Faculty of **Medical Leadership** and **Management**

Poster Sessions (including 3 minute oral presentations)

11.20 – 12.00

(Abstract programme correct as of Thursday 5 November 2015)

1: Quality 2020: Measuring Improvement *Awarding institution: HSC Safety Forum* *Ben Madigan Room*	**Reviewed by:** Jacqueline Fearon Dr Gavin Lavery
2. Patient Satisfaction of Fracture Clinic attendance - Is the 'Glasgow Model' the answer? The Glasgow model of fracture clinic reconfiguration was introduced in October 2011 with an aim to improve efficiency for patients and streamline the demands on the outpatient service at the Glasgow Royal Infirmary. Results claim a 50% reduction1 in new clinic appointments by changing the management of patients, allowing (evidence-based) direct discharge from the Emergency Department for certain diagnoses. We challenge claims that patients are not satisfied with the current system and explore measurement of patient satisfaction in the outpatient setting.	**Presented by:** Mr Ronan McKeown **Co-authors:** Mr Richard Lloyd
8. Use of temporary additional absorptive pad in the skin preparation and draping of breast patients can reduce rates of contact dermatitis Breast cancer is common, with 50,285 new cases identified in the UK in 2011.[1] The majority of these patients proceed to surgery unless unfit to undergo anaesthesia. Various skin preparation techniques have been suggested to reduce surgical site infection rates. These techniques vary between unit and surgeon's preference. A recent systematic review showed iodine based skin preparation to be significantly effective in reducing the rate of surgical site infections.[2] In one unit over a six-month period, six patients undergoing breast surgery were observed to have developed contact dermatitis in the distribution of the surgical drapes, where iodine skin preparation had pooled. After extensive investigation, it was concluded that pooling of iodine, posterior to the axillary triangle and over the postero-lateral border of the chest wall on the operative side was the likely cause.	**Presented by:** Dr Dorothy B Johnston **Co-authors:** Mr Gareth W Irwin Miss Eimer McGeown Miss Helen Mathers Mr Peter Mallon
12. A review of an Anti-absconding intervention in an Acute Psychiatric Ward Absconding is the process were patients leave a psychiatric ward without the permission of clinical staff. Absconding incidents cause significant anxiety for relatives and staff and result in longer inpatient admissions. Furthermore, 25% of inpatient suicides occur following an absconding incident and each incident costs the NHS £200. Over a 24 month period, we implemented an anti-absconding intervention on a female psychiatric ward. We achieved a 28% reduction in absconding incidents and gained invaluable understanding about why patients go AWOL.	**Presented by:** Dr Niall Corrigan **Co-authors:** Jennie Sims
17. Safe Surgical Handover The aim of this quality improvement project was to assess the quality of surgical handover against available guidelines to ensure patient safety through effective communication and to assess staff satisfaction from work experience. Available guidelines recommend that a minimum set of information is passed on during handover in a dedicated place with access to all relevant investigations and results.	**Presented by:** Aseel Sleiwah **Co-authors:** Alison McCoubrey

18. Improving Patient Safety and Satisfaction Through the Quality of Consent for Caesarean Sections at a DGH Over 1000 Caesarean Sections are performed per year at Craigavon Area Hospital. It was noted that the procedure explanation, intended benefits and risks listed on the consent forms showed variation between practitioners. The project aimed to produce a pre-printed, self-adhesive sticker containing the Royal College guidelines on what should be contained in a consent form for the CS, thus improving patient safety and satisfaction.	**Presented by:** Dr James Wylie **Co-authors:** Dr Abdelmageed Abdelrahman Dr Nicola-Ann Henderson
24. Priority Triage - improving standards of care for adult patients self-presenting to South West Acute Hospital Emergency Department with chest pain The Emergency Department at South West Acute Hospital is a rural district general hospital emergency department that receives the full range of undifferentiated illness and injury including acute coronary syndromes. Acute coronary syndromes require rapid assessment and treatment to reduce morbidity and mortality. As a result, this audit looked at how the introduction of a receptionist initiated priority triage improved the standards of care received by patients self-presenting with chest pain with regard to time to initial ECG, time to triage, time to initial assessment and time to referral or discharge.	**Presented by:** Dr. Stephen McKenzie **Co-authors:** Mr. Thomas Allen
33. Implementing outcome measures in an acute psychiatric learning disability ward. Muckamore Abbey Hospital provides inpatient psychiatric services for people with intellectual disability. Due to the presentation and communication difficulties, it can be difficult to diagnosis accurately or monitor progress/ improvement. The objective was to introduce a formal outcome measurement tool that could be use to monitor a patient’s journey throughout their admission.	**Presented by:** Dr Patrick Ling **Co-authors:** Dr Karen Humphries

