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A PILOT QUALITY IMPROVEMENT (QI) INITIATIVE TO IMPROVE THE DISCHARGE PLANNING PROCESS FOR PATIENTS WITH COMPLEX CARE NEEDS AT TEMPLE STREET CHILDREN'S HOSPITAL (TSCUH), DUBLIN

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Background Improvements in medical care have resulted in increasing numbers of children with complex care needs. These patients have substantial care needs resulting in functional limitations that may require tailored technological assistance (Cohen et al. 2011). These increased medical needs can result in prolonged hospital stay with a significant impact on the lives of the patient and their family. Discharge planning is an important aspect of patient care and can be challenging to organize for these patients. Currently there is a lot of disparity in the co-ordination of discharge or transfer process for these patients throughout our hospital. This has had a negative impact, some of which include, a delay in recognizing these patients and their needs, poor communication between health care professions, duplication of work and poor patient experience.

Aims A pilot QI initiative to improve the discharge planning process for long stay children with complex care needs by decreasing the time to initiate the discharge planning from more than 100 days to less than 60 days of in-patient stay on a ward at Temple Street Children's University Hospital, Dublin.

Methods Baseline data was collected and analysed to establish the median number of days before discharge planning was initiated for five children with complex care needs who were long-stay in-patients (i.e. for more than 30 days) on a particular ward at TSCUH. A patient-centred approach to improving inpatient discharge planning process for long-stay patients with complex care needs was created. A number of plan, do, study and act (PDSA) cycles were conducted in developing a baseline data collection method and a criteria based referral pathway to allow for initiation of a standardised discharge process for these patients. Early recognition of these patients assessed the impact on initiating the discharge planning process for patients admitted to one of the wards at TSCUH.

Results/Findings Data collection and collation is on-going and should be complete by March 2019.

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CHILD RIGHTS KNOWLEDGE AND UNDERSTANDING AMONG RUSSIAN CHILDREN AND ADOLESCENTS

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Background Child Rights Convention (CRC) was ratified already 40 years ago and UN members states reported that changed and harmonised their legislation in accordance to CRC. However it is clear for pediatricians from the routine practice that there is a lack of information among child population about CRC and child rights implementation related to their health and development.

The aim of our study was to define how well children and adolescents (10–18 yo) of modern Russia are informed about their rights. We used our book 'CRC in the fairtales of the world' (ISSN 978-5-906332-81-3) to discuss with children and adolescents some articles of CRC related to general principles (articles 2-3-6-12), disability, basic health and welfare (articles 23-24-26-27) and partially - family environment and alternative care (articles 18-20-21-25). The process included 3 days discussions with children and adolescents (with 4 discussions of each article during 30–45 Min - totally 120–180 min/day and 3 breaks for tea and snacks). Participants were randomly recruited in 4 schools of Moscow and Moscow's region. All children and their caregivers signed before the start of the study.

Results there was no difference among groups (15-17-19 persons) in average age ($12,783 \pm 0,043$) or gender and sex distribution. All children under 13 were non-informed about their rights and the implementation necessity of CRS into real practice. Other respondents (from 14 to 18) was very critical to State, Gouvernement and even schools/medical doctors and mass media. No one from the groups was discussing the role of parents/caregivers/families in spreading this information (passive type of behavior).

Conclusion Further education of children and adolescents in the field of their rights implementation is needed.

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CLINICAL BURDEN OF BOCAVIRUS INFECTION IN HOSPITALIZED CHILDREN

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Introduction Human Bocavirus (HBoV) is a parvovirus first detected in 2005, being the most frequent pathogen responsible for respiratory tract infection in hospitalized children. The virus is detected most frequently in children less than 2 years old, but the HBoV infection is worldwide and that nearly all adults are seropositive. There is evidence of some antigenic cross reactivity among these viruses, and the biological significance of the different types is not clear.

We created this retrospective study due to increased days of hospitalization and need of oxygen therapy observed on the pediatric ward of our hospital during July 2017- July 2018 and we compared children that tested HBoV positive with those that tested HBoV negative on the extended viral swabs.

Objectives

1. To assess the length of hospitalization days.
2. To assess the need of O₂ in our cohort patients.
3. To assess the prescription of chest X-rays.
4. To assess the use of antibiotic-therapy.
5. To assess correlation with other viruses.

Population and method A total number of 60 extended viral swabs taken during July 2017- June 2018 were studied (13 HBoV positive and 47 HBoV negative). Out of those 47 HBoV negative we selected 12 that correspond with the inclusion criteria. The method of testing used was PCR on extended nasal viral swabs. Inclusion criteria: respiratory infections and age similarity between the patients HBoV positive and HBoV negative in the set up period of time. Exclusion criteria: other diagnoses than the respiratory infections.

