SYSTEM

A96	**WHOLE SYSTEM TRANSFORMED: MAKING DISCHARGE EVERYONE'S BUSINESS**

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Background and aim: Delayed discharges are a challenge in every hospital. The Scottish Government are 'committed to significantly reducing the number of people who are waiting to move from hospital wards to more appropriate settings [1]. This transformative simulation has been designed for all multidisciplinary team members involved in a patient's care to engage in discharge planning; and to 'respond to health service needs [2]. This simulation was created to break down barriers between acute and community care, reduce silo mentality and share the decision-making and risk around discharge.

- **Aims:** Empower any member of staff to have discharge conversations.
- Emphasis on early discharge conversations.
- Join up acute and community staff involved in the discharge process.

Activity: The simulation involves a three-hour session with three scenarios. The session has run in both acute and community hospitals. Participants are multidisciplinary, and have included doctors, nurses, allied-health professionals (AHP), flow team, carers representatives, social workers, social care staff, home care staff and NHS Education for Scotland (NES) staff. The participants, in pairs, have a simulated conversation with a patient's relative about discharge. The learning objectives from the scenarios are around realistic medicine, managing risk and dealing with anxious families.

To assess the immediate impact of the simulation, participants complete a pre-simulation questionnaire on arrival and a post-simulation questionnaire at the end of the session.

Findings: The results were from the pilot session pre and post simulation questionnaires in March 2023. Participants (*n* = 10) were asked 'How would you rate your willingness to have discharge conversations with patients/family members?' before the simulation the mean rating was 3.8 out of 5. Following the simulation, the participants were asked 'To what extent does this training empower you to have discharge conversations?' and the mean rating was 4.7 out of 5. This demonstrates that the simulation increased willingness and empowerment to have discharge conversations.

Prior to the simulation participants were asked 'What makes it difficult to have these conversations?' Themes from the qualitative answers were family expectations and managing uncertainty, both of which were learning objectives in the scenarios.

Conclusion: Our participant feedback has shown that this Discharge without Delay Simulation has 'made discharge everyone's business.' This simulation can provide transformative change to help healthcare professionals have early discharge conversations. This provides better patient-centred care by returning the patient to a homely environment, to reduce delayed discharges and increase patient safety.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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CONTENT

A97	**APPLYING THE MENTAL CAPACITY ACT THROUGH MULTI-DISCIPLINARY SIMULATION - A SUCCESSFUL PILOT**

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Background and aim: An assessment of mental capacity involves determining if a person can make a decision, or whether this needs to be done in their best interests [1]. The Mental Capacity Act (MCA) 2005, provides a legal framework that protects people who might not be able to make decisions for themselves and guides professionals during their practice. Research has shown inconsistencies on how the Mental Capacity Act is applied in health and social care settings [2], therefore ensuring that professionals have are provided with the right support to confidently apply the act should be a priority. Simulation has been effectively used in healthcare education [3] and could also be implemented to support this area of practice. The Homerton Healthcare NHS Foundation Trust's Simulation Team and Adult Safeguarding Team, jointly worked in developing a simulation-based session which focused on mental capacity assessments in different situations. The aim of these sessions was to increase participants' confidence to assess mental capacity and to manage challenging conversations during assessment.

Activity: Scenarios were designed for hospital and community settings, the topics covered included consent to treatment, self-discharge, compliance with treatment, substance misuse, mental health problems, dementia and learning disability. The target audience was senior healthcare professionals that are regularly involved in making decisions related to mental capacity. Scenarios were designed to be flexible and adaptable according to the attendants' needs, for example the learning disability scenarios involved the use of easy read information that was specifically provided or created. Actors were used for the role of patients or relatives, and members of the adult safeguarding team were part of the faculty to support or lead the debrief process.

Findings: Between January 2023 and February 2023, the faculty delivered 3 sessions, with a total of 20 participants from different professional groups including doctors, nurses

and allied health professionals. Anonymous feedback was collected at the end of each session, with 84.62% (*n* = 13) of respondents reporting their confidence in assessing mental capacity had increased. This led to gaining funding to continue delivering more sessions in 2023.

Conclusion: Studies have shown that healthcare professionals' confidence in applying the mental capacity act can vary [2]. Solely focusing on traditional forms of education might not be enough to prepare our workforce, in this case simulation-based training has provided a valuable tool to enhance participant's abilities in relation to the mental capacity act and its application in healthcare practice.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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EDUCATION, SYSTEM

A98   LESSONS LEARNED FROM HYPERKALAEMIA SIMULATION: IMPROVING POLICY & PRACTICE

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Background and aim: Following an investigation where ten times the amount of prescribed insulin was given to a patient during the administration of treatment for hyperkalaemia, learning needs were identified. It was from this incident outcome that the aim for this project arose.

Aim: Create a hypokalaemia simulation that can be delivered trust wide with only one facilitator.

Activity: The simulation was run on the medical wards that the staff were familiar with to allow us to identify policies and process gaps as well as learning needs.

The simulation only required two registered nurses and with the debriefing session usually took around 40 minutes. This limits the impact on busy wards allowing for safe staffing levels to be maintained. Simulation incident forms were completed for each session to highlight and raise awareness of identified learning points to both ward managers and local governance leads.

Findings: The first error that impacted the simulation was the spelling effecting the access to treatment guidelines contained within a Trust policy. The Trust we work for is proud to be multinational, and we found that the majority of our colleagues that have received education oversees used the more widely recognized spelling in Europe of hyperkalemia. This was escalated and the second spelling was added as a keyword, after this change the problem was not repeated in subsequent simulations. It led to further reviews of Trust policies and has driven a change in keywords within the policy portfolio.

The second and third errors were around lack policy and treatment flowchart awareness and poor knowledge on how to navigate the intranet to find policies. Although the participants in the simulation left with a good awareness of the policy and practices accessing the policy and flowchart during the session, it had become apparent that this was a wider Trust issue. Therefore, communication posters were made to highlight the policy and treatment flowchart for hyperkalaemia. Using a QR code staff could play a short video showing how to access the Trust policies from the intranet page after the sessions.

Conclusion: Future plans include collaboratively using simulation to test systems and highlight learning points for other incidents or errors that arise throughout the Trust. Also, we look to utilize Dynamic QR codes [1] that allow for the content connect to the QR code to be updated without the poster having to be reprinted and laminated allowing for a live document.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

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DESIGN

A99   DESIGNING AND IMPLEMENTING E-NOTING FOR USE IN SIMULATION SCENARIOS FOR SUSTAINABILITY AND REALISM

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Background and aim: Due to the nature of simulation-based education, large amounts of blank paperwork are used and disposed of in any given scenario. As many trusts are now moving towards e-noting, including e-obs and e-prescribing, the use of these in simulation can be extremely beneficial for the learners. These were highlighted by the author as areas for sustainability and increased realism throughout the simulation sessions run by the team at Dartford and Gravesham NHS Trust [1].

Activity: This initiative was developed to cut down on the amount of paper waste used during scenarios and increase the realism for the learners taking part. E-obs, e-prescribing and e-noting templates were created using Microsoft Excel and Microsoft Word that mirrored the programmes used throughout the trust, and were made readily available for the learners taking part in the simulation scenarios. These were then saved as templates, and a new version created for each existing patient throughout the scenarios. On top of this, each new scenario created also required a new set