2: Student Poster Session *Awarding institution: QUB* *Fisherwick Room*	**Reviewed by:** Dr Niall Leonard Professor Roy Spence
13. Identifying potential distractions during surgery- minimising the risk of avoidable error Surgery involves highly complex procedures were concentration is key, therefore a breach of focus could result in an avoidable error. Research has shown that distractions within the theatre environment have an effect on the surgical team and could lead to error [1-4].	**Presented by:** Mr Mark Gilmore **Co-authors:** Mr James Nixon Mr Gareth Price Miss Claire Black
14. Evaluating total body surface area percentage in burns patients - are we doing it right? Total body surface area percentage (TBSA%) is calculated as part of a burn assessment, assisting to determine whether the patient needs tertiary referral in accordance with the NICE guidelines for appropriate referral (1). Currently the only evidence of incorrect assessment is anecdotal reports from staff that there is often a discrepancy between the TBSA% as assessed at initial presentation and the TBSA% calculated by specialty trainees/consultants in the Burns Unit (Royal Victoria Hospital, Belfast). Our aim is to evaluate whether the anecdotal evidence is correct, and if so it will enable us to implement a change to improve this.	**Presented by:** Mrs Gemma Nixon **Co-authors:** Miss Stacey Cairns Mr Gareth Price
16. Development of a Tissue Expansion patient information leaflet – A methodology with low case volume. Retention of verbal information given to patients during consultations has great influence on compliance with treatment. Increased levels of anxiety decreases the quality and quantity of information retained. Written and pictographic information, when integrated into the consultation, have been shown to increase the clinical effectiveness of a given surgical treatment plan. Patient involvement in guiding the development of such resources is important. This is more difficult when there is low case volume. We have described a methodology for producing patient information leaflets, which incorporates the Model for Development in low patient volume conditions.	**Presented by:** Mr Timothy Patterson **Co-authors:** Mr Jonathan McKeag Mr Andrew Robinson Ms Claire Black Mr Gareth Price
27. The Buddy Project The first year of anaesthetic training is recognized to be stressful. The “buddy project” aims to provide support for junior trainees during this time. An informal and confidential relationship, between a junior and senior trainee, for the discussion of anything and everything, was to be established. Potential benefits for senior trainees included an opportunity to develop pastoral roles, whilst keeping up to date with the current structure of the training system.	**Presented by:** Dr Lori Ann Lindsay **Co-authors:** Dr Patricia Anagnostides Dr Stephen Millen

35. Psychiatric Unscheduled Care Service Handover-Proforma Quality Improvement Project, Belfast HSC Trust The psychiatric Unscheduled Care Team work deals with vulnerable individuals with Mental Health issues, often at risk of harm to themselves or others (1,2). Accurate documentation, using checklists in particular, has been shown to improve patient safety and care within clinical teams. (3) This QI project aims to increase patient safety through improved documentation and information sharing between members of the Unscheduled Care Team. This will increase efficiency and reduce unnecessary duplication of work. Inadequate documentation renders staff vulnerable to litigation, (4) an increasing problem for health professionals and patients in recent years. (5)	**Presented by:** Mr Owen Harold George McMurray **Co-authors:** Dr Grainne Donaghy
36. Using Patient Reported Experience Measures (PREMs) to Shape Burn Service Delivery The majority of small burns referred by emergency departments (ED) to the Burns service can be managed as an urgent out-patient, but often involves an intervening time period. In order to bridge this gap in care, a patient-centred approach was adopted to facilitate effective self-care in this large subset of patients.	**Presented by:** Miss Lauren Laverty **Co-authors:** Miss Ciara McGoldrick
40 – Evaluation of the impact of a novel Peer Assisted Learning (PAL) Programme on medical student education and exam preparation. The majority of undergraduate teaching is delivered by postgraduate staff. With the increasing evidence for peer assisted learning, we created a pilot project to assess the impact of such a programme: both for students and educators. Our objective - to create, deliver and assess the impact of a PAL programme for third year students, delivered by final year medical students and supervised by senior medical staff.	**Presented by:** Naomh Gildernew **Co-authors:** Dr Mairead Hegarty