Results Median days of hospitalization were 3.38 in those HBoV positive compared to 2.5 in those HBoV negative. Median hours of O₂ requirement in HBoV positive was 14.23, compared to HBoV negative that was 5.9. All HBoV positive patients had an X-ray done, compared with only 58.3% in those HBoV negative. The use of antibiotics has been higher in those HBoV positive 76.92% compared to those HBoV negative 58.3%. While in 38.46% of those HBoV positive had no other viruses detected, all the HBoV negative patients had a combination of other viruses detected. **Conclusions** Patients that tested HBoV positive needed more resources, compared to those HBoV negative in all four area assessed. As HBoV is not completely understood and it is understudied we would need more data to be able to make recommendations regarding testing and treatment for calculating the potential cost for the health system.

P212 CHALLENGES OF LEGALIZATION OF RECREATIONAL MARIJUANA AMONG YOUTH

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Background It is difficult to foresee the challenges that the legalization of recreational cannabis will bring to the youth and future of society. During adolescence, individuals are very susceptible to outside influences, making it easy to be redirected onto a troubling path. Changes in policy for cannabis legalization has the possibility of causing damaging outcomes to the future generation. Currently, ten states in the United States have legalized recreational cannabis use, and Canada has recently become the first country to legalize it. According to a 2013 report by UNICEF, Canadian youth are the highest users of cannabis when compared to students in other developed countries. Yet, despite evidence showing legalization increases regular cannabis use among adolescents, in the United States, there are no significant steps in place to investigate, monitor, and educate these adolescents.

The success in education among young students has also not been heavily considered, with the legalization of marijuana. Some research has even suggested that adolescent cannabis use may be a better indication of lower educational attainment than adolescent alcohol use. There are also no clear guidelines for health-care providers and they struggle to treat young individuals with cannabis use disorders and addiction, as adolescents with cannabis use disorder have shown poor responses to treatment, in terms of abstinence attainment rates. From a long term perspective, structural and functional neuroimaging studies have suggested that adolescent chronic cannabis use may cause morphological alterations in the medial temporal and frontal cortices, and the cerebellum. In addition, since nonconventional methods of marijuana, such as edibles, vape pens, and liquids, access to marijuana becomes easier for adolescents and the ability to manage marijuana use becomes increasingly difficult. Thus, the question remains: Will recreational cannabis legalization hinder the success of future adult members of society?

Objectives The objective of this study is to review literature to evaluate the challenges of legalization of recreational use of Marijuana among youth.

Methods A literature search was conducted through PubMed, MEDLINE, EMBASE, and Cochrane Library. The MeSH headings used were adolescent, youth, cannabis, delta-9-tetra-hydrocannabinol, marijuana, legalization, cognition, and academics.

Conclusion The jury's is still out on the outcomes of recreational cannabis legalization among adolescents, however there are already some indications on the potential social and physical harms it may cause. By understanding possible ramifications especially among the youth population, governments, health-care providers, and educational institutions will be able to better equip themselves to these new challenges.

P213 ABSTRACT WITHDRAWN

P214 ABSTRACT WITHDRAWN

P215 'HAVE YOU PUT THE FEAR OF GOD INTO ANYONE TODAY?' – AN AUDIT MEASURING SHORT TERM COMPLIANCE WITH ALLERGY CLINIC ADVICE TO INTRODUCE 'SAFE' FOODS

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Aims

- To assess short term compliance with advice to introduce SKIN TEST NEGATIVE foods after clinic.
- To assess barriers to commencing advised consumption.

Methods Allergy-related dietary restrictions are often too broad, and are not based on clinical evidence of allergy or sensitisation. In CUH allergy clinic parents are advised to introduce foods after full allergy focused history, usually negative SPT and occasionally IgE testing. Parents are given a written list of foods to be introduced and are advised that they will be contacted in exactly one week to inquire about (non-) completion of the introductions.

Results 75 parents were contacted 1 week after their clinic visit. 10 parents (13%) failed to commence food as instructed with reasons such as 'child refusal', 'forgot' and child vomiting immediately post ingestion. 65 (87%) commenced foods as planned, most were asked to try tree nuts with only 6 parents (13%) asked to start the egg or milk ladder. 55 of these parents were asked to introduce more than one food (up to 6 foods), 10 of the 55 parents failed to introduce more than one food (18%) and 45 completed all advised introductions (82%). Reasons given for incomplete multiple introductions were 'not enough time since clinic' and fear of introducing more than one food would cause a reaction. 47 parents (72%) gave the advised foods more than once/regularly in the week, (18) 27% parents gave the advised foods just once so far, but 13 of these 18 were willing to offer the foods again.

Conclusion 87% of parent introduced advised food(s) within 1 week, but only 72% were offering the foods regularly. Reasons for non-compliance were usually not allergy-related and can be worked around, including giving a wider time window for multiple introductions. Introduction of unduly avoided foods is a key part of modern allergy care.