Methods The Trauma Anaesthesia Group, Pain Service and Information Technology department in our hospital collaborated to develop an electronic referral pathway capturing relevant patient data in a system that can feedback patient risk stratification and recommended analgesia.

Results We have developed an electronic tool within the clinical record system that captures patient demographics, vital signs and level of oxygen therapy. Automatic calculation of the chest trauma STUMBL score(1) allows risk stratification, identifying those at high risk of morbidity. In-built prompts guide referring clinicians to discuss high risk patients with Critical Care and recommend optimal multi-modal analgesia so that this can be started from hospital admission. Finally, the referral pathway acts as a portal to the Trauma Anaesthesia Group to enable efficient screening and early intervention with regional anaesthetic techniques, where indicated.

Conclusions Development of an electronic referral pathway will be used for early identification and risk stratification of patients with chest trauma, including evaluation for suitability of regional anaesthetic techniques.

B170 ESTABLISHING CONSENSUS TO IMPROVE ACCESS TO REGIONAL ANAESTHESIA FOR RIB FRACTURE PATIENTS USING DELPHI METHODOLOGY

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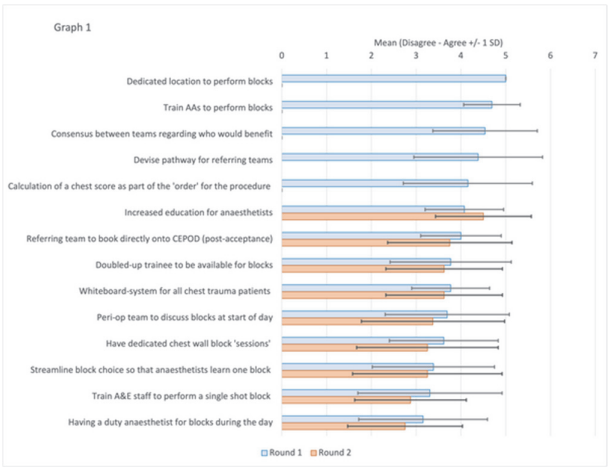
Background and Aims In 2017, our hospital implemented a dedicated multi-disciplinary chest trauma pathway, which recommends regional anaesthesia techniques for patients at high risks of complications[1]. The number of patients identified with rib fractures on admission has increased resulting in referral for regional anaesthesia in 176 patients in 2021 alone. This has increased the workload of the on-call anaesthesia service and can result in delays. We used Delphi methodology to inform improvements within this service.

Methods Using Delphi methodology, an expert panel of consultant anaesthetists were invited to provide possible solutions to improve access to regional anaesthesia and patient flow in emergency theatres. Responses were then presented to the panel to score their agreement with each solution using a Likert scale from 1 (completely disagree) to 5 (completely agree). Solutions with a mean of >4.0, and standard deviation (SD) <1.0 were considered to have reached consensus. Solutions that failed to gain consensus were returned to the panel for a further round of scoring, with statistics from the previous round revealed. Anonymity was assured.

Results 22 consultants were invited to participate, and responses were summarised into 14 solutions (table 1). We received 13 responses in Round 1 and 8 in Round 2 of the Delphi process. In total, 5 solutions reached consensus (graph 1).



Abstract B170 Figure 1

Abstract B170 Table 1

	Solutions	Mean Round 1	+/- 1 SD	Mean Round 2	+/- 1 SD	Consensus Reached?
1	Having a dedicated space to perform blocks	5.00	0	-	-	Y
2	Train anaesthetic assistants to perform chest wall blocks	4.69	0.63	-	-	Y
3	Consensus between teams regarding who would benefit most	4.54	0.88	-	-	Y
4	Devise a defined pathway for referring teams	4.38	0.87	-	-	Y
5	Mandatory calculation of chest injury score as part of the 'order' for the procedure	4.15	0.90	-	-	Y
6	Increased education for anaesthetists regarding chest wall blocks	4.08	1.44	4.5	1.07	N
7	Mandate referring team to book directly onto emergency list (post-acceptance)	4.00	1.35	3.625	1.30	N
8	Doubled-up trainee to be readily available to perform blocks	3.77	1.36	3.625	1.30	N
9	Whiteboard-system for all chest trauma patients	3.77	1.17	2.875	1.25	N
10	Peri-op medicine team to discuss liaise with emergency theatre to prioritise those most in need	3.69	1.44	3.25	1.58	N
11	Have dedicated chest wall block 'sessions'	3.62	1.39	3.75	1.39	N
12	Streamline block choice so that anaesthetists perform one block well	3.38	1.61	2.75	1.28	N
13	Train A&E staff to perform a single shot block on admission	3.31	1.44	3.25	1.67	N
14	Have a duty anaesthetist available for blocks during the day	3.15	1.21	3.375	1.60	N

Table 1

Conclusions Delphi methodology allows an equal voice, anonymity, and the consideration of a wide range of opinions and solutions. Limitations include a low response rate and inadvertent introduction of bias. However, gaining expert consensus is highly beneficial in informing service improvement.

B171 THE EFFECT OF MUSIC AND NOISE CANCELLATION ON INTRAOPERATIVE ANXIETY USING STAI-6 SCORE IN PATIENTS UNDERGOING LOWER LIMB SURGERIES UNDER SPINAL ANAESTHESIA

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Background and Aims The purpose was to investigate the effect of music and noise cancellation on intraoperative anxiety in patients undergoing spinal anaesthesia for lower limb orthopedic surgeries. The objectives were to determine the