The collaborative promoted innovation with ideas such as 'virtual peer review' emerging.

Conclusions Implementation of the ELPQuIC care bundle improved process delivery resulting in better outcomes for emergency laparotomy patients across 25 NHS Trusts. QI promotion through a BTS model fostered collaboration and innovation.

REFERENCES

DECREASING UNNECESSARY BLOOD BANK TESTING FOR LAPAROSCOPIC HYSTERECTOMY
Anne Que, Aalok Agarwala. Massachusetts General Hospital, Department of Anaesthesia, Critical Care and Pain Medicine, US

Background Reducing unnecessary preparation of blood components decreases cost and improves value. Standard surgical blood order schedules (SSBOS), which make recommendations on which procedures require a type and screen (T and S), have been shown to help reduce variability and improve patient safety. We explore how evidence-based interventions preoperatively optimise the process.

Objectives Our aim was to standardise the process and implement an evidence-based process improvement to reduce unnecessary T and S samples for laparoscopic hysterectomy cases.

Methods After IRB approval, we reviewed data from January 2014 to February 2016. Outcomes followed were: 1) T and S samples and 2) blood transfusion rates. Interventions were: 1) termination of routine ordering of T and S samples by pre-anesthesia evaluation team (4/2015); and 2) implementation of a SSBOS guideline within a new EHR system (4/2016). We used statistical process control and descriptive statistics for analysis.

Results At baseline, of 615 laparoscopic hysterectomy procedures, T and S obtained for 490 procedures (78%), 21 patients (3%) received at least 1 unit of blood. Of 490 procedures after Intervention-1, T and S obtained for 300 cases (61%), 18 patients (3%) received transfusion. Of 532 procedures after Intervention-2, T and S obtained for 144 cases.
Abstract 1050 Figure 1  Percentage of type and screen drawn for laparoscopic hysterectomy procedure p chart, sigma (21%), 5 patients (1%) received transfusion (Table 1). Figure-1 shows a process control chart plotting the T and S samples over time with interventions at 5–2015 and 4–2016 which show a significant decrease in mean T and S samples.

Abstract 1050 Table 1

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Total</td>
<td>615</td>
<td>490</td>
<td>552</td>
</tr>
<tr>
<td>Type and Screen</td>
<td>490 (78%)</td>
<td>300 (61%)</td>
<td>144 (26%)</td>
</tr>
<tr>
<td>Transfusion</td>
<td>21 (3%)</td>
<td>18 (3.6%)</td>
<td>5 (&lt;1%)</td>
</tr>
</tbody>
</table>

Conclusions  Unnecessary preparation of blood products for operations with historically low rates of transfusion represents wasted phlebotomy, labour, and expense. Using laparoscopic hysterectomy as an example, we decreased unnecessary T and S using data to guide pre-operative testing.

Abstract 1057 Figure 1

XmR Chart: Hospital based care encounters for long-term care residents

Timeline and PDSA Cycles

1057 REDUCING UNWANTED AND UNWARRANTED ED AND HOSPITAL UTILISATION FOR FRAIL ELDERS IN RURAL SKILLED NURSING FACILITIES: A HYBRID IMPROVEMENT-IMPLEMENTATION APPROACH

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Background  Frail elders in residential skilled nursing facilities (SNFs) have high rates of emergency department (ED) utilisation and hospitalizations. We sought to implement and iteratively specify an intervention to improve utilisation and cost outcomes for frail elders in rural SNFs.

Objectives (1) To reduce unwanted and avoidable ED utilisation and hospitalizations; (2) to reduce related costs.

Methods  Adopting evidence based practices, we iteratively developed an implementation approach including the following key elements: (1) advanced directives; (2) a dedicated closed-call team of providers following SNF residents; (3) a biweekly case review of all ED referrals and hospitalizations; and (4) a standardised triage communication process. We conducted three PDSA cycles over a 6 month period and assessed clinical and cost outcomes using inferential statistics and statistical process control (SPC) methods.

Results  Three rural SNFs participated in the intervention from January-June 2016. Three PDSA cycles were conducted. Monthly hospital-based care utilisation for long term care (LTC) residents reduced from 10 to 3.3 episodes (p<0.05), ED transfers reduced by 59% (p<0.05), and hospitalizations reduced by 62% (p<0.05), without associated changes in...