3: Quality 2020: Transforming Culture and Strengthening the Workforce *Awarding institution: DHSSPS* *Deerpark Room*	**Reviewed by:** Dr Anne Kilgallen Dr John Simpson
4. High fidelity multidisciplinary neonatal simulation in the NICU of the Ulster Hospital. Neonatal simulation is gaining popularity as a teaching method. It aims to bridge the gap between training and real clinical experience. Simulation allows us to practice our skills without risk compromising patient safety. Although, no direct link has been made with enhanced clinical outcomes, high fidelity simulation has been shown to be a robust clinical teaching method.	**Presented by:** Natalie Thompson **Co-authors:** Dr Laura Mc Conaghy Dr Christine Mc Feely Alison Barrett Dr Carl Harris Dr Mugilan Anandarajan
15. "Safetember": Engaging staff in patient safety Our trust provides health and social care a population base of 340,000 and comprises a diverse range of staff and services. Delivering safe and effective care is a core goal and through application of the Berwick Principles (1), we recognised the need to engage staff in improving the safety of our care. We identified an opportunity to develop the concept of "safetember" into a tailored trust wide initiative to encourage and facilitate staff across the Trust to collectively focus on improving patient safety.	**Presented by:** Ms Christine Murphy **Co-authors:** Mr Colin McMullan Dr Brian McCloskey Dr Aideen Keaney Ms Joan Peden
21. Supporting Out of Program Trainees: establishing a 'Return to Acute Paediatrics' course in Northern Ireland In any six-month rotation 15-21% of Paediatric trainees in Northern Ireland (NI) may be out of programme (OOP), most commonly due to maternity leave. Trainees can feel anxious, de-skilled and under-confident on returning to work.1,2 However, there is little evidence describing these difficulties and limited targeted support available for OOP trainees. We aimed to identify the needs and concerns of trainees returning to clinical work after time OOP and develop a pilot course providing education and support to these trainees.	**Presented by:** Dr Naomi Kirk **Co-authors:** Dr Lyndsey Thompson Dr Nicola McCay
23. Developing Excellent Leaders- The Role of Executive Coaching for GP Specialty Trainees Innovative approaches are needed to develop reflective medical practitioners who will lead culture change. Executive coaching has been suggested as a possible tool1, but the evidence base is in its infancy. Coaching creates a safe, empowering, 'high-challenge, high support' environment - impacting the working system and culture. This qualitative study looked at the impact on GP specialty trainees of an executive coaching intervention.	**Presented by:** Dr Stephen Harte **Co-authors:** Dr Kieran McGlade

32 – Virtual visitation in the neonatal unit- improving patient experience in a district general hospital Neonatal units within NI have restrictions on visitation times and on which family members are allowed to visit. Siblings/ extended families do not get the opportunity to meet the new baby until after discharge. Families can face emotional difficulties, and changes in family dynamics during prolonged hospitalization of the newborn. This project aims to improve family experience as we move towards patient centered care in NI.	**Presented by:** Dr Natalie Thompson
37. Online cloud-based systems for management of Junior doctor rotas Junior doctor rotas and leave requests are generally managed by a member of admin staff. Common problems include difficulty requesting leave, poor management of staffing levels and poor communication.	**Presented by:** Dr Ben Dilworth
38. Emergency Department (ED) Hub site – Improving knowledge, efficiency and safety in the Trust's Emergency Departments. The BHSCT's EDs have experienced significant pressures over recent times with scrutiny from the general public and the media. There was a danger that great work that is undertaken by the committed and talented staff was being drowned out by a wave of negative publicity. Another effect of this was a decrease in staff morale evidenced by loss of experienced multidisciplinary staff to other areas and the difficulty in recruitment. With increasingly busy departments and subsequent demanding workloads, there was also concern that staff education and dissemination of vital information such as learning from SIAs and audit could be detrimentally affected.	**Presented by:** Dr Jonny Devaney **Co-authors:** Dr Olly Bannon Ms Kelly Stephenson Ms Olivia Wison Dr Peter Shortt
26. Review of Morbidity and Mortality (M&M) Meetings in the Southern Trust Numerous high profile reports have highlighted the importance of patient safety. Aims: - To develop a robust system, across all specialties, for discussing patient care, highlighting areas for improvement and sharing learning points. - To promote open discussion, without fear of blame. - To learn from complications and errors, prevent repetition of errors, and promote patient safety.	**Presented by:** Dr Lauren Megahey **Co-authors:** Dr John Simpson Mr Stephen Wallace Dr Richard Wright

