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P141 A RETROSPECTIVE AUDIT OF CHRONIC URTICARIA IN THE IRISH PAEDIATRIC POPULATION

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Background Non-allergic Chronic Urticaria (CU), which includes both Chronic Spontaneous Urticaria (CSU) and Chronic Inducible Urticaria (CIU), is a condition characterised by wheals, erythema and pruritus. It is often associated with angioedema. CSU/CIU are often misinterpreted as an allergic condition by both families and healthcare professionals leading to unnecessary investigations, unwarranted therapeutics, and a high referral burden on paediatric allergy specialists. The aim of this study was to define the demographics of cases of chronic urticaria referred to an Irish allergy clinic and to explore diagnostic and treatment patterns at a primary care level. Finally, this study aimed to determine the specialist management strategy as compared to the current British Society for Allergy and Clinical Immunology (BSACI) guidelines.

Methods A retrospective audit of medical records of all children seen by the Allergy service at Our Lady's Children's Hospital Crumlin (OLCHC) with a diagnosis of Chronic Spontaneous Urticaria or Chronic Inducible Urticaria between January 2014 - December 2017 was conducted.

Results A total of 97 children were included. Both genders were equally affected (Males n=48) and the most common age of onset of CU was <5 years (n=44). Of the 97 children reviewed, the majority (71%) presented through primary care referral (n=69). At the primary care level, only 10% of children (n=10) were appropriately diagnosed with CU. The most common pre-referral misdiagnosis was allergy (n=32), followed by no diagnosis (n=12). While 65% of children (n=63) were started on an antihistamine, only 32% (n=28) received a second-generation H₁ antihistamine by the primary care provider. Five cases inappropriately were prescribed oral or topical corticosteroids. Once reviewed by the specialist allergy service at OLCHC, 100% of the children were prescribed second-generation H₁ antihistamines, primarily cetirizine (n=64), and no children were treated with corticosteroids. Following the first allergy consult, 70% of children saw resolution of symptoms and were discharged (n=67).

Conclusion This audit demonstrates that recognition and appropriate treatment of Chronic Spontaneous and Chronic Inducible Urticaria are key targets for primary care education in order to achieve prompt resolution of symptoms and reduced referral burden on specialist services.

P142 EFFECTIVENESS AND RELIABILITY OF PRE-DISCHARGE JAUNDICE ASSESSMENT TOOLS: A QUALITY IMPROVEMENT PROJECT

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Background Visual inspection using the Kramer index was the only tool available to detect the degree of jaundice at our hospital. A retrospective audit done at this hospital showed that only 13% of neonates required phototherapy and 87% were pricked unnecessarily, adding to parental anxiety. Therefore, we decided to launch a one-year prospective study (July 2016–2017).

Aim To determine the diagnostic accuracy of two pre-discharge jaundice assessment tools and to correlate these measurements with SBR results in neonates >35 weeks in order to implement a safe, cost-effective & patient friendly alternative to improve quality of care.

Method All health care professionals were briefed on the guidelines set out in NICE⁴ & AAP¹ for visual assessment of jaundice. In the first 6 months, any neonate being visually assessed as significantly jaundiced (below nipple line) was referred for SBR intake. Results were then plotted on nomograms for further action.^{1,3,4}

During the next six months, a TcB was purchased and all health care professionals were briefed on equipment usage and criteria for further action.^{1,3,4} A pre-discharge TcB check was performed on all neonates. SBR was taken within an hour of TcB if it measured >200 μmol/l in term & >170 μmol/l in late pre-term neonates.^{1,3,4} Further follow up was arranged as per risk designation on nomogram (Recommendation 3.0, 6.12, AAP).

The correlation of the above variables was analysed. Reliability of TcB was then determined in both terms and pre-terms.

