Background/purpose Traditionally, children and young people with Diabetes (CYPD) attend hospital clinics at least 4 times a year to see the Diabetic Multidisciplinary Team (MDT) for their regular reviews. Attendances in those patients who are in secondary school in the 11–16 year age group have been very poor at Hillingdon Hospital during 2012/13. There are multiple factors that can influence clinical non-attendance including the CYPD being reluctant to come to hospital due to the perceived burden of illness and the need for time off school during a critical period (GCSEs exams) as well as parental factors such as the need for time off work and practicalities such as difficult parking. To address these issues we decided to develop an innovative clinic model based on taking the MDT clinic out to local schools.

Material/Methods The Paediatric Diabetes MDT underwent 3 monthly visits to 4 schools in the Hillingdon borough that had 5 or more CYPD enrolled between April 2013 and the present day. The team included a Paediatric Diabetes Consultant, Specialist nurse and Dietician. Outcomes measured included number of missed appointments, patient quality of life and parents’ satisfaction measured using Patient Reported Experience Measures (PREMs).

Results Our innovative approach to dealing with CYPD MDT reviews revealed: a significant reduction in missed appointments from 30% to only 2%, improved patient quality of life and parent satisfaction and decreased admissions to hospital with diabetes related complications. Awareness of diabetes in school welfare officers was increased during the project.

Conclusion Our innovative approach to improving Diabetes MDT clinic attendance has had a positive impact on patients’ health and quality of life. This approach could be rolled out across the UK to improve both the health and educational attainment of this vulnerable group of children.
Lessons learnt Our programme addresses the imbalance of Paediatric experience in GP training when compared to the Paediatric proportion of a typical GP’s workload.

Message for others We feel the programme would benefit to GP trainees across the country and could easily be introduced in other deaneries.

G520(P) WITHDRAWN

G521(P) BABY FRIENDLY PREVENTION AND MANAGEMENT OF NEONATAL HYPOGLYCAEMIA ON POSTNATAL WARDS

Context The project was undertaken at a level 3 NICU in a DGH in Surrey, UK, involving junior and senior doctors, midwives, nursery nurses, pharmacists and the pathology department.

Problem Staff anecdotal felt the hypoglycaemia operational threshold was too high, monitors were inaccurate, blood sugar level (BSL) tests too frequent and management inconsistent. Treatment with formula feed supplements was hindering efforts to establish breastfeeding and prolonging stays.

Assessment of problem and analysis of its causes Initial assessment involved an audit of current practice against Baby-Friendly Initiative standards and interviews with 62 multidisciplinary team members to explore concerns and collate ideas for improvement. To check equipment accuracy, 50 samples were tested for blood glucose on both the portable metres and blood gas machine, which found on average glucometers under-read by 0.5mmol/L (range 0–2.0mmol/L). A review of literature and other UK trust’s policies was carried out to identify best practice and alternatives to formula-feed supplementation. It was recognised that new equipment would need to be used for BSL monitoring and all staff would need to be trained in any policy changes.

Intervention New guidelines lowered the working definition of hypoglycaemia, limited the number of BSL tests performed by stopping routine measurement of post-feed BSLs, and changed first line treatment of moderate hypoglycaemia (BSL >2mmol/L) from formula top-up to dextrose gel. A new proforma with step-by-step management plan and built in escalation was designed from formula top-up to dextrose gel. A new proforma with step-first line treatment of moderate hypoglycaemia (BSL >2mmol/L). Hypoglycaemia was monitored for, supplementation rates, the number of infants admitted to NICU for management of hypoglycaemia. The guideline included a flow chart, investigations and 1st and 2nd line treatment options, a drug treatment table developed. The guideline was approved by the National Malaria Control Programme and then implemented across the project from the beginning.

Message for others Change to the status quo to improve patient care and experience is possible by quantifying a long-standing anecdotal problem and implementing evidence based practice.

G522(P) IMPROVING PAEDIATRIC MALARIA CARE IN A LOW RESOURCE SETTING

Context The improvement took place in a large paediatric referral hospital in West Africa.

Problem Malaria is one of the leading causes of morbidity and mortality for children attending the hospital. There was no uniform guidance or set standard on the management of malaria. As a result, treatment varied from doctor to doctor, patient to patient.

Assessment of problem and analysis of its causes 40 clinical notes per week were randomly selected for 5 weeks (Weeks 1–5). The data collected compared current practice against the standard expected for the management of a child presenting with a fever/malaria. Multiple areas where the standards were not met were identified at all stages of the child’s journey from presenting to the hospital with fever all the way to discharge home or death.

Intervention A new malaria guideline and training package was developed. The guideline included a flow chart, investigations and 1st and 2nd line treatment options, a drug treatment table and guidance on how to prepare and prescribe the treatment on a drug chart. These guidelines were approved by the National Malaria Control Programme and then implemented across the hospital, through teaching and training workshops.

Study design The study used two cohort groups of patients; The first cohort included patients who were admitted to the hospital prior to the intervention the second cohort included patients who were admitted to the hospital after the intervention. The data analysed compared the findings between both groups.