4: Quality 2020: Raising Standards (ST6/Band 7 and above) *Awarding Institution: NIMDTA* *Chichester Room*	**Reviewed by:** Professor Ian Curran Professor Keith Gardiner
6. Formalisation of the Plastic Surgery handover process Several potential areas for improvement with respect to morning handover in the Plastic Surgery department were identified in the recent GMC survey and trainee monitoring. The aim of our project was to ensure that an efficient and comprehensive handover process is implemented and utilised within the department. It is recognised that improper handover can be a major contributory factor to human error and patient harm.1,2	**Presented by:** Mr Andrew J Robinson **Co-authors:** Miss Lindsay Damkat-Thomas Mr Alastair P Brown
7. The impact of a new one - day acute care course for foundation doctors at improving confidence levels in assessing and managing acutely unwell patients. The General Medical Council (GMC) published its third edition of Tomorrow's Doctors in 20091. It listed sixteen outcomes which graduates must be able to demonstrate in order to be sufficiently prepared for clinical practice as a Foundation Year 1 (FY1) doctor. One of these outcomes is to be able to provide immediate care in medical emergencies. However, there is growing evidence that graduates from UK medical schools perceive themselves to be less well prepared in acute immediate medical care than other Tomorrow's Doctors (2009) outcomes2. I developed a new course aimed at foundation doctors to help develop confidence and improve knowledge, skills and attitudes when dealing with acutely unwell patients. The curriculum of the course fulfills many of the learning outcomes in the UK Foundation Programme 'recognition and management of the acutely ill patient' syllabus3.	**Presented by:** Dr Gareth Morrison **Co-authors:** Dr Emma Gordon Mrs Bernadette O'Connor
22. Service evaluation of medically assisted opioid detoxifications at Belfast Addiction Service. NICE recommend the use of buprenorphine for medically assisted opioid detoxification for those patients for whom substitution is not appropriate or their choice of treatment. In our service, this process involves not only detoxification but psychosocial interventions, harm reduction information, physical health screening and a vaccination programme.	**Presented by:** Dr Orlagh McCambridge **Co-authors:** Dr Helen Toal, Consultant Psychiatrist in Addictions
28. The Collaborative Approach to the Development of a Northern Ireland (NI) specific Toolkit, Clinical Pathway and Training Materials for the Identification, Diagnosis and Management of Delirium. Delirium is a serious medical emergency, which often remains undiagnosed or misdiagnosed in acute setting. It is a reversible condition with appropriate treatment but poses significant danger to the patient. The NI Dementia Strategy recognised a need for training in delirium within the Health and Social Care (HSC) sector. The HSC Safety Forum leads Quality Improvement initiatives across the region of Northern Ireland and is part of the Dementia Together NI Project: funded by Atlantic Philanthropies, NI Assembly, Health & Social Care Board and Public Health Agency.	**Presented by:** Dr Gavin Lavery **Co-authors:** Ms Janet Haines-Wood Ms Nichola Cullen Mrs Levette Lamb

