

other body regions) who were enrolled in the prospective observational Activation of Coagulation and Inflammation in Trauma study (REC 07/Q0603/2). Basal cistern compression (BCC) was considered a surrogate for raised intracranial pressure.

Results and Conclusion 237 patients had a severe ITBI. At least one coagulation abnormality was present in 66% of individuals EXTEM CA5<40mm (45%), EXTEM ML<5% (44%), d-dimer>30,000 (38%), fibrinogen<2g/L (38%) and EXTEM CT>80s (29%), aPTT (7%). Coagulation abnormalities were more common in those with more severe injuries, head AIS 5 versus AIS 3 (70% vs 62%) and BCC (81% vs 64%). The presence of any abnormality was associated with BCC (35% vs 18%), 7-day PICH (67% vs 51%) and higher 7-day mortality (21% vs 7.5%). Several admission tests were good or excellent predictors of BCC (d-dimer AUROC 0.832, fibrinogen AUROC 0.745) and 7-day mortality (aPTT AUROC 0.781, FIBTEM CT AUROC 0.717).

Admission ITBI coagulopathy is common and associated with head injury severity and radiological evidence of BCC. The presence of admission coagulopathy was predictive of mortality and basal cistern compression.

2331 A NOVEL APPROACH TO RESEARCH DELIVERY IN THE EMERGENCY DEPARTMENT

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Aims and Objectives Research in the Emergency Department needs to be delivered in real time, within a specific clinical time-frame, and on a wide variety of conditions and states of emergency, on participants presenting in an unscheduled manner in any time.

The research capacity, infrastructure, and culture at the ED in Alder Hey Children's Hospital faced challenges in the immediate period after the Pandemic. There was an opportunity for challenging the previous research model, and embedding a robust research culture. We sought to find research interested staff among the ED clinical staff and develop a hybrid model of working.

Method and Design

Aims:

- embedding research within the permanent staff of the ED
- research active staff being immediately available for recruitment of a participant in the ED

Outcomes:

1. Increase the number of patients screened or recruited in the ED
2. Increase the number of permanent ED staff who are research engaged

Results and Conclusion A three month pilot from January 2022-March 2022. One research naive ED Health Care Assistant was appointed to the role of ED Research Practitioner. Training was performed by the ED Consultant Lead for Research, which included gaining GCP certification, NIHR consent modules, and a two week period of shadowing and sign off prior to working independently. Weekly meetings were held to trouble shoot.

Over a period of 5 weeks at average 37.5hrs a week of independent practice, the ED Research Practitioner screened and recruited a total of 180 patients into 5 ED studies. None of the studies were using Investigative Medicinal Products or novel devices.

The pilot was successful in increasing the number of participants in research within the ED, and in establishing a hybrid role among staff not traditionally research active.

The department now has three ED Research Practitioners and Band 6 Research Nurse and has increased the research portfolio of the ED significantly.

2046 'CALL BEFORE CONVEY' – DELIVERING URGENT CARE FOR PATIENTS IN THE RIGHT PLACE WITH THE RIGHT CLINICIAN, FIRST TIME

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Aims and Objectives Aim: Ensure patients have timely access to the right urgent care, in the right place with the right clinician.

Many people access urgent care via the emergency department (ED) resulting in poor patient experience, delays to care and duplication, also causing overcrowding, leading to harm.

Method and Design Using the model for improvement we defined aims and set measures, including number of patients offered alternatives to ED or admission, with balancing measures of patient reattendance/readmission. The data identified pathways with largest impact potential - chest pain, dyspnoea and falls/frailty/head injury.

Working with our trust clinical communication centre (CCC) as single point of access, ambulances called before conveying patients in these pathways. We worked with specialty consultants from Cardiology, Respiratory, Frailty, Emergency Medicine and Acute Medicine to offer senior decision maker input to pre-hospital conversations to define the best urgent care pathways. We engaged with community falls car, urgent care response team and GPs along with hospital SDECs and virtual wards as well as providing specialty 'hot clinic' appointments where appropriate, to provide alternatives to ED and admission.



Abstract 2046 Figure 1