

- The Delphi method was used to establish clear data fields for the trauma app. This involved expert clinicians from MTCs and MTUs within Scotland
- High fidelity trauma simulation was performed

Conclusions The comparison of current standards of paper documentation and data fields of the app has ensured granularity of data is increased.

Clinicians have provided feedback throughout the design process which has led to further development and refinement. This expert input has ensured that the data fields within the app are adequate and valid.

The overall result is an app that mirrors and supports the established clinical framework for trauma management and enables enhanced data visualisation of episodes of care.

036 FEASIBILITY OF COLLECTING REAL-TIME EMERGENCY DEPARTMENT PATIENT SAFETY AND EXPERIENCE FEEDBACK

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Background The NHS Long Term Plan aims to make care more Patient-Centred through listening to patients. The acute nature of ED care presents barriers to collecting patient feedback. We have explored two interventions (PRASE and Y-PET), as mechanisms for collecting and reporting safety feedback (PRASE) and experience feedback (Y-PET) in EDs.

An iterative approach was used to develop PMOS10 (PRASE questionnaire) for the ED which was tested in 5 departments with over 100 patients. The Y-PET was used alongside these tools in 2 departments with 40 patients.

A mixture of patient volunteers and staff collected the feedback.

Two questions from the PMOS10 proved to be unsuitable for the ED setting, and were substituted. Through further iterative tests, we now have a PMOS10(ED).

Hospital volunteers and staff not associated with the department are best placed to collect unbiased results. Patients (or their relatives) who are awaiting transport home or a hospital bed are best placed to give feedback. The traffic light display of patient safety feedback provided in PRASE is useful for assurance but staff need more qualitative data to inspire change. PRASE patient comments go some way to providing this but are strongly enhanced by the open answers of the Y-PET. The Y-PET format for presenting qualitative data as headline areas to celebrate or improve was effective in engaging staff in feedback from both tools.

ED patients can give valuable insight into how safe their care is and areas to celebrate and improve. Staff can engage with feedback themes and key quotes to initiate improvement.

037 IMPROVING THE ADULT PATIENT EXPERIENCE BY INTRODUCING A PAEDIATRIC WOUND CLOSURE METHOD – THE HAIR APPPOSITION TECHNIQUE

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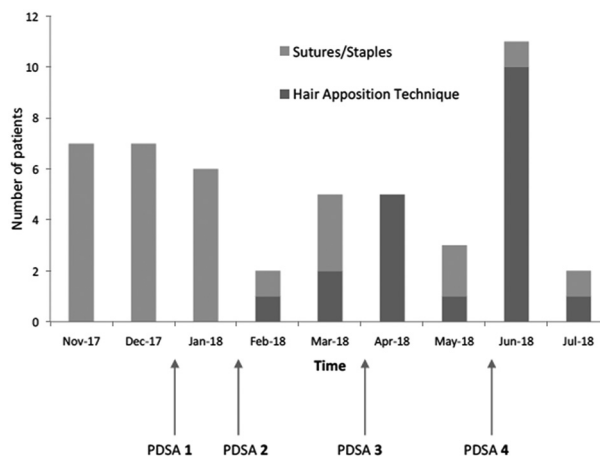
10.1136/emered-2019-RCEM.37

Background Scalp lacerations are a common presentation to the Emergency Department (ED). The Hair Apposition Technique (HAT) is a safe, effective, efficient and patient-centred alternative to sutures and commonly used in paediatrics. This Quality Improvement Project (QIP) was inspired by a patient with dementia who could not tolerate sutures for her scalp laceration therefore HAT was used with excellent results and patient satisfaction. This project aimed to introduce the technique to 50% of all eligible adult patients within 6 months.

