agreement - implying variation between patient recorded and staff recorded pain scores (figure 1).

Better understanding of the dynamic of the interaction between patient and ED staff, including staff perceptions, is important in managing pain in emergency care. Our (perhaps naive) initial presumption that a staff recorded score forms a 'reference standard' may not be valid.

**Abstract 030 Table 1**

<table>
<thead>
<tr>
<th>Method</th>
<th>Bias</th>
<th>Limits of Agreement</th>
<th>Spearman’s Rho</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-minute bin interval, median score</td>
<td>-0.67</td>
<td>-5.97</td>
<td>4.63</td>
<td>0.64</td>
</tr>
<tr>
<td>20-minute bin interval, maximum score</td>
<td>-1.48</td>
<td>-7.07</td>
<td>4.11</td>
<td>0.55</td>
</tr>
<tr>
<td>30-minute bin interval, median score</td>
<td>-0.70</td>
<td>-5.56</td>
<td>4.16</td>
<td>0.68</td>
</tr>
<tr>
<td>30-minute bin interval, maximum score</td>
<td>-1.54</td>
<td>-6.94</td>
<td>3.86</td>
<td>0.58</td>
</tr>
</tbody>
</table>

**Background**

Patient flow is crucial for patient safety, and for health services and the emergency departments (ED) within them to function. Poor patient flow is associated with increased mortality and morbidity. However, the concept of patient flow was not previously formally taught to all health care professionals (HCP) in our organisation. We developed a fun educational resource to be used with multidisciplinary groups to demonstrate the principles and pitfalls of patient flow in a hospital system.

**Method and results**

Our board game is a collaborative team game for 2–10 players and consists of a hospital with an ED, medical ward, surgical ward and intensive care. The game lasts around 45 minutes, during which the team aims to play through 24 hours in the hospital. The aim is to end the game with fewer patients in the hospital than at the
start, without generating too many patient flow safety incidents. Pressure is added to the system by events such as bank holidays, norovirus outbreaks or failure of equipment. During play testing of the game, 90 different HCPs have provided written feedback.

Conclusions 95% of people found that they were more confident, and understood the importance of patient flow following the game. Common themes learnt from the game include the importance of team work, understanding the bigger picture and understanding the pressures in other parts of the hospital. Specific quotes include ‘would like to have played for longer’, ‘this game should be made available for the public, as it might help reduce ED attendances’, ‘great way of demonstrating the importance of team work’. This early testing of the game has shown how Bed Block can educate around patient flow. Further work is needed to explore the other educational opportunities from this work and if it impacts clinical practice.

032 CLINICAL FRAILTY SCORE AS A DECISION-MAKING TOOL IN THE EMERGENCY DEPARTMENT – A STEP TOWARDS BETTER OUTCOMES FOR OLDER PATIENTS

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Background The ≥65 year age group don’t always receive appropriate emergency care, occasionally due to ageism and as the ‘medical’ model of emergency care often does not benefit frail older patients.

Over a six month period from December ‘18 - June ‘19, as part of a LeicGEM initiative, we aimed to:

1. Improve accurate calculation and documentation of the CFS for patients ≥65 years.
2. Increase utilisation of the CFS in providing individualised and holistic care for patients with frailty i.e. CFS ≥5.