29. “What matters to me today? “ In the regional Paediatric Intensive Care Unit (PICU)	Presented by:
The Institute of Medicine report “Crossing the Quality Chasm: “A new health system for the 21st century” (2001) identified the need for patient centred care [1]. Additionally, the Institute of Healthcare Improvement advocate “flipping healthcare”- the shift of focus from asking patients “What’s the matter” to “What matters most to you”. In our 12-bedded PICU, there was no formal process to ask the child/family what mattered the most to them. Reflecting on this, we piloted “What matters to me“. Each child has a unique card on which they can write what matters most to them.	Poppy Stewart **Co-authors:** Aideen Keaney
30. Integrating Obstetric Early Warning Score Systems The early detection of severe illness in pregnant women remains a challenge to all clinicians involved in their care. The relative rarity of such events, combined with the normal changes in physiology associated with pregnancy and childbirth, compounds the problem. The Northern Ireland Regional Obstetric Early Warning Score chart and escalation protocol was developed by the Health and Social Care Safety Forum in collaboration with frontline staff for use in antenatal, postnatal and early pregnancy in maternity and gynaecology wards. The Centre for Maternal and Child Enquiries includes the use of a national modified early warning obstetric warning score chart in its recommendations in the report ‘Saving Mothers’ Lives.	**Presented by:** Julia Courtney **Co-authors:** Dr Gavin Lavery Miss Janet Haines - Wood Denise Boulter Dr Ann Hamilton Levette Lamb
31. Improving quality and safety in the nursing home sector – a programme In 2011, the Northern Ireland HSC Safety Forum embarked on the first community-based regional quality and safety collaborative in Northern Ireland involving, initially, 8 nursing homes from across the province. A number of safety themes were identified and the first phase focused on falls prevention in 2012-2013. Subsequent work has focused on improving nutrition, preventing pressure damange, with 18 homes actively participating. For 2015-2016 work will go forward on Palliative and End fo Life Care using Project ECHO methodology.	**Presented by:** Miss Janet Haines-Wood Dr Gavin Lavery **Co-authors:** Mrs Levette Lamb
34. A ‘novel’ model for integrating Sport and Exercise Medicine (SEM) and Musculoskeletal (MSK) management into primary care in the UK Musculoskeletal (MSK) symptoms are common within primary care but some general practitioners (GPs)/family physicians do not feel comfortable managing these symptoms, preferring to refer onwards. We aimed to establish a reproducible GP-staffed MSK and sport and exercise medicine (SEM) clinic within primary care, in keeping with recent policy changes within the UK health system.	**Presented by:** Dr Neil Heron
41. Continuous Quality Improvement Initiative to Reduce Nosocomial Infection Rates The Regional Neonatal Unit benchmarks against the Vermont Oxford Network (VON). In 2009-10, there was a high incidence of late onset infection (nosocomial infection occurring after 72 hours of age) caused by Coagulase negative staphylococcus (CoNS), in very low birth weight (VLBW) babies. CoNS sepsis is associated with central line infections and can cause significant short and long-term morbidity for premature babies. A multidisciplinary quality improvement team was therefore established, aiming to reduce the frequency and impact of nosocomial infection in neonates.	**Presented by:** Alison Walker **Co-author:** Dr Julia Courtney

