with maternity & community HCPs in highlighting the importance of prompt diagnosis and subsequent referral and management.

**Conclusion** On-going audit is important to identify trends/improvements. Continued education sessions for HCPs can assist with increasing awareness of cleft conditions, and the idea of ‘link nurses’ or ‘cleft champions’ could be considered. With a changing Model for Children’s Healthcare in Ireland further work is required with Neonatology, General Paediatrics, General Practitioners and Genetic teams to formulate more robust pathways for equal access to care and to assist potential syndrome diagnosis. In the interim the Cleft Team propose that each child has access to a named paediatrician locally for <5 years of age and that there is enhanced communication between HCPs involved in a child’s care.

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**Quality Improvement Project of Discharge Summaries in Our Lady of Lourdes in Drogheda**

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**Aims** Quality improvement (QI) as a concept for clinical research has become more prevalent in recent years. Quality improvement is a focus on changing the way in which patient care is delivered. Central to this is developing a more rounded, patient-focused approach to the design and delivery of care. Discharge summaries are an important aspect of patient care and having the correct content is essential to communicate treatment plans with general practitioners.

**Methods** An regular review of discharge summaries on the paediatric ward was conducted in Our Lady of Lourdes Drogheda over a 4 week period. An initial 2 week review of charts was conducted and then an education session was carried out with NCHDs and results were explained. Five areas were considered for analysis, time to discharge summary completion (T2DSC), use of abbreviations (UOA), correct diagnosis documented (CD), correct follow up and referral (FU&R) and overall impression of discharge summary (OI). A sample of 20 random charts was used. The review was carried out again at two further points after a further education session to assess if there was an improvement.

**Results** The average for T2DC was 2.7/5 for week 1&2. It was 3.35/5 for week 4. UOA was 3.5/5 initially and 3.65/5 after week 4. CD was 3.12/4 and 3.9/4 after week 4. FU&R was 2.07/4 and 3.8/4 for week 4. OA was 3/5 and 3.9/5 for week 4.

P value was 0.64 comparing totals of week 1 & 3. Comparing week 1 & 4 p value was <0.05 for all parameters and 0.000003 for total.

**Conclusion** QI in discharge summaries demonstrated a significant improvement in quality of discharge summaries in OLOL in Drogheda over the time period identified. It demonstrates how QI is a useful tool to improve aspects of clinical practice.