record for most tests administered per shift increased from 55 for one lane to 112 for two lanes (figure 1).

Conclusions Lessons learned here about heat safety, pathogen safety, and hot zone training can be applied to all drive thru testing sites. With this ongoing pandemic, it is wise to look for ways to improve test sites as well as potential vaccination sites.

9 RHEUM SERVICE: IMPROVING VIRTUAL CARE DURING COVID-19
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10.1136/bmjoq-2020-IHI.9

Background During COVID-19, rheumatology outpatients need timely access to care while social distancing. Video consults have potential to improve virtual assessments, however, some patients and providers are apprehensive about using this technology.

Objectives Provide delightful and effective video consults for 90% of new patients by July 1.

Methods We redesigned video appointments to create a seamless virtual experience. PDSA Series 1 identified improvement opportunities with a process map, fishbone, and driver diagram. PDSA Series 2 tested and implemented change ideas: digital appointment confirmations, reminders, and forms; video consults with limited pre-call testing; digital reports, requisitions, and messaging. PDSA Series 3 refined changes by decreasing reminders, increasing pre-call tests, and adding backup video platforms. Outcome measures were: 1) 90% consults by video, 2) 90% requesting more video appointments. Process measures were: 1) pre-call tests completed, 2) technical difficulties. Our balance measure was 90% virtual diagnoses modified after in-person visits. We collected data over ten weeks and emailed anonymized patient surveys one week after video consults. We analyzed data with run charts and descriptive statistics.

Results We scheduled 135 new consults: 120 (89%) video, 14 (10%) phone, and 1 (1%) office. Twenty-one patients (16%) did not own a video-enabled device. Pre-visit, 12 patients (10%) participated in pre-call testing. Video consults were initiated for 97% of scheduled patients; of these, 6% suffered technical difficulties, requiring a switch to phone or another video platform. Surveys were completed after 40% (48/120) of video visits: 68% of patients wanted another video appointment; 28% were ‘not sure’; 4% declined. Virtual diagnoses stayed the same for 84% (32/38) of patients with follow-up in-person assessments.

Conclusions While video consults proved effective for most patients, sociodemographic and technological barriers prevented others from participating. Next steps include improving access to video-enabled devices and providing more pre-visit training to reduce these barriers.

11 FRAMING EQUITY, DIVERSITY & INCLUSION EFFORTS ACROSS THE CONTINUUM OF MEDICAL EDUCATION USING IHI MODEL FOR IMPROVEMENT
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Background Medical education (ME) must create equitable, diverse, and inclusive (EDI) training environments for our learners, faculty, and staff and equitable care for the patients they serve. As ME leaders spanning students to CME and libraries, we are accountable for addressing structural ‘isms’ in all forms (eg, race, gender-identity, religion).

Objectives Our purpose is to be intentional and public in our actions to address EDI across the continuum of medical education using the IHI Model for continuous improvement. We have 3 specific objectives, one each at the micro, meso, and macro levels.

Methods Each education department leader provided their current EDI activities and focal areas for future work aligned with proposed measures. These interventions were then reviewed to identify actionable interventions and associated metrics across the ME continuum seeking to use existing data for longitudinal tracking when possible. The document was shared and discussed with key stakeholders with iterative revisions to develop and assure plan engagement and support.

Results Four actionable EDI education-related categories were agreed upon: (1) purpose & culture; (2) recruitment and retention; (3) curriculum and program structure; (4) evaluation and assessment (figure 1). Within each category 2–3 specific PDSA interventions were identified for action within