5: Quality 2020: Raising Standards (CT1-CT3 and ST3-ST5) *Awarding Institution: FMLM* *Ashley Room*	**Reviewed by:** Mr Peter Lees Ms Kirsten Armit
3. Are we giving pink copies of consent forms to patients? An audit of adherence with national guidance In May 2015 NIMDTA issued a weekly update (1) which stated that patients should always be given the signed pink copy of their consent form for their own personal medical records. This was a result of a recent letter from the Care Quality Commission and NHS England to the General Medical Council warning that if doctors do not always give patients copies of their consent forms that it leaves the consent system open to abuse with alterations to the operative procedure a possibility. Our unit has standard consent forms and it states on the form that the pink copy should be given to the patient following the consent process. The aim of this audit was to assess adherence with this local instruction and national guidance.	**Presented by:** Miss Harriet S Julian **Co-authors:** Dr Sinead McNally Mr Kieran Lappin
5. The role of In situ Simulation training in the development of protocols and staff induction in the new RVH Emergency Department In preparation for transfer to the new Emergency department in the RVH it was recognised that this period could pose risks to patient safety. This issue is now paramount in healthcare, with statistics of up to 10% of all patients admitted to hospital coming to some form of harm. (1) Simulation based training is an effective learning tool in reducing medical error allowing healthcare professionals to repeatedly practice and safely manage recreated challenging and complex scenarios. A further role of simulation- based training in enhancing patient safety is its application in systems and team training. (2) In situ simulation training was adopted as a key element of induction to the new Emergency department to identify areas of risk and test protocol and systems in delivering patient care. The outcomes of these sessions were used to develop and enhance such protocols and systems.	**Presented by:** Dr Lynda Magowan **Co-authors:** Dr Nicola Weatherup Dr Colm Watters Dr Oliver Bannon
9. Monitoring Antipsychotic Prescribing in Patients with Behavioural and Psychological Symptoms of Dementia: A Clinical Audit The short term use of antipsychotics as an adjunct to the management of severe non-cognitive symptoms in dementia is advocated in the current NICE guidelines. However, there is significant evidence of risk associated with these medications, in particular the increased cerebrovascular risk. This audit aims to assess the standards of prescribing and monitoring of antipsychotic medication in patients with Behavioural and Psychological Symptoms of Dementia in the West Belfast Older People's CMHT using the POMH-UK Clinical Audit Standards (March 2011).	**Presented by:** Dr Rebecca Cairns
10. Dermal Substitutes – Development of a Patient Information Leaflet (PIL) With a trend towards holistic management of wounds, Dermal Substitutes (DS) have an increasing application in both the management of the acute burn and in secondary burns reconstruction.1 Use of Full thickness skin grafts (FTSG) are limited by the size and availability of suitable donor sites. Split thickness skin grafts (STSG) have a propensity for hypertrophic/keloid scarring as well as contractures, which have long-term functional and aesthetic sequelae. Dermal substitutes act to promote dermal repair with positive functional, cosmetic and quality of life (QOL) outcomes 2-3 Two DS are employed in our department namely, Integra® and Matriderm®. We devised a generic patient information leaflet on DS with the aim of increasing patient understanding and facilitate more informed decision-making	**Presented by:** Dr Joshua Michael Clements **Co-authors:** Mr Andrew J Robinson Miss Claire Black Mr Khalid Khan Mr Abid Rashid Mr Brendan Fogarty

11. Quality Improvement in a Vascular Surgery Multidisciplinary Team Meeting Multi-disciplinary team (MDT) meetings form a cornerstone of modern Vascular Surgery and are recognized as an important factor in driving quality of care. Junior doctors in the Royal Victoria Hospital are tasked with preparing the weekly meeting. It was felt this task had become time consuming and somewhat unrewarding. We set out to find ways of reducing the time spent preparing the patient list, whilst at the same time attempting to increase the number of patients discussed in each meeting.	**Presented by:** Mr Gary Dobson **Co-authors:** Dr Declan Neeson
19. A full cycle audit of informed consent of trauma patients at a regional trauma unit Informed consent is a legal requirement prior to any medical procedure. This should be conducted by someone who is suitably qualified and understands the treatment and its risks . Within our unit, consenting of trauma patients is usually conducted by junior staff. We audited the efficacy of this process against set guidelines.	**Presented by:** Mr Sam McMahon Mr Adam Tucker Mr Martyn Neil
20. Debrief after a Resuscitation/Death of a Child A survey of trainee's attitudes, thoughts and experiences Debrief after resuscitation may be beneficial for improving outcomes following resuscitation but can also be an opportunity to provide emotional/psychological support for the team involved. Historically in our department, debriefing happened in an ad hoc manner and it was felt that this reflected regional practice. To investigate this we developed a survey to explore the thoughts and experiences of paediatric trainees in the Northern Ireland deanery.	**Presented by:** Dr Danielle Leemon **Co-authors:** Dr Elizabeth Dalzell Dr Andrew Fitzsimons
25. Initial Results from a Combined Rheumatology/Dermatology Connective Tissue Disease Clinic in Belfast Comprehensive management of Connective Tissue Disease (CTD) often requires both dermatological and rheumatological input. Complex case management necessitates a holistic, multi-disciplinary approach. Combined clinics enable enhanced inter-disciplinary cooperation and improved standards of care, while avoiding duplication of clinic appointments.	**Presented by:** Dr Elisabeth Ball **Co-authors:** Dr Louise McDonald Dr Maura McCarron Dr Collette McCourt Dr Donal O'Kane Dr Claire Riddel