was used to recruit participants, with each group containing members of the same or similar grade and occupation. Consultant, higher specialty trainee, junior doctor and nursing focus groups were undertaken. Following transcription, data were coded and thematically analysed to arrive at key concepts.

Conclusions Six main themes were identified: ‘ED team rapport’ referring to the personalities and attitudes of those working that day; ‘achievement’ with successful task completion, skill use, being thanked and constructive educational opportunities generating positive emotions and lack of this feeling generating the converse; ‘interpersonal interactions’ where the negative impact of incivility from staff or patients was highlighted; ‘equipment/infrastructure’ showcasing how frustration manifests when either fails; ‘the open and the close’ representing the impact of how the tone set in handover influences affect and finally, the self-explanatory ‘a bad day outside work can influence that inside.’

This study illustrates the importance of recognising personal ‘wins’ whether that be a well-managed patient or successfully recognised teaching opportunity. It adds impetus to the campaign against incivility - reaffirming the negative effect rudeness has on affect. On a personal level, it highlights that we can take responsibility to ‘choose our own weather’ as a team member or leader in being a colleague that others enjoy working with. This may improve outcomes for all.

AN EVALUATION OF THE IMPACT OF THE NICE HEAD INJURY GUIDELINES ON INPATIENT MORTALITY FROM TRAUMATIC BRAIN INJURY: AN INTERRUPTED TIME SERIES ANALYSIS

Background Traumatic brain injury (TBI) is the commonest cause of death and disability in UK Citizens aged 1–40. In England three (National Institute of Health and Care Excellence - NICE) guidelines have been implemented to improve
TBI outcomes. All guidelines recommended increased CT imaging. The second guideline recommended the management of patients with severe TBI in specialist neuroscience centres.

This study uses national data and interrupted time series analysis to assess the impact of the NICE guidelines.

Individual level Office of National Statistics (ONS) cause of death data linked to Hospital Episode Statistics for inpatient admissions in England between 1998–2017 were used to estimate the monthly population mortality and admission rate for TBI.

An interrupted time series analysis was conducted with intervention points when each guideline was introduced. The analysis was stratified by guideline recommendation specific age groups (0–15, 16–64 and 65+).

The monthly TBI mortality and admission rate in the 65+ age group increased from 0.5 to 1.5 and 10 to 30 per 100, 000 population respectively. The increasing mortality rate was unaffected by the introduction any of the guidelines.

The introduction of the 2nd NICE Head Injury guideline was associated with a significant reduction in the monthly TBI mortality rate in 16–64 age group (−0.005; 95% CI: −0.002 to −0.007).

In the 0–15 age group the TBI mortality rate fell from around 0.05 to 0.01 per 100 000 population, the trend was unaffected by the guidelines.

Conclusion The introduction of NICE head injury guidelines was associated with reduced population based mortality rates after specialist care was recommended for severe TBI. The improvement was solely observed in 16–64 year olds.

The cause of the observed increased admission and mortality rate in those 65+ and potential treatments for TBI in this age group requires further investigation.

The IPED study showed that use of a smartphone-based event recorder in ED patients presenting with palpitation or pre-syncope, increased the number of patients in whom an ECG was captured during symptoms over five-fold to more than 55% at 90 days (Reed MJ et al. Lancet eClinical Medicine 2019; 8: 37–46).

This pre-planned analysis looked at the ability of ED clinicians to predict cardiac arrhythmia in patients presenting to the ED with palpitation or pre-syncope.