Results In the first 6 months of the 22q11DS Clinic 17 children were assessed. This attendance rate was 94% and 29% of this group had their appointment co-ordinated with another specialist on the same day. Overall, 46 children have been seen to date. Following their first assessment, in accordance to the guidelines and clinical need, overall 82% required surveillance investigations, including: blood testing (66% of children), renal ultrasound (30%) and X-Ray spine (9%). Specialist referrals were needed in 73% of children, to a variety of services, most commonly to mental health (48%), dental (20%), cardiology (18%), immunology (14%), cleft team (14%), ophthalmology (14%), audiology (9%), endocrine (7%) and orthopaedics (7%).

Conclusion We have identified multiple areas of unmet need with reference to best practice guidance in this dedicated clinic. It is hoped that we can improve care co-ordination further by engaging other specialists to run clinics on the same day, appoint a nurse specialist and adopt a clear care pathway, tailored to the Irish healthcare system using a life course approach to ensure the regular monitoring and anticipation of issues and early intervention that helps in maintaining health, well-being and quality of life.

Objectives

**Results**
- In the first 6 months of the 22q11DS Clinic 17 children were assessed.
- The attendance rate was 94%.
- 29% of the group had their appointment coordinated with another specialist on the same day.
- Overall, 46 children have been seen to date.

**Conclusion**
- Identified multiple areas of unmet need with reference to best practice guidance.
- Aims to improve care coordination further and provide early intervention.

**Implementation strategy**
- Over a three-year period, piloted a life course approach to ensure regular monitoring.
- Aimed to improve care coordination further.

**Background**
- The Irish Paediatric Early Warning System (I-PEWS) and associated National Clinical Guideline No.12 was developed in response to a ministerial mandate.
- PEWS is a multifaceted approach to improving patient safety and clinical outcomes.

**Objectives**
- I-PEWS was developed to improve prevention, recognition, and response to children at risk of inpatient clinical deterioration in Ireland.
- Aims to improve care co-ordination further.

**Implementation strategy**
- Over a three-year period, piloted the PEWS charts and associated education resources.
- Aimed to facilitate national implementation of the Irish PEWS in 29 public hospitals.

**Conclusion**
- Identified areas of unmet need with regards to best practice guidance.
- Aims to improve care coordination further and provide early intervention.