MAJOR INCIDENT APP

Abstract 134 Figure 2

Abstract 134 Table 2 Incident using MIA

Incident Type	Date	Time	Day of the week	Ave Response time mins	Median response times mins	Seen within 15 mins (%)	Seen within 1hr (%)
City Centre fight	31/5	20:54	Sunday	1.3	1	22/22 (100%)	22/22 (100%)

A Wilcoxon rank sum test was used to compare the two methods.

Results/Conclusions Response times were significantly better with MIA compared to DMP p -value<0.001 (see Tables 1 and 2) and all messages were seen within 4 minutes. Although the numbers of incidents are small, this study shows that incident response times can be significantly improved with the MIA that alerts phones in silent mode.

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A CLOSED LOOP AUDIT ON OXYGEN PRESCRIPTION IN THE EMERGENCY DEPARTMENT IN IPSWICH HOSPITAL

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Aims/Objectives/Background The British Thoracic Society (BTS) produced the world's first guidelines on oxygen therapy in the emergency setting in 2008, with subsequent updates in 2017. The key recommendation was that oxygen should be prescribed with target saturations tailored to individual patients.

Whilst most clinicians appreciate the dangers of under-oxygenation, there is a lesser regard for the dangers of over-oxygenation. This is particularly important in certain conditions which may predispose to hypercapnic respiratory failure and acidosis.

We therefore set out to assess compliance to the BTS guidelines, and to educate clinicians on the importance of good oxygen prescribing practice.

Methods/Design The first cycle was conducted in August 2019. The results were presented in a series of departmental teaching sessions, along with the BTS recommendations and the importance of good oxygen prescribing practice. The second cycle was later conducted in April 2020.

For each cycle, we randomly selected records of 50 adult patients who either: (1) arrived with oxygen saturations less than 93%; or (2) were already on oxygen on arrival to the emergency department. For each record, we assessed whether the target oxygen saturations were prescribed.

Results/Conclusions A total of 100 patients were included in this study. Prior to the departmental teaching sessions, only 14% of patients had target oxygen saturations prescribed. The teaching sessions on oxygen prescription resulted in a small but statistically non-significant improvement in oxygen prescription to 20% ($p=0.595$).

This study shows that departmental teaching sessions alone are not sufficient to improve compliance with oxygen prescribing practice. Further efforts are required to change ingrained behaviours and culture, particularly in settings such as the emergency department with high rates of clinician turnover and ad-hoc locum cover. Further recommendations to facilitate these changes will require engagement from the multidisciplinary team, such as prompting from the nursing team, and spot checks by senior clinicians.

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CURRENT PROVISION OF GENERAL PRACTITIONER SERVICES IN OR ALONGSIDE EMERGENCY DEPARTMENTS IN ENGLAND

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Aims/Objectives/Background One approach to addressing increasing demand in emergency departments (EDs) has been the co-location of general practitioners (GPs) in or alongside the emergency department (ED), known as GPED. This approach was both advocated by the National Health Service (NHS) and supported by capital funding in 2017. However, little is known about the models of GPED that have been implemented as a result.

Methods/Design We collected data on the model of GPED in use (if any) at 163/177 (92%) of type one EDs in England at two time points: September 2017 and December 2019. Multiple data sources were used including: on-line surveys; interviews; case study data; publicly available information. Models were classified according to an iteratively developed taxonomy as Inside/integrated, Inside/parallel, Outside/onsite, Outside/offsite.

Results/Conclusions The proportion of EDs using GPED increased from 81% to 95% over the study period. The most common model was 'Inside/parallel' to the ED: 30% (44/149) in 2017, rising to 49% (78/159) in 2019. The number of Inside/integrated models dropped from 26% (38/149) to 9% (15/159). 23 sites commenced and four sites ceased GPED provision. 87% (142/163) of the EDs sampled were awarded capital funding. We identified no association between the type of GPED model adopted and the observable characteristics of EDs such as annual attendance, rurality of location and deprivation within the population served.