**P348 PROVIDING COST-EFFECTIVE AND COORDINATED CARE FOR CHILDREN WITH MEDICAL COMPLEXITY**

Cristelle Chow*, Raveen Shahdadpuri. KK Women’s and Children’s Hospital, Singapore, Singapore

Aim ‘Did not attend’ (DNAs) are a frequent occurrence at outpatient clinics. These affect waiting list times, cost the hospital money, and may mean children are not receiving the medical care that they require. The Health Service Executive (HSE) DNA targets for 2016 were 12% for new attendance DNA rates¹, and for 70% of consultants to have a DNA rate of <10%. This study aimed to audit current DNA rates in two General Paediatric clinics, and also to identify reasons for non-attendance and possible ways to overcome these.

**Method** The scheduled patients and non-attenders of two General Paediatric clinics were included from January to April 2017. Parents of children who did not attend were contacted to participate in a telephone questionnaire. These responses were analysed.

**Results** Twenty-two clinics were included, amounting to 329 patients. There were 59 (17.93%) DNAs giving an average of 2.68 DNAs per clinic. There was no significant difference in DNA rates between sexes, appointment times or new vs return patients. There were higher DNA rates in children aged 11 or older.

Twenty-seven (45.76%) parents responded to the questionnaire. Thirty (51%) parents’ contact numbers were not working or unavailable. The most common reasons for not attending were: not aware had appointment (n=9, 33%), child now well (n=4, 15%), parent working (n=3, 11%). Many parents suggested appointment times outside of office-hours or on Saturdays so their child would not miss school. Parents prefer text as method of appointment reminder. Each DNA cost the hospital €250.

**Conclusion** ‘Did not attends’ are a frequent occurrence at General Paediatrics clinics. This is costly and affects waiting-list times. Children are dependent on their caregiver to bring them to outpatient appointments. Potential solutions are multiple reminders, appointment times outside of office hours and a hospital appointment mobile phone app. Lack of up-to-date caregiver contact details is a major issue to be overcome.

**P350 CHILDREN DISCHARGED DIRECTLY HOME FROM THE PAEDIATRIC INTENSIVE CARE UNIT**

Roy Gavin Stone*, Laura Mac Darby, Bryony Treston, Suzanne Crowe. Paediatric Intensive Care Department, Our Lady’s Hospital For Sick Children Crumlin, Dublin, Ireland

**Background** The process of discharging a patient directly home from the paediatric intensive care unit is distinctly different from discharging a patient to a hospital ward or another hospital. Whether these differences increase the risk of communication errors or increased mortality has not been previously investigated in a paediatric cohort. For adult populations the discharge of select patients directly home from the intensive care unit is not associated with increased healthcare utilisation or increased mortality. Whether discharge directly home from the Paediatric Intensive Care Unit is associated with increased mortality has not been previously investigated in the literature.

**Aim** To describe cases presenting for admission to the Paediatric Intensive Care Unit (PICU) but who are sufficiently recovered to be discharged directly home.

**Methods** This single centre retrospective descriptive study was conducted from the 1st July 2012 to 1st July 2018. Data was extracted from the PICU Clinical Information Portfolio system.

**References**

1. Data was collected from the HSE’s Hospital Episodes Statistics (HES) database.