Conclusion A paediatric simulation programme run in-situ on a paediatric ward increases medical student’s confidence in recognising and managing paediatric emergencies, and helps prepare them for working as a foundation doctor. It can also help to develop paediatric trainee’s skills in leadership, education and facilitation.

Abstract G120(P) 2 YEAR NEURODEVELOPMENTAL FOLLOW UP, A QUALITY IMPROVEMENT PROJECT: MEETING METRICS VS DELivering QUALITY ASSESSMENTS

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Introduction Neurodevelopmental outcome assessment is a critical aspect of care for high-risk infants and provides basis for benchmarking, early intervention, and endpoints for research studies. Validated tools are recommended to assess neurodevelopment. National Neonatal Audit Programme data (2013) showed 2 year impairment free survival for <30 weeks was 44% but data was available for only 44%. Aim To improve 2 year neurodevelopmental assessments and correlate developmental scores with risk factors. Methods Local data(2013) showed 69% compliance to 2 year appointments with zero formal assessments. Using Quality Improvement Tools we planned to improve formal developmental assessments by 50% and 2 year attendances. Appointments were given on discharge, reminders and alerts set up for 18–30 months range. Real time data monitoring with zero latency feedback was used to drive improvement. Bayley Scales of Infant and Toddler Development III (BSID) was used for the assessment. Moderate delay was defined as composite score –2 to –3SD and severe delay <-3SD in any of the domains. Parental feedback was obtained through an anonymous questionnaire using Likert Scale. Questionaire asked about pre-clinic communication, staff attitude, obtaining through an anonymous questionnaire using Likert Scale. Delay was defined as composite score /C0 Development III (BSID) was used for the assessment. Moderate range. Real time data monitoring with zero latency feedback was shown steady improvement in 2 year assessments. DNA rates showed 2 year impairment free survival for <30 weeks was 44% but data was available for only 44%.

RESULTS

<table>
<thead>
<tr>
<th>Year (July–June)</th>
<th>Eligible babies</th>
<th>2 year form completed(%)</th>
<th>BSID (%)</th>
<th>DNA (%)</th>
<th>Died</th>
<th>Moved out of area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>16</td>
<td>69</td>
<td>0</td>
<td>31</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>25</td>
<td>80</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2015</td>
<td>29</td>
<td>100</td>
<td>35</td>
<td>65</td>
<td>0</td>
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<tr>
<td>2016</td>
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<td>89</td>
<td>73</td>
<td>27</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2017</td>
<td>32</td>
<td>100</td>
<td>97</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

*Excluding moved out area/died

Parental feedback was excellent rating the service as ‘very good’ (5.5/6 on Likert scale).

Conclusion Dedicated administrative services, timely reminders and active management of DNA’s improved the attendance and clinic assessments. Identifying key issues, streamlining service efficiency, potentiated an increase in the neurodevelopmental assessments with excellent parental feedback. Correlation with outcomes will allow for improved support in early infancy and facilitate anticipatory guidance and targeted interventions.