G140(P) IMPROVING THE INVESTIGATION OF UTI IN A PAEDIATRIC EMERGENCY DEPARTMENT

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Aim Urine sampling is a common investigation in the paediatric emergency department, often requested at triage. We noticed frequent occasions of samples being incorrectly requested and sent for analysis. This often creates unnecessary inconvenience for patients and carers and can delay discharge. There is also potential for misdiagnosis of UTI and antibiotics being unnecessarily prescribed, as well as increased costs.

Our aim was to evaluate staff awareness of the correct investigation for paediatric UTI based on the current NICE guideline (February 2019). This was done with the intention of developing clinical practice, in order to improve patient experience, reduce the number of diagnosis errors, and reduce department costs.

Method Twenty-two staff members undertaking paediatric emergency triage were surveyed to check knowledge of the clinical indications for requesting a sample and sending for analysis. An online survey was also carried out to compare our practice with other Trusts. We used The Model for Improvement to test interventions according to errors noted.

Results Only 45% (10/22) of staff were aware of the NICE guideline. 59% (13/22) would request a urine sample from all patients presenting with fever. Furthermore, 55% (12/22) would send all samples for patients under 3 years for urgent analysis, regardless of presenting complaint. This contrasted markedly from our online survey results, which showed 58% (7/12) would send samples in those under 1 year, 8% (1/12) in those less than 6 months, and 25% (3/12) in those less than 3 months (as per NICE guidance). In one Trust doctors did their own urine microscopy based on clinical grounds.

Conclusion The results of our survey show an inadequate level of staff training regarding paediatric urine sampling and analysis, and awareness of the NICE guideline. This results in unnecessary samples being requested and sent for analysis.

To increase staff awareness, posters with easy to follow flow-charts have been produced for the triage rooms and training is underway. We also aim to revise hospital guidelines in accordance with NICE guidance. The future intention is to re-survey triage staff following these changes, and evaluate the cost saving of reduced urine analysis.

G141(P) 'PICK UP THE PHONE': A MULTIDISCIPLINARY TEAM QUALITY IMPROVEMENT PROJECT INTO THE USE OF AND ACCESS TO TELEPHONE INTERPRETER SERVICES WITHIN PERINATAL CARE

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Background The link between adverse medical outcomes and language barriers has been well documented. New mothers with Limited English Proficiency (LEP) must

manage the challenges of maternal adjustment, may have limited social support and face language barriers. All of these factors can lead to increased morbidity and mortality for mothers and their newborns. The use of professional interpreters reduces likelihood of medical errors. Staff working in maternity services were unaware of a change in translation provider thus were unable to access telephone interpreting services.

Aims By improving access and increasing awareness to staff of telephone interpreter services, it will result in improved quality of care for mothers and newborns.

Methods In June 2019 Health care Professionals (HCPs) working in maternity completed a questionnaire regarding their experience with phone translator services. Posters containing updated information about services were circulated to staff and put in clinical areas. Importance of translation services was raised at teaching sessions and staff induction. HCPs were then re-audited in July 2019.

Results 62% of HCPs did not know how to access phone translator services, 14% had never used them. Of the 52% who had difficulty accessing services, 76% felt it had negatively impacted on patient care, while 52% felt it had delayed treatment. 43% felt it had delayed discharge.

Post-intervention only 5% of HCPs did not know how to access telephone interpreting services, yet 26% had never used them. Only 11% had had difficulty accessing services, of which 16% felt it had negatively impacted on patient care and delayed treatment. 11% felt it had resulted in delayed discharge from hospital.

Conclusion There continues to be a proportion of HCPs who have not used phone translator services. Feedback suggests that this may be due to services appearing difficult to use. By improving awareness and making translator services a standard practice, it should improve this barrier to care.

Qualitative surveys have shown this intervention has increased accessibility, will improve care, and reduce in delay to treatment and discharge for LEP patients.

G142(P) ABSTRACT WITHDRAWN

G143(P) A QUALITATIVE AUDIT OF PAEDIATRIC PATIENTS AND CARERS' EXPERIENCES OF URGENT AND EMERGENCY CARE

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Aims Attending the paediatric emergency department (PED) and acute assessment units can be a daunting and stressful experience for patients and carers. We aimed to evaluate their experience of PED and acute assessment unit visits.

Methods Data was captured using the validated RCPCH Patient Reported Experience Measure (PREM) for urgent and emergency care. This questionnaire was initially given out in 2013 and again in 2019 and included the views of patients, if