Inclusion criteria: Age: <14 days, >38 weeks & >24 hours of age, between 35–37 + 6 weeks & >48 hours of age.^{1,3,4}

Exclusion criteria: <35 weeks gestation, risk factors as listed in AAP (Figure 3).^{1,3,4}

Results

Abstract P142 Table 1

	First six months (Visual assessment)	Second six months (Transcutaneous Billinometer)
Sample size	842	820
Referred for SBR	123	41
Phototherapy	13	10
Re-admission	5	0

Reliability of TcB: Sample size: 72

Average difference: Term ± 22 μmol/l, Pre-term ± 29 μmol/l

Conclusion Visual estimation of bilirubin levels for the degree of jaundice can lead to errors with 70% sensitivity and 89% specificity. TcB, however, is a non-invasive, cost effective and reliable alternative tool with 100% sensitivity and 96% specificity. TcB >200 μmol/l in term and >170 μmol/l in late pre-terms is

less accurate with a mean difference of $\pm 22\mu\text{mol/l}$ and $\pm 29\mu\text{mol/l}$ respectively, if SBR is repeated within an hour of TcB.

Recommendation All infants should be monitored routinely for the development of jaundice & be evaluated for risk factors. Excluding high risk neonates, a pre-discharge TcB should be performed on all neonates & be interpreted+plotted on nomogram according to the infants' age in hours. Appropriate follow up & further testing may be indicated depending on the infant's risk designation on nomogram. (Recommendation 3.0,6.12,AAP)¹

P143 'WHAT MATTERS TO YOU'- A STAFF ENGAGEMENT INITIATIVE

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Background High levels of staff engagement lead to better patient outcomes and better use of resources, higher patient satisfaction, with more patients reporting that they were treated with dignity and respect¹

Aim

- To organize a 'What Matters to You'² events in department of Paediatrics of both Daisy Hill Hospital and Craigavon Area Hospital, SHSCT
- To encourage more meaningful conversations between senior managers & front line staff.

Method

- Establish a multi-disciplinary project group
- Arrange a 'What Matters to You' (WMTY) event close to the workplace
- Developed a short questionnaire & event posters
- Invite all Paediatric staff in two hospital sites
- Invite Trust senior management team to come and talk to staff and listen to what matters to staff.
- Encourage staff to speak openly about 'What matters to them', what they feel 'they can do' and discuss 'what others can do' to improve staff & patient experience
- Feedback to be used to drive quality improvement agenda

Results

- Two 'What Matters to you' events was organized during June 2018 on both hospital sites
- Informal coffee morning with group discussions
- Over 50 multidisciplinary staff attended across two sites and openly discussed matters important to front line staff. They also completed a short questionnaire
- Senior management team including Medical-Director, Associate Medical-Director, Assistant Director of Children services attended.
- All questionnaires collected and analyzed.

Outcome and impact Following Five Key themes identified & subsequent improvement actions taken:

- 1) Improved learning and working environment
 - Regular learning events planned with staff throughout the year
 - Learning and development section started in the Paediatric Newsletter
 - Shared Learning section developed on trust Intranet

2) Work life balance

- Supporting flexible working
- Term time applications

3) Patient care and experience

- New children's wards on both hospital sites have modern patient-care facilities & improved staff resources
- New 'Welcome Pack' introduced for all in-patients to paediatric ward

4) Recognition, being valued and supported

- Staff welcome & Congratulations initiative
- 'Hello My name is' section started in the Paediatric Newsletter
- 'Learning from excellence' & 'Staff of the Month' projects planned

5) Communication and team working

- New Paediatric Newsletter developed with staff
- Senior Safety walks implemented
- 'What Matters to You' events

Conclusion

- The 'What Matters to You' conversation is a simple concept that enables discussion to make real improvements to staff and patient experience.
- Senior Managers to consider 'WMTY' conversation findings and develop 'Joy at Work' agenda

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P144 THESE HIPS DON'T LIE: A COMPLETED AUDIT OF HIP SURVEILLANCE AMONG CHILDREN WITH CEREBRAL PALSY

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Introduction Cerebral Palsy (CP) is the most prevalent cause of physical disability affecting children in developed countries with an incidence of 2/1000 live births.(1). The risk of hip displacement increases with increasing severity of spasticity with up to 75% of those with spastic quadriplegia having hip displacement. (2,3) The intensity of screening increases with increasing gross motor function classification score (GMFCS).

Aims The aim of this re-audit was to improve hip surveillance among children with CP following a previous audit in October.

Intervention A multidisciplinary meeting resulted in a single set of nationally and internationally approved guidelines being approved for introduction: Cerebral Palsy Integrated Pathway, Scotland (CPIPS). A pro forma for clinical visits was introduced for patients with CP with a single page pictorial guide to simplify the use of these guidelines were added to this. A standard of 90% was set.