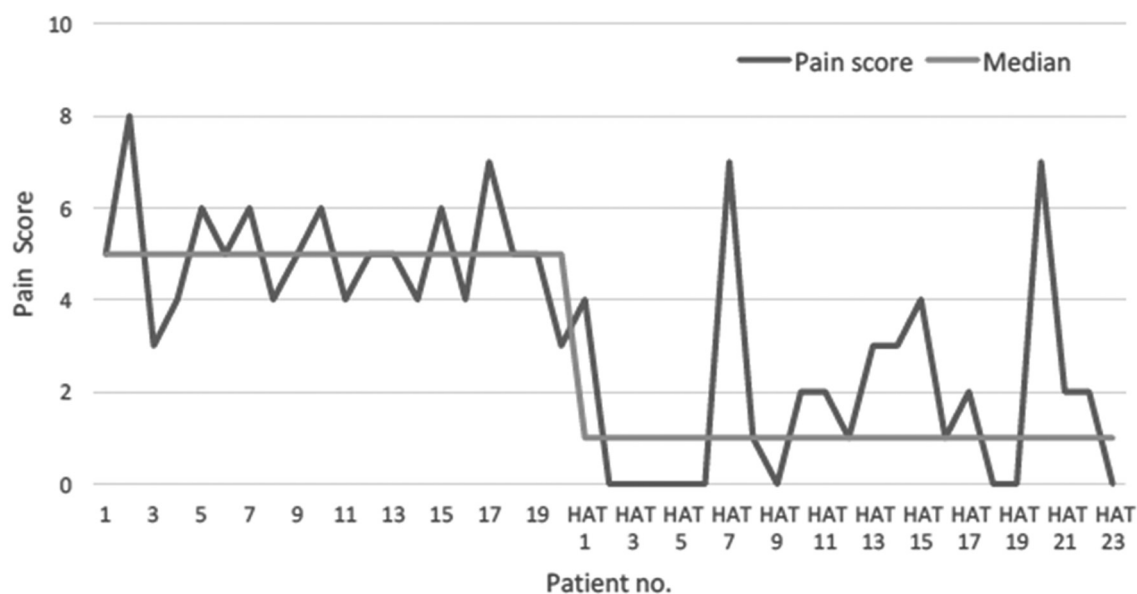
Method and results A retrospective, case-note baseline review demonstrated no use of HAT in adults during a period of

Abstract 037 Table 1 Breakdown of head lacerations and their closure by month comparing a 3-month period, one year apart

Month	Head lacerations	In Scalp area	Meeting HAT	Had HAT	Alternative to HAT		
					Glue	Staples	Sutures
Nov-17	22	9	7	0	1	1	5
Dec-17	17	7	7	0	1	1	6
Jan-18	17	6	6	0	2	0	4
One year later							
Nov-18	31	15	13	6	5	1	1
Dec-18	25	9	9	4	4	0	1
Jan-19	16	7	7	2	3	0	2



Abstract 037 Figure 1 Graph to show impact of PDSA Cycles on the No. of Patients Having Either Sutures/Staples vs. HAT Over Time



Abstract 037 Figure 2 Run chart comparing the Baseline results with HAT for Pain scores

three months. Barrier analysis using staff surveys explored why HAT was not standard practice. We introduced HAT using the Institute of Healthcare Improvement (IHI)'s Model for improvement methodology and conducted four Plan, Do, See, Act (PDSA) cycles to implement changes. Our process measure was the number of patients having HAT compared with sutures. Outcome measures were via a qualitative phone survey evaluating pain, satisfaction and inconvenience score on a scale of 0–10. Balancing measures included wound complication and re-attendance.

Conclusions During the 6 months following the introduction of HAT 71% patients who were eligible to have HAT had the technique instead of sutures or staples, with improvement in all patient outcome measures compared with those who had sutures. HAT was popular with staff and patients. Our sustainability review at one year showed ongoing use of the technique and we have achieved a significant culture change by establishing the technique as standard practice for adults.

Conclusion HAT should be considered in eligible adult patients with scalp lacerations presenting to the ED. Applying quality improvement methodology resulted in a sustained culture change; the ED involved now offers an effective suture free paediatric technique to adults which has improved patient outcomes and satisfaction.

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JUNIOR DOCTORS' PERCEPTIONS AND EXPERIENCES OF THE EMERGENCY DEPARTMENT DEPARTMENTAL HANDOVER: A QUALITATIVE STUDY

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Background Irregular patient volumes, high patient transit and limitless presentations means that Emergency Department (ED) handovers differ from other specialities. Therefore, a degree of handover unfamiliarity results for junior doctors.

There is a high prevalence of stress and burnout in both junior doctors and doctors working in Emergency Medicine. Despite this, no literature was identified exploring if handover can be a source of stress. The aim of this study was to explore junior doctors' perceptions of ED handover and to investigate if it is considered a stressful experience.

Non-probabilistic sampling methods were used to recruit doctors working at or below the grade of Speciality Trainee year 2 (ST2) or equivalent in the ED of a major acute teaching hospital. Qualitative, semi-structured interviews were undertaken between March and April 2019 exploring participants' experiences of ED handover. Interviews were recorded and transcribed verbatim. Using NVivo 12 software, data were analysed thematically using an inductive-deductive approach.

10 interviews were undertaken and four themes were identified from the data: 'stress decreases as familiarity increases' which included familiarising with handover structure, content and purpose; 'time pressure is an ongoing stressor' representing the perceived need to efficiently handover during busy periods and at shift end; 'handover as a solace' relating to opportunities to both learn and socialise and 'it's nice to be nice' reflecting the importance of civility.

Junior doctors find aspects of ED handover stressful. These include: wanting to make a good impression; unfamiliarity; time pressures and the negative effects of hierarchy. However, handover can also help to ameliorate stress by facilitating opportunities for socialisation, education and morale boosting.