environment without the risk of patient harm is highly desirable in modern healthcare. We hope that our bespoke Paediatric Preparation Day course will be adopted to enhance future trainee and patient safety.

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EARLY EXPERIENCE WITH ELECTRONIC GROWTH CHART USE THROUGHOUT A LOCAL HEALTH BOARD

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Aims Electronic patient records are the future. We are proceeding toward full digitisation of the past, and, until direct electronic entry is fully established, contemporaneously for written notes and other documents. However a scanning solution cannot be applied to the growth chart. Developing our own electronic version was for control of development, and ensuring integration with the established portal to all electronic records (CWS) in the Health Board. CWS is available to all 9000 clinical users in primary, secondary and community care.

Methods Development was clinically led, working with the company conducting digitisation of medical records. A graphing product plots measurements onto a chart image. Images were created from growth data available from the Medical Research Council. Charts are for 0–2, 0–4, 0–18 years, boys and girls, with ability to display gestation correction, bone age and target height. Charts can be optionally displayed in any age range, either as a single measurement or in combination of height and weight, and in the 0–2 age, also with head circumference. Table information shows calculations of BMI, and height velocity. Location of data entry is mandated, and user identity recorded according to the CWS login. Different levels of access, determined by clinical role, and training allow measurements to be entered from any site.

Results A pilot phase began June 2014. By October the use of paper was supplanted for most patients. Presently 3199 children have active growth charts with data entry largely from secondary care, but use is rapidly increasing, and becoming more established from community and primary care. Feedback overall has been very positive, with many examples where clinical practice has been enhanced, primarily related to the fact that all clinicians in all settings can see and use the same chart on-line. Refinements are steadily being added, influenced by user opinion. A Down syndrome chart will shortly be available.

Conclusions The electronic growth chart is proving a successful substitute to paper, and working well across our Health Board. Future development and design will be directly influenced by user feedback. There is enormous potential in future enhancements, including use on mobile devices.

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IMPACT OF TELEPHONE REMINDERS ON ATTENDANCE RATE AT PAEDIATRIC CLINICS

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Background Non-attendance in clinics has a major economic impact in the National Health Service. Literature review indicates that the major reason for non-attendance is patients or parents forgetting their appointment and reminders before clinic appointment reduces the “did not attend” (DNA) rate. Telephone call reminders were introduced for all paediatric outpatient appointments from February 2014 in our District General Hospital setting.

Aim We aimed to evaluate the DNA rate at the paediatric outpatients after implementation of telephone reminders.

Methods Using our hospital outpatient database, DNA rates were reviewed for 6 months (Feb–July 2013) and compared with the DNA rates for similar duration in 2014 (before and after the introduction of reminders). For Feb–July 2014 period, comparison was also made for patients who confirmed attendance during reminders versus those left a voice message and those who didn't receive a call or did not answer.

Results Total number of patients in 6 months (2013) were 4156 [2674 follow-up (F/U), 1482 New] and 4732 (3100 F/U, 1632 New) in 2014 (Figure 1). Overall DNA rate for both F/U and New appointments in 2014 was 11.4% (post intervention), which was 5.1% (p value < 0.0001) lower than the total DNA rate in 2013 (16.5%). Although reduction was noticed in both F/U and New appointments but it was only statistically significant in follow up (6.9%, p value < 0.0001) compared to new appointment (1.7%, p value 0.1470).

DNA rate was lowest at 3.4% in the patients who answered and confirmed the appointment. Patients confirming attendance were less likely to DNA compared to those patients who had voice messages (10.98% DNA, p value 0.0041) or not answering phone/not called (13.65% DNA, p value 0.0001).

Conclusion Our results endorse the usefulness of telephone reminders and validates that confirmation of clinic appointment

Abstract G287 Figure 1 DNA rate results