P165 IMPROVING TRANSITION SERVICES IN IRELAND – WHAT ARE THE BARRIERS TO SUCCESS?

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Introduction Transition is an important concept in the management of young people and adolescents (YPA) with long term or chronic illness and refers to the planned move of YPA from their paediatric health care provider across to adult services. The importance of a planned, successful transition has been highlighted in recent years, after multiple studies showed that a poor transition can lead to poor patient adherence, outpatient attendance and overall decline in patient outcomes. In order to develop a more structured transition programme, the key areas of need, from the point of view of YPA and health care workers, should be identified.

Aim To evaluate health care workers perception of the current transition process in Ireland and identify areas of need and concern.

Methods An 18 question survey was developed and distributed amongst health care workers in both the adult and paediatric services via survey monkey. The responses were then collated and analysed using Microsoft Excel.

Results The survey registered 143 responders in total, with an average of 141 responders per question (range 136–143). 78% worked in a paediatric healthcare, and 57% of those reported working in a tertiary care setting. 70% were directly involved in the transfer of YPA from paediatric to adult services. A structured transition programme was felt to be 'very important' by 92% of responders, with the majority (87%) suggesting between 12 and 16 years as the most appropriate ages to start this process. Notably, 73% felt that Irish YPA were inadequately prepared for the move to adult services and highlighted poor access to adult services, lack of resources and lack of communication between paediatric and adult services as the biggest barriers to a successful transition.

Conclusion This study identified some of the main barriers to a successful transition, from the point of view of health care workers. The need for a structured transition programme, along with guidelines and increased resources was particularly highlighted.

P166 TERTIARY IN-REACH CLINIC DOCUMENTATION

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Introduction In-reach clinics involve specialist paediatric clinicians who travel to Royal Belfast Hospital for Sick Children (RBHSC) from mainland UK. They undertake joint clinics with RBHSC consultants - providing specialist care for patients closer to home.

The O'Hara enquiry stated record keeping should be subject to rigorous, routine and regular audit. We wanted to review the quality of documentation from our specialist in-reach clinics for several reasons. We wanted to ensure it was in keeping with standardised practice to maximise patient safety, quality of care and to support professional best practice.

Methods We reviewed 20 sets of patients notes from five different speciality in-reach clinics. We reviewed the notes looking at 17 different criteria. We based our criteria on the generic medical record keeping standards produced by the Royal College of Physicians. Their criteria were as follows:

1. Was a record of clinic appointment made in the notes
2. Which clinician present documented the clinic appointment
3. Was the patients first and last name on each page of record
4. Was the patients identification number present on record
5. Was the date of clinic appointment recorded
6. Was the time of the clinic appointment recorded
7. Was the record signed by clinician making the entry
8. Was the clinician's name legibly printed
9. Was the clinicians general medical council number printed against signature
10. Was it documented which other healthcare professionals were present during clinic appointment
11. Where deletions and alterations countersigned, dated and timed
12. Was the patients medical history recorded
13. Were the examination findings recorded
14. Were the patients investigations recorded
15. Was the patients diagnosis recorded
16. Was the patients management plan recorded
17. Was the patients clinic letter available on Electronic Care Record

Results The healthcare professionals present during the clinic was documented in 35% of records. The examination findings were documented in 40% of records. The name of clinician making record was legible in 35% records. The clinicians General medical council number was documented in 10% of records.

Conclusion We recognised there were areas for significant improvement on documentation. We are currently in the process of providing a proforma for in-reach clinics. This will be provided to clinicians and available in outpatient clinic rooms at Royal Belfast Hospital for Sick Children. The proforma will provide a layout for the standard of documentation which would be expected for in-reach outpatient clinic appointments.

P167 IMPROVEMENT OF PEDIATRIC CLINICAL HANDOVER USING VARIOUS RECOMMENDATIONS SET BY THE NCEC, HSE – A QUALITY IMPROVEMENT PROJECT

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Aim 1) To examine if clinical handover in the Paediatric unit of Level 2 Paediatric Hospital followed the National Clinical Guidelines (NCG) set by the National Clinical Effectiveness Committee (NCEC) and then to implement these guidelines in order to optimise the process of handover 2) To improve patient safety, communication and ensure the process of handover positively impacts patient care.

Method

1. Data was collected from 22 clinical handover sessions that occurred every morning on each weekday over the period of one month, prospectively and retrospectively. Data was collected for various recommendations including numbers 2, 3, 6, 7, 8, 9, 16, 17, 18 and 20. Topics included under these