

P84 THE IMPACT OF A MULTIDISCIPLINARY EDUCATIONAL PROGRAMME ON THE PRESCRIBING OF OXYGEN IN AN ACUTE TRUST

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Introduction and objectives Following the publication of the BTS guideline¹ and NPSA rapid response report² on the use of oxygen, a multidisciplinary educational programme was developed to improve the prescription of oxygen in a large London teaching hospital. The aim of this project was to assess the impact of the educational programme.

Methods Following a baseline audit of oxygen prescribing, posters were introduced to promote and improve the prescription of oxygen. A second audit demonstrated that no improvement in adherence to guidelines had occurred. In response to this, a Trust wide oxygen policy, development of an oxygen sticker and a comprehensive multi-disciplinary educational programme was delivered, aimed at all medical, nursing, physiotherapy and pharmacy colleagues. The programme involved a series of practical sessions and presentations tailored to each discipline and delivered by pharmacy, physiotherapy and medical representatives. To assess the impact of the interventions, prospective data was collected assessing patients on oxygen against the following criteria:

- ▶ Has oxygen been prescribed?
- If so, have the following been indicated:
- ▶ Target saturations
- ▶ Starting device and flow rate
- ▶ Continuous or when required oxygen
- ▶ Signed and dated by doctor
- ▶ Nurse signature for administration
- ▶ Clinically screened by pharmacist

Results The baseline audit demonstrated that oxygen was prescribed in only 23% of cases, of these 50% had target saturations prescribed. All those with an oxygen prescription had regular saturations and administration of oxygen recorded. Re-audit following introduction of educational posters demonstrated only 6% of patients had oxygen prescribed and target saturations documented (n=1). On delivery of the educational programme, a further audit recruited 563 patients, of which 83 patients (15%) were administered oxygen, 30 (36%) had oxygen prescribed appropriately, 73% with target saturations and 77% of which used the newly designed oxygen sticker (Abstract P84 Table 1).

Conclusions We have demonstrated that when changing clinical practice educational posters alone were not effective, however, a structured multidisciplinary teaching programme improved the prescription of oxygen to above national standards. Whilst further improvement is required, a rolling educational programme may further support this.

REFERENCES

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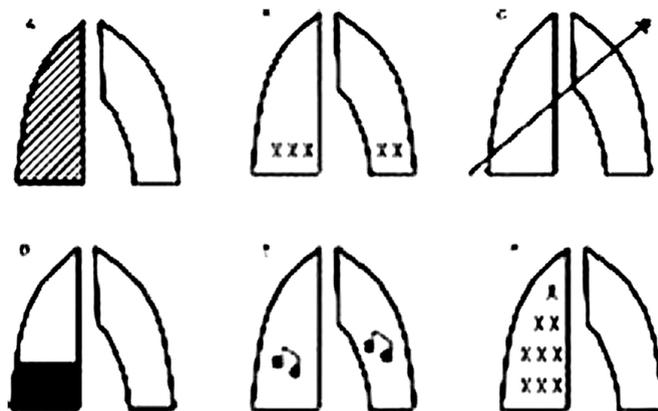
P85 PICTORIAL REPRESENTATION OF RESPIRATORY EXAMINATION IN HOSPITAL NOTES

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Good record keeping maximises patient safety and quality of care. The Royal College of Physicians recommends that ‘medical records should have a standardised structure and layout’ (*RCP Generic Record Keeping Standards* 2007). Pictorial representation of respiratory examination using a cartoon of the lungs annotated with lines, squiggles, crosses and musical notes is commonplace despite lack of standardisation and formal teaching. Our study aimed to assess the accuracy of interpretation and the rationale behind use of pictorial representation.

Methods Questionnaire survey correlating six common pictorial representations A–F (see Abstract P85 Figure 1) with clinical findings as follows: 1=coarse crepitations, 2=wheeze, 3=bronchial breath sounds, 4=decreased bronchial sounds, 5=pneumectomy, 6=pleural effusion, 7=rhonchi, 8=fine end inspiratory crepitations, 9=bibasal crepitations, 10=transmitted upper airway sounds, 11=absent breath sounds, 12=pneumothorax, 13=other(specify). Multiple responses were allowed for the same picture.



Abstract P85 Figure 1

Results 88 clinicians completed the survey (Foundation Year n=44, Specialist Trainee n=10, Specialist Registrar n=13, Consultant n=16, other n=3). 74/88 (84%) admitted to routinely drawing pictures. Of these 71/74(96%) also recorded findings in written text. 23/71 (32%) could not provide a reason for their use of drawings

Abstract P84 Table 1 Results of three audits carried out and comparison with national standards

	Oxygen prescribed (in patients receiving oxygen)	Prescribed using the oxygen sticker	Target saturations indicated	Device & flow rate indicated	Continuous or when required oxygen indicated	Signed & dated by the Dr	Signed by nurse for administration	Clinically screened by the pharmacist
1st Audit January 2009	23%	NA	50%	0%	100%	NA	50%	NA
2nd Audit August 2009	6%	NA	0%	0%	100%	NA	0%	NA
3rd Audit June 2010	36%	77%	73%	40%	20%	50%	37%	60%
National Standards 2009	18.4%	69%	40%	62%	74%	NA	27%	NA