Conclusions Although the mainstay of management in NOMI is reduction of spasm and improving perfusion of the mesenteric artery using vasodilators, the identification of at-risk neonates remains a challenge. In our case series, the NOMI had progressed extensively requiring laparotomy and bowel resection. The risk of mortality is high and a timely diagnostic laparotomy with excision of irreversibly necrotized intestine can be lifesaving.

Quality Improvement and Patient Safety

1060 MEDICAL EMERGENCY COVER AT A TIER 4 INPATIENT CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

Fiona Payne, Karen Griffin. Sheffield Children’s NHS Foundation Trust

10.1136/archdischild-2021-rcpch.366

Background The inpatient tier 4 CAMHS unit provides care for children and young people with serious and complex mental health problems across four lodges. A patient safety risk was identified; in an emergency locating a doctor during normal working hours could be challenging. Doctors did not carry a bleep, could be working in a variety of different clinical areas or a doctor may not be assigned to each lodge every day. It was recognised patients may become acutely unwell or injured and a doctor should be in attendance promptly to undertake assessment and treatment.

Objectives

Aims

• A baton emergency medic blick (similar to a bleep) to be held during normal working hours.
• In an emergency a ‘double blick’ should indicate there is an emergency and a doctor should attend.

Objectives

1. Is a baton medic emergency blick an effective way of ensuring a doctor attends in an emergency?
2. Does the blick inappropriately impact a clinicians normal working?
3. What emergencies occur onsite and do staff feel confident/competent managing them?

Methods A medic emergency blick rota was designed assigning a non-consultant grade CAMHS doctor to carry the blick Monday to Friday during normal working hours.

Data was collected prospectively over a four month period. For every ‘double blick’ a proforma was completed collecting data on the emergency and what the outcome was.

<table>
<thead>
<tr>
<th>Date/ time</th>
<th>Lodge</th>
<th>Was a medic required?</th>
<th>Activity before the blick</th>
<th>Summary of case</th>
<th>Input</th>
<th>Outcome</th>
<th>Competent/ confident to manage</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/10/20</td>
<td>G</td>
<td>Yes</td>
<td>Telephone appointment, 2 minutes to close conversation. Unsure initially whether to attend.</td>
<td>Acute exacerbation of asthma</td>
<td>Examination, instructions to support workers and nurses. Applied oxygen and debrief after.</td>
<td>Hospital transfer.</td>
<td>Yes</td>
</tr>
<tr>
<td>14:15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15/1/21</td>
<td>S</td>
<td>Yes</td>
<td>Meeting in the seminar room, easy to attend.</td>
<td>Patient removed dressing and had profuse bleeding.</td>
<td>Examination and referral.</td>
<td>Hospital transfer.</td>
<td>Yes</td>
</tr>
<tr>
<td>12:35</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Results 4 events were recorded, 2 were clinical events, 1 was a test and 1 a technical problem.

Conclusions In answer to the objectives:

1. The medical emergency blick was effective in ensuring a medic attends in an emergency during normal working hours.

2. There were 4 blicks during the data collection period which was confirmed with the team excluding the possibility of missing data. It was agreed by clinicians that carrying the blick does not inappropriately disrupt normal working.

3. Of the emergencies that occurred medics felt competent and confident to manage them.

4. The team agreed following the trial period that the medic emergency blick was a safe and effective way to ensure a doctor attends in an emergency and that it should continue. It was identified at feedback there were occasions during the trial where the blick was not collected and this was not recognised or escalated. A safety net plan was therefore agreed to prevent this happening in the future. The intention is to audit in 6 months to ensure continued compliance and explore frequency and nature of double blicks.

The project is limited by the small amount of data, however this is reflective of the clinical situation.

Quality Improvement and Patient Safety

1061 ‘TURNING OVER A NEW LEAFE’: IMPROVING THE QUALITY AND QUANTITY OF LEARNING FROM EXCELLENCE NOMINATIONS

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Background The Learning from Excellence initiative, previously piloted at Birmingham Children’s Hospital,1 aims to promote the recognition and celebration of positive clinical practice, and share these learning points to optimise patient care and foster a supportive, resilient working environment. Results from the pilot indicated that about 90% of staff agreed that Learning from Excellence increases staff morale and the quality of patient care. Learning from Excellence initiatives have since been introduced across many NHS Trusts, including the Paediatric department at Great Western Hospital, Swindon, where the ‘LeaFE’ nomination process began in 2017.

Objectives This quality improvement project aimed to improve the quality and quantity of ‘LeaFE’ nominations made in the