Our project showed that simplifying the completion process leads to a significantly higher proportion of patients going home with a DS, which we have seen sustained even during times of increasing patient attendances. Moving from a corporate target that imposed compliance to a patient centred one was a key intervention in gaining traction among clinicians. Involving the right people and keeping everyone motivated by presenting the progress played an important role in ensuring the project's success.

G116(P) ABSTRACT WITHDRAWN

G117(P) GETTING HOME IN TIME FOR TEA: STREAMLINING DISCHARGES FROM A GENERAL PAEDIATRIC WARD

A Brookes, E Jones, J Forsaith, E Ross. *General Paediatrics, Leeds Teaching Hospitals NHS Trust, Leeds, UK*

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Aims To improve the efficiency of discharges from a paediatric medical ward, ultimately to increase the number of discharges before 4pm.

Methods Data was collected from Patient Administration System (PAS) as part of a Trust wide discharge collaborative. Every two weeks the total number of discharges and the time of discharge for each patient were collated. Fortnightly meetings were held with the collaborative group to evaluate the data and share best practice. The measures which have been put in place to improve efficiency include the introduction of a discharge whiteboard, increasing the number of ward stock medications available for discharge, education around completing discharge letters and prescribing discharge medications, embedding discharge discussions in the twice daily safety huddles and early identification of potential discharges for the following day.

Results In the calendar year of 2018, 1310 patients were discharged from one paediatric medical ward, with 41% being discharged before 4pm. Since joining the discharge collaborative in April 2019, 50–60% of patients are discharged before 4pm. There has been encouraging feedback from the junior-doctor workforce stating they feel empowered to work efficiently with regard to discharges and they feel the collaborative has been instrumental in this. There has been positive feedback from parents in terms of the speed that discharge paperwork is completed and the timing of medication being ready thus enabling families to get home in time to re-establish a normal evening routine.

Conclusion Discharging paediatric patients home before 4pm has a number of benefits; there are more staff around to ensure the paperwork and medications are available for a safe discharge, parents are able to get their children home and back in to a routine, inpatient beds are freed up to allow new patients waiting in the assessment unit and A&E to be admitted into. By sharing ideas across the Trust, interventions which have worked well have been implemented in other speciality wards. Simple changes have improved efficiency, patient flow and reduced waste in line with the changes recommended by the NHS Improvement SAFER patient flow bundle.

G118(P) ARE DIAGNOSTIC-THERAPEUTIC PATHWAYS REALLY EFFECTIVE?

¹JN Pin, ²P Moras, ²M Minute, ²F Scozzola, ²E Berto, ²R Giancaspro, ²P Crotti, ²S Martelossi. ¹Dipartimento di Salute della Donna e del Bambino, University of Padua, Padua, Italy; ²UOC Pediatria, Ospedale Ca' Foncello, Treviso, Italy

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Introduction Diagnostic-therapeutic pathways (DTP) are evidence based interventions aimed to organize the assistance process for specific groups of patients and to improve quality and efficiency of care, reducing variability in treatment. Gastroenteritis is one of the main causes of access to the emergency room; in most cases they don't require urgent care provoking waste of resources and prolonged waits for all patients.

Aims The aim of the study is to demonstrate the efficacy of the protocol concerning gastroenteritis in terms of diagnosis, administration of the correct therapy and outcome through nursing and medical staff training (that took place in January 2019).

Methods Data were collected from patients with gastroenteritis who arrived at the pediatric emergency room of a third-level hospital in October 2018 (GO) and February 2019 (GF).

A descriptive data analysis was firstly performed; possible association between the onset of gastroenteritis and selected variables were then investigated in terms of presentation and outcome by Fisher's exact test and Wilcoxon test.

Results Total number of patients with gastroenteritis in ER was comparable in October 2018 (GO 55/826, 6.7%) and February 2019 (GF 63/973, 6.5%) [$p = 0.88$] as well as severity of presentation (usually mild: GO 64% vs GR 59%, $p = 0.7$) and need for an intensive short-stay observation (ISO) (GO 21.8% vs GF 23.85, $p = 0.88$).

Increased nurses' responsibilities did not provoke the raise of antiemetic drugs' administration (GO = 27.3% vs GF = 30.2%, $p = 1$) but at the same time oral rehydration was started earlier (before medical examination: GO = 1.8% vs GF 27%, $p < 0.01$) with a lower use of intravenous rehydration (GO = 23.6% vs GF 17.5%, $p = 0.49$). Furthermore, permanence in ER was strongly reduced (GO = 18 hrs vs GF 12.5 hrs, -30%, $p = 0.07$) as well in ISO unit (GO = 18.5 hrs vs GF = 13 hrs, -29%, $p = 0.12$).

Conclusions This study shows that a simple diagnostic-therapeutic pathway can reduce about 3500 hours of ER use annually, which lead to an estimated saving of 30.000–100.00 euros (direct health care cost only).

G119(P) THE PRETERM QUALITY OF CARE (PQOC) GROUP: USING QI INITIATIVES TO IMPROVE PATIENT CARE

N Crowley, S Jaques, M Grady, N Williams. *Neonatal Unit, Evelina London Children's Hospital, London, UK*

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Aim To continuously improve outcomes for preterm babies using the QI approach.

Method The PQoC group is a team of neonatal doctors, ANNs and nurses who audit the care of inborn babies less than 30 weeks gestation.

The audit assesses multiple aspects of care, including:

- Frequency and indication for intubations