British Society for Rheumatology

743 IMPROVING THE CARE OF YOUNG ADULTS IN RHEUMATOLOGY SERVICES

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Background Transition clinics facilitate transition to adult services for adolescents and young adults (AYAs). This service for rheumatology patients was audited in 2018/19 to understand their experiences and how it may be improved. Patients reported wanting to see a youth worker and physiotherapist on the same day as transition clinic. They also sought more information about their condition, its management and help in dealing with their emotions.

Objectives To improve the satisfaction of the rheumatology service for AYAs, including providing a good service as described by the AYAs themselves. This quality improvement project (QIP) aimed to achieve this by making changes through three PDSA cycles to the transition clinic these AYAs attend.

Methods The current service was compared to European Alliance of Associations for Rheumatology (EULAR) guidelines on transitional care, which recommend that the service should address psychosocial needs of AYA and provide access to a physical therapist. Additionally, British Society for Paediatric and Adolescent Rheumatology (BSPAR) standards of care for juvenile idiopathic arthritis was also used to consult changes and it was found that AYA should have access to a multidisciplinary team which includes a paediatric clinical psychologist and a physiotherapist. These recommendations were also in the patient's feedback and made them suitable domains for improvement. This led to the introduction of parallel psychology and physiotherapy services to the clinic, achieved by liaising with relevant teams to see if this could be feasible and sustainable. A leaflet was also designed and distributed by the QIP team which included who to contact with health concerns, signposting to information relating to their condition and suggestions of where to go for careers advice or emotional support.

Results 2018–2019 audit data showed that less than 60% of patients were satisfied with the transition clinic. Following 3 PDSA cycles, satisfaction increased to at least 75% in the evaluated domains. The addition of a psychologist was well received by patients and the percentage of patients wanting to know where they can get help in dealing with their emotions dropped from 83% to 75%. Feedback showed patients mostly thought favourably of all evaluated areas of the leaflet. Principally, they found the leaflet satisfactorily explained what transition is, who to contact about health concerns and resources available for emotional support. Evaluation of the parallel physiotherapy service remains to be conducted.

Conclusions The project produced positive results and there was an improvement in patient satisfaction. Some barriers were encountered; the clinics take place once a month, so it was not possible to collect data from the same patients due to the time constraints of the project. A physiotherapist was difficult to arrange due to funding and was not integrated until late into the project, meaning its effect was not evaluated.

Nevertheless, the QIP shows the positive impact of the three interventions and could provide a model for other transition services.

Quality Improvement and Patient Safety

745 COOLING FOR TRANSFER: AN INTEGRATED CARE PATHWAY FOR LONDON (COOLTRIP)

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Background The London Neonatal Transfer Service (NTS) uplifts over a hundred babies each year for cooling treatment for hypoxic ischaemic encephalopathy. We are involved in the stabilisation and transfer of these babies and help support the communication and decision-making process between cooling centres and local units.

In line with the recommendations from the British Association of Perinatal Medicine (BAPM) framework 'Therapeutic hypothermia for neonatal encephalopathy', a timely referral and transfer process with accurate information is necessary.

Objectives We carried out an audit to investigate the quality of documentation of newborn infants transferred between hospitals for cooling, as well as adherence to cooling criteria. We aimed to identify opportunities for service improvement through the audit.

Methods A retrospective audit was carried out. All babies who were transferred within the London network from June 2017 – July 2019 were included. Data collected included time to achieving target temperature, documentation of both Criteria A and B outlined in the TOBY study.

Information was obtained from local discharge letters, BadgerNet information and transport documentation.

Results Out of 170 babies, 51 babies (30%) did not achieve target temperature within the 6 hour recommended window and almost a quarter of these babies (11 of 51 babies) were due to a late referral for transfer.

Focussing on the quality of documentation, Criteria A was well documented. 24% of babies had incomplete documentation of neurological assessment for Criteria B. Of those who had full documentation of neurological assessment, 45% did not actually meet Criteria B.

Conclusions The London NTS's unique involvement in the transfer of babies with HIE has allowed us to identify opportunities for service improvement. Our audit revealed that a significant proportion of babies did not have complete documentation of neurological assessment, a key component in the decision making for cooling. There is a lack of uniformity to neurological assessment with no reliable place to transcribe information for transfer between hospitals.

We therefore designed the CoolTrip pathway which is a standardised documentation that helps support local clinical decision making and facilitates accurate record keeping that can be easily transferred between hospitals.

The pathway consists of a decision-making matrix that would enable the local team to identify babies who meets criteria for cooling as set out in the BAPM framework.