Discussion/conclusion There was a significant disproportionate rise in the detection of infection compared to attendances. This suggests the intervention was successful at reaching the high risk groups targeted.

P167 WEEKLY CASE REVIEW AND TELEPHONE FOLLOW UP TO IMPROVE MANAGEMENT OF PELVIC INFLAMMATORY DISEASE (PID) IN A SEXUAL HEALTH CLINIC

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Introduction Previous audits of our management of Pelvic Inflammatory Disease (PID) have shown poor compliance with guidelines, including missing pregnancy testing (PT) in 47% and no follow up in 66%.

Aims To improve management and follow up of PID.

Methods We introduced a weekly notes review of all PID cases attending our sexual health service. Clinicians received feedback about incorrect antibiotics, or failing to do pregnancy testing (PT). An unsolicited phone call was made to patients not attending 2 week review, to discuss symptoms, treatment completion, partner treatment and abstinence. This is a review 4 months September–December 2014.

Results 101 patients were treated for PID. 25% did not have a PT documented. Overall 46% recommended antibiotics (30% in the first 2 months, 64% in the last 2 months). 29% attended for review. Phone calls reached 28% of the remaining patients. 90% of patients contacted or attending had completed treatment. 53% still had symptoms.

Discussion Weekly review allowed for regular feedback to clinicians about documentation and management. Pregnancy testing rates were improved on previous results, though still of concern. Antibiotic prescribing was initially poor, probably due to a recent change in protocol. This improved over the course of the 4 months, suggesting the value of weekly targeted feedback. Unfortunately, phone calls were often unsuccessful, though patients were happy to receive calls. A significant number of patients still had symptoms, undermining our previous assumption of cure where patients failed to attend follow up. To improve telephone follow up, pre-arranged times or methods of contact may be worth trialling.

P168 INTRODUCING CHANGE, IMPROVING PRODUCTIVITY IN TIMES OF AUSTERITY...CAN IT BE DONE?


Background/introduction A number of service changes (expanded opening hours, increased access to contraception) were implemented within existing resource and were successful at reversing GUM declining attendances trend. We describe and evaluate a “grass roots” process used in our clinic to do this.

Aim(s)/objectives The aims were to evaluate:
- Impact of the process on staff motivation and team dynamics
- Staff perspective on the change process

Methods Clinical leads outlined change triggers and engaged team in vision development during a series of away mornings. Subsequently, staff members took lead on designing, planning and implementation of work streams. All staff were invited to complete a survey monkey questionnaire exploring personal experience of change, impact of change on team dynamics and job satisfaction 3 months afterwards.

Results 17/19 potential respondents completed the questionnaire either fully or partially. 9–11/17 (53–65%) felt they were very supported in the process. 11–14/17 (65–82%) felt the team work was collaborative and problem solving. 7/14 had no change in their job satisfaction, rated as good. 2/14 rated their job satisfaction as very poor before the process, but no one (0/14) did so afterwards. No staff rated their job satisfaction as excellent before the changes and 1/14 did so afterwards. Factors cited by staff to positively influence the process were feeling valued, a clear vision, using the SMART goal model to problem evaluate a process used in our clinic to do this.

Discussion/conclusion We have delivered effective change whilst empowering individuals and teams and improving patient care, all within resource.