G340(P) HEALTHCARE PROFESSIONALS' PERCEPTIONS AND EXPERIENCES REGARDING WHAT WORKS WELL IN THE DISCHARGE OF CHILDREN WITH MEDICAL COMPLEXITY: A QUALITATIVE SERVICE EVALUATION

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Aim This service evaluation explored healthcare professionals' perceptions of what works well in the discharge of children with medical complexity (CMC), within a tertiary paediatric centre. This sub-group of paediatric patients experience high healthcare resource usage, due to complex medical and social situations. Discharge is a critical opportunity to improve care quality, and CMC are at higher risk of poor discharge outcomes such as delays and hospital readmissions.

Methods This evaluation was informed by the 'Learning from Excellence' approach to quality improvement, by asking what works well to allow for both positive and negative opinions to be explored. 15 one-to-one interviews were conducted with a variety of individuals from the multi-disciplinary team directly involved in discharge planning for CMC. A topic guide aided the interviews, and thematic analysis of interview transcripts identified key themes.

Results 5 final themes were identified regarding areas that work well, alongside areas which may need improvement; Patient-centred Plan, Leadership for CMC, Supporting Families, Team Co-ordination, External Relationships. Tailoring discharge plans to individual patients and having a driver for co-ordinating discharge is perceived to facilitate a successful discharge. Families of CMC require constant support throughout discharge, achieved best by effective communication. Additionally, the capacity of families to care for their child has a perceived impact on the success of some discharges. A lack of team co-ordination between staff is a perceived barrier to discharge. Collaborative links between external services involved in discharge and the hospital helps the trust combat some barriers to discharge, with the need for links to other services to be built, specifically social care. Alongside these five themes, three additional concurrent themes were elicited from the data; Communication, Capacity, and Collaboration.

Conclusion As the population of CMC is increasing, their pressure on healthcare resources grows. Their medical fragility makes transitioning home unpredictable, with a pressing need to optimise discharge. Numerous factors are perceived to work well when discharging CMC, including supporting families and encouraging collaborative team working. The need to incorporate family capacity into planning and improve accountability of staff to discharge tasks can help accelerate this.

G341(P) 10-YEAR ALLOGRAFT HISTOLOGY AND BIOPSYCHOSOCIAL HEALTH 20 YEARS AFTER PAEDIATRIC LIVER TRANSPLANTATION

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Aims Survival 20-years after paediatric liver transplantation is >80%. A correlation of this success is that long-term complications are becoming more evident. The aim of this study was

to evaluate the long-term medical and psychosocial outcomes of paediatric post-liver transplant patients.

Methods Cohort study of paediatric liver transplant patients in a tertiary UK transplant centre, between 1985 and 2004. Patients surviving to 10-years post-transplantation with normal liver biochemistry were included. Demographic data including indications for transplantation and complication rates were collected. All children underwent protocol liver biopsy at 10-years. Electronic case notes were reviewed for long-term physical and psychosocial outcomes.

Results 84 patients survived to 10 years post-transplant. Median age at transplantation was 1.3 years, with median duration of follow-up of 20.2 years. Most common indication for liver transplantation was extrahepatic biliary atresia (51.2%). Mortality rate after 10 years was 2%. The observed acute and chronic rejection rates were 33.3% and 21.4%, respectively.

A significant proportion (66.7%) of children demonstrated mild graft fibrosis at 10-years, despite having normal liver biochemistry.

Long-term psychosocial consequences were significant. Roughly 26% of children had emotional and behavioral problems – depression and anxiety being the commonest. Higher rates of psychosocial disorders (35.7%, $p=0.59$) were seen in patients who required re-transplantation. Substance abuse including smoking and heavy alcohol consumption was lower than the national average – 9.5% and 3.6% respectively. Education and employment rates were comparable to the national average – 38% and 27%, respectively. In our cohort, 31% were in transition clinics.

We report 23% with chronic renal dysfunction 20-years post-transplantation, on standard immunosuppression regimens. eGFR values were calculated using cystatin-C values. Only 3 patients had a BMI of >30, with a mean BMI of 20.4 in our cohort.

Conclusion Whilst survival is excellent at 20 years, there is an emergent long-term impact of transplantation. Liver histology was abnormal in a significant proportion of our cohort despite normal liver biochemistry. Our findings demonstrate the importance of assessing physical health, specifically with regard to renal function and growth, as these children transition to adult services. The overarching impact of transplantation on the psychosocial wellbeing of survivors should form a key part of assessment post-transplantation.

G342(P) CARDIAC FUNCTIONS IN CHILDREN WITH CELIAC DISEASE

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Aims Celiac disease (CD) associated cardiologic disorders is a growing concern. However, data regarding myocardial involvement in children with known CD are few. This study aimed at evaluating the subclinical impact of CD on the global myocardial function in Egyptian children with CD using Tissue Doppler imaging (TDI) and speckled tracking echocardiography (STE).

Patients and Methods Conventional two dimensional echocardiography was used to assess the myocardial function among 32 children with CD as well as 30 age and sex matched