was collected. The mean fasting time for elective patients was 14h 16min from food and 3h 53 min from fluid. The mean fasting time for emergency patients was 13h 7min from food and 9h 57 min from fluid. Mean fasting time from fluids in elective patients was significantly shorter than in emergency patients (p = 0.005).

Conclusion: Fasting times at our centre are longer than recommended, and may be associated with higher levels of discomfort.

0404: AN AUDIT TO ASSESS WHETHER ABDOMINAL X-RAYS ARE REQUESTED APPROPRIATELY FOR EMERGENCY SURGICAL PATIENTS

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Aim: There is both literary and anecdotal evidence to suggest that not all patients undergoing abdominal x-ray (AXR) do so appropriately. There is a significant radiation dose associated with AXR and the findings are often non-specific with poor diagnostic rates. We aimed to see whether patients were undergoing AXR appropriately by carrying out an audit looking at the use of AXR for emergency surgical admissions.

Methods: We retrospectively identified whether emergency surgical patients at our hospital had undergone AXR at the time of presentation. The presenting complaint and examination findings were recorded, as were the indication on the AXR request and the AXR report. The audit standards were taken from the Royal College of Radiologists (RCR) iRefer guidelines.

Results: We collected the data of 73 emergency surgical adult patients over a 3 week period. 41 patients underwent AXR. AXR was indicated in 36% of these patients according to RCR guidelines. 44% of AXRs had an abnormal finding, including non-specific findings. Occasionally there was disparity between the presenting complaint and what was written on the request form.

Conclusion: Clinicians should consider more carefully the need for AXR. This would likely be aided by education on radiological imaging referral guidelines.

0407: AUDIT OF RED FLAG REFERRALS FOR SUSPECTED CANCER MADE BY GP PRACTICE TO SECONDARY CARE

C. Brown. University of Edinburgh, UK

Aim: Red flag referrals made by GPs for suspected cancer diagnosis in Northern Ireland are made according to standards set in the Northern Ireland Cancer Network (NICAN) guidelines. Standards are: 100% referrals made according to NICAN guidelines; 100% of patients seen within 14 days of referral date.

Methods: Audit performed within Abbey Court practice, Armagh in Northern Ireland.

Results: Of referral date. 34 red flag referrals made.

- One referral downgraded by the hospital triaging system.
- 21/33 patients seen by specialist within 14 days (63.6%).
- Range of waiting time: 0–46 days.
- 31/34 referrals were made in accordance with guidelines (91.2%).
- Three cancer diagnoses made within those referred.

Conclusion: The percentage of patients who were assessed within 14 days is significantly below target of 100%. A high percentage of referrals made by the GP practice were in accordance with NICAN guidelines.

0408: SURGEONS’ PERCEPTIONS ON THE IMPACT OF LANGUAGE BARRIERS IN THE DELIVERY OF HEALTHCARE

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Aim: The number of patients with limited English proficiency requiring access to National Health services is rising; communication difficulties may arise and lead to adverse consequences. We wished to explore the perceptions of surgeons on the impact of language barriers on their clinical practice.

Methods: A nine-point questionnaire survey was used to assess the perceptions of doctors in General Surgery in a District General Hospital on the impact of language barriers in their delivery of care. Frequency of encounters with patients with language barriers, access to interpreters, and strategies to minimise the impact on patient care were evaluated.

Results: 22 of 32 eligible doctors completed the questionnaire. 17 (77%) reported regular encounters with patients with significant language barriers. Professional interpreters were not available to 20 (90%), Of these only 12 (55%) were able to communicate with the patients satisfactorily. Alternate strategies included use of other staff, patients’ relatives, and personal language skills. 16 (73%) felt that care delivery was compromised, and improved access to facilities to mitigate the problem was required.

Conclusion: In an increasingly diverse population, language barriers in patient care cannot be overemphasised. Further work is required to delineate the impact, increase awareness and provide effective resolution strategies.

0427: REFERRALS TO A COLORECTAL TWO-WEEK-WAIT CLINIC DO NOT FULFIL REFERRAL CRITERIA AND CONTRIBUTE TO LOW DETECTION RATES OF COLORECTAL CANCER

T. Sillo. Wye Valley NHS Trust, UK

Aim: An audit was performed to determine if referrals from primary care to a colorectal two-week-wait (2ww) clinic fulfilled the 2ww criteria. Patient outcomes and the rate of diagnosis of colorectal cancer (CRC) were also evaluated.

Methods: Referrals to the Trust colorectal 2ww clinic over 3 months were analysed to determine if clinical features on the referral form fulfilled 2ww criteria, and if these correlated with findings in the clinic. Investigations were reviewed to determine the final diagnoses.

Results: 55 patients were assessed (median age of 69 years). The commonest presentations were persistent change in bowel habit (33%), rectal bleeding (25%) or both (25%). There was correlation between the referral