identified, including specific tasks performed during the surgical prep time, solutions used for prepping, task sequencing, and interdisciplinary collaboration. The team leader adapted their personal workflow in September 2021 and demonstrated educational improvement in surgical prep times (figure 4). Team performance also improved (figure 5), surgical prep times reduced to 11.9 minutes. The team performed at least one additional surgery per day, resulting in a 25% increase in case volume (figure 5), from 70 cases per month to 88 cases per month.

Conclusions Resource-neutral, data driven small system improvements, resulted in a 25% increase in case volumes post intervention, creating >$2.5M additional revenue.

Abstract 5 Figure 3 Team leader adapts personal workflow – improvement demonstrated by special cause variation (highlighted)

Abstract 5 Figure 4 Team adapts workflow – improvement demonstrated by centerline shift from 13.8 to 11.9 minutes

A lack of understanding of daily demand for tests
- Lack of standard processes for handling samples upon arrival in the laboratories

Objectives The aim was that within 3 months, 80% of all samples would be turned around within 12 hours of receipt in the laboratory. A stretch goal of achieving 95% by the summer. The work consisted of:
- Engagement with all laboratories
- Mapping sample flows
- Development of dashboards to understand flow, demand and activity
- Mapping of in-laboratory processes
- Modelling sample flows

Methods Using a Lean methodology, the following were implemented:

- A lack of understanding of daily demand for tests
- Lack of standard processes for handling samples upon arrival in the laboratories

Abstract 6 Figure 1

Abstract 6 Figure 2
Flow of all asymptomatic community samples to a dedicated high volume laboratory

Standard process for receipt of samples, including prioritisation

Improved flow of samples around laboratories

Daily meetings to discuss on-going issues and an opportunity to share good practice

Laboratory process redesign

Results

Improvement work commenced in January 2021. As a consequence, times improved across all laboratories (figures 1–4). Median turnaround time reduced from over 24 hours to 6 hours. This has been sustained. 80% of samples are now turned around within 12 hours.

Conclusions

The need for rapid turnaround of Covid-19 samples is essential. As a consequence of a national improvement program 80% of all samples have a turnaround time of 12 hours of less.

Abstract 6 Figure 3

<table>
<thead>
<tr>
<th>Cycle Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet connectivity session</td>
<td>4</td>
</tr>
<tr>
<td>Communication test – ways to help patients understand facilitator’s instructions with masks and face shields.</td>
<td>2</td>
</tr>
<tr>
<td>Testing transmedia approach – using simultaneous What’s App to provide facilitator clarification of conversation.</td>
<td>10</td>
</tr>
<tr>
<td>Communication with students- testing volume and understanding of speech remotely</td>
<td>2</td>
</tr>
<tr>
<td>Visuals - different screen sizes tested to identify ideal for patients.</td>
<td>4</td>
</tr>
<tr>
<td>Increased operational involvement for the patients, including writing, casting, directing, and narrating.</td>
<td>3</td>
</tr>
</tbody>
</table>

Abstract 6 Figure 4

Background

Auchi dialysis unit supports patients who have complex needs and require more intensive care. During the pandemic, many of the patients had to isolate from family for months and were frightened about having to come into hospital. They became demoralized and disengaged. This project connected applied theatre students from Royal Central School of Speech and Drama with the patients.

Objectives

The aim was to provide social connection, stimulation and joy by creating a film through a collaboration with patients and students based on the creative output of the patients.

Methods

Multiple short PDSA cycles were undertaken to determine the best way to connect digitally and deliver the project. Staff identified patients that would benefit from the project. Patients then participated in interactive narrative workshops twice a week for 6 weeks via zoom (figure 3 and 4). These were facilitated by the students, supported in person by the project team (figure 1).

Results

Results were measured through feedback from the participants and staff and also by the quality of the film produced. Qualitative data from staff observations and patient feedback has revealed the positive impact of the project on patient wellbeing. Project team observations and patient feedback revealed ‘focus’ on collaborative film making changed the mood of the patients during workshops (figure 2).

Conclusions

Using Quality improvement methodology in our collaborative film making enabled us to continually improve the experience and inclusion of patients in a creative project. This allowed us to overcome the limitations of PPE and internet connectivity and devise a transmedia approach to maximise the opportunities for the patients to be creative (figure 5).