G236(P) NEONATAL JAUNDICE IN THE EMERGENCY DEPARTMENT IS NOT OUR PROBLEM TO SOLVE, OR IS IT? STEPPING OUTSIDE THE ED TO IMPROVE PATIENT EXPERIENCE AND FLOW

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Aims We observed an increasing number of well, jaundiced babies presenting to our hospital's Paediatric Emergency Department (ED), despite a dedicated pathway and jaundice clinic accessible by direct midwife referral. Meanwhile the flow within our ED was affected, and patient safety and experience were compromised as reflected by a complaint and significant incident. By working with the multidisciplinary teams (MDTs) outside the ED to improve use of Jaundice Clinic pathway, our aim was to make a sustainable reduction in presentations to the ED, and improve safety and patient experience.

Methods A retrospective analysis of ED attendances for 2018, was compared with data from the previous two years. Focus groups were held with six key stakeholders: postnatal midwives, community midwives, neonatal nurses, neonatal doctors and paediatric ED doctors, and obstetric governance lead. Information was gathered mapping the progression from birth, and storyboards showed patient experience.

Results Previous audit data showed our dedicated jaundice clinic (established in 2017), had led to a reduction of well jaundiced babies presenting to ED from 288 babies (2016) to 111 (2017). However, in 2019, 154 babies were seen, of which 64% were referred by midwives. 60% of these newborns spent over 3 hours in ED. Nearly all could have gone straight to the neonatal unit, only 12% had clinical reasons to be seen by doctors in ED, and none required admission. We ran MDT focus groups to facilitate better understanding of each team's current practice and barriers, e.g. inaccessible/broken transcutaneous bilirubinometers. The discussions highlighted the subsequent negative effect on patient safety and experience and the impact on capacity and ED flow. The identified barriers were reviewed, and solutions developed in discussion with all stakeholders. Resulting in creation of an improved pathway with new proforma and new community clinic. An online quiz was designed for training stakeholders.

Conclusion To reduce well jaundiced babies presenting to ED, we needed to step out of our ED comfort zone and engage with the relevant MDTs involved. In the process, new understanding and relationships were made which will help to identify and mitigate issues earlier to ensure ongoing sustainability of this pathway.

G237(P) GROWING UP IS ALWAYS HARD: THE INTERFACE BETWEEN PAEDIATRIC AND ADULT SERVICES

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Aims Transition from paediatric to adult services is difficult and stressful to both clinicians and families. The authors investigated the impact of inappropriate attendances (patients 16 years or older and no longer under paediatric care) to the emergency department in order to determine the effectiveness

of the transition process. The audit was conducted in a hospital providing primary, secondary and tertiary care over 8 months.

Methods All attendances of patients 16 years or older to the paediatric emergency department between 1/04/2018–30/11/2018 were reviewed. A randomised sample was taken after exclusion of staff members, duplicates and direct admissions. A judgement was made as to whether the attendance was appropriate and subsequently correctly managed based on the Trust transition policy and the NICE Guideline (NG43) 'Transition from children's to adults' services table 1.' Data collected included lead clinical team, last attendance to Trust, future appointments, undergoing transition, limited life expectancy, whether undergoing treatment for malignancy or on clinical trials.

Results From a total of 343 attendances, a randomized sample of 95 were selected. The average age was 16.8 years, with a maximum of 22 years.

Abstract G237(P) Table 1

Randomised sample=95	Appropriate Attendances	Inappropriate Attendances
Appropriate Management	54(100%)	30(73%)
Inappropriate Management	0(0%)	11(27%)
	54(57%)	41(43%)

It was noted that only 19 (20%) patients had been involved with the transition process and only 11 (20%) of the appropriate attendances were on the Transition Exception Register. The financial burden of inappropriate attendances was estimated at over £19,000 per annum. Neurology, respiratory and orthopaedic specialities were identified as the lead team in most cases.

Conclusion The audit highlighted issues surrounding the transition process including the need for early consideration and commencement and its subsequent impact on attendances to the paediatric emergency department. The importance of early, effective transition is highlighted by the financial burden associated with inappropriate attendances. Areas for service development could include more involvement of the transition team within the emergency department and discussion with specialities to improve transition clinic services.

G238(P) TAP IT: TRAINEE LED INITIATIVE TO REDUCE UNNECESSARY BLOOD TESTING IN THE EMERGENCY DEPARTMENT

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Aims Unnecessary blood testing in the paediatric emergency department (PED) is a potential starting point for diagnostic dilemma, anxiety to families and increased healthcare costs. We hypothesized that a significant number of blood tests are performed instinctively rather than clinically indicated. This stimulated a quality improvement initiative to enlighten trainees on the utility of blood tests while aiming to enhance clinical decision making.