Results/Conclusions The study revealed that 48 patients (14%) needed ICU admission, while 296 patients (86%) were admitted to a ward or quarantine facilities. When the patient’s age was > 50, and NLR was ≥ 3.10, it showed a sensitivity of 95.24% and a specificity of 92.86% for predicting the need for ICU admission. When NLR was ≥ 4.21, and the patient’s age was < 50, the sensitivity and specificity were 70.3% and 93.7%, respectively.

NLR proved to be highly specific and sensitive in helping to identify patients who need more invasive care among people over 50 years of age with COVID-19. Additionally, it can be used as a ruling out gadget for low-risk patients among people under 50 years old.

1148 HARNESSING A STUDENT NETWORK TO SUPPORT VALIDATION OF THE PATIENT REPORTED EXPERIENCE MEASURE FOR OVER 65S ATTENDING THE ED (PREM-ED 65+): INITIAL FINDINGS FROM A NOVEL COLLABORATIVE PROJECT

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Aims/Objectives/Background PREM-ED 65+ is an 83-item patient experience questionnaire for over-65s attending the ED. The final development stage will confirm psychometric properties in the real-world. Following recent successes of trainee-led collaborative studies, intercalated Urgent/Emergency Care students (University of Plymouth) were invited to participate in this study as student site investigators (SSIs).

We aim to outline this collaborative project and report challenges and successes encountered so far.

Methods/Design A cross-sectional study was designed to administer PREM-ED 65+ to eligible patients upon discharge. Students were invited to review the protocol/SSI role at outset. Senior faculty agreed to their participation; timetable conflicts were avoided. NHS and University ethics were obtained.

Thirty-two students within 19 EDs volunteered to become SSIs (64% of the cohort). All underwent training. Existing mentors were co-recruited as site PIs. Commencement—planned January 2021—was delayed until Mid-May due to administrative reasons.

Results Data collection is ongoing. Currently, twenty-two SSIs across 16 sites have recruited 272 participants in five weeks (median = 16 patients/site; 85 participants/SSI; R2—20). Completion of all 83-items is near-perfect (97.8%). Sixty-four (23.5%) participants consented to a retest survey.

Average respondent age is 77 years (R65—100) with more females (58.6%). No differences in arrival mode or complaint type has been observed. Participant LOS is commonly >4 hours (51.3%) with very few treated within an hour (3.3%).

Per-item analysis will commence once the minimum sample (300) is achieved. Redundant items will be excluded; structural and criterion validity, and test-retest reliability will be assessed for remaining items.

Student feedback will be sought to evaluate the SSI role.

Conclusions The student network has made an essential contribution. The efficiency of the collaborative model has mitigated significant commencement delay. Concerns such as conflicts with the academic programme have been allayed through involving students and faculty in design, and proactively arranging supervision and communication.