Paediatricians with Expertise in Cardiology Special Interest Group

839 IMPACT OF COVID ON LOCAL PAEDIATRIC CARDIOLOGY SERVICE

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Background The surge in COVID infections over the last year have forced major changes in the delivery of healthcare around the world. The NHS had to adapt and restructure to maintain safe levels of patient care under social distancing and lockdown restrictions. Outpatient services across all specialities have adopted innovative methods to deliver patient care, by reducing the number of face-to-face (F2F) consultations and introducing virtual and telephone clinics. The aim of this study was to review the positive and negative impact of COVID restrictions on our paediatric cardiology service.

Objectives

- To compare the number of patients who have been referred and accessed the paediatric cardiology service between 2 time periods: pre-COVID (PC) from 1st April to 30th September 2019 and COVID period (CP) from April to September 2020.
- To review clinic attendances in local, outreach and transition clinics, by comparing the DNA rates and type of consultation: face to face (F2F) and telephone consultations (TC).

Methods Database for local, outreach and transition clinics were generated from hospital electronic record systems (EPIC and CHEQS) for the chosen time periods. This was recorded in Excel spreadsheets, analysed and compared. Final report was disseminated to the paediatric cardiology team, clinic administrators and service managers.

Results The number of 'clinic sessions' fell from 113 PC to 102 during CP (9.7%). The number of patients seen F2F fell from 1202 to 494 (58.9%) over the two periods. No TCs were conducted PC whilst 442 occurred during CP, representing 47.2% of all consultations. The number of joint cardiology clinics increased from 9 to 13 sessions (44.4%), with the number of consultations increasing from 118 to 132 (11.8%). All consultations PC were F2F. During CP, 63 (47.7%) reviews were F2F and 69 (52.2%) were TC. There were 22 consultations in 3 transition clinics PC, all of whom were seen F2F. Eight patients were seen in 2 clinics during COVID with 50% F2F. There was a 47% reduction in did-not-attend (DNA) consultations, due in part to the use of TC for some non-attenders. There was a 5-fold increase in the number of advice and guidance requests from GPs, 119 during CP compared to 23 PC. There was no adverse outcome following the introduction of telephone consultations.

Conclusions Outpatient paediatric cardiology activity was sustained during the COVID pandemic period through service adaptation, for example via TC and ECG-only appointments with TC follow-up. This has had a positive effect on the number of appointments offered and reduced DNA rate. The impact of COVID on the service has been far from negative and made our service more patient convenient and cost effective.

International Child Health Group

841 DEVELOPING A NOVEL ONE-DAY PAEDIATRIC ASSESSMENT AND STABILISATION (PAS) COURSE FOR FRONT LINE HEALTHCARE WORKERS IN LUSAKA, ZAMBIA

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Background A large proportion of front-line paediatric healthcare in Zambia is delivered by staff with no specialist paediatric training, and training this group could significantly reduce preventable child deaths. In 2019–2020, the Tropical Health and Education Trust undertook a 6-month paediatric capacity building project in Lusaka, Zambia, funded by Health Education England.

Objectives The aim of the project was to improve paediatric skills of front-line healthcare workers.

Methods Three volunteers were recruited (2 paediatric registrars and 1 programme and evaluation consultant) to work with first (district) level hospitals in Lusaka. A needs analysis found that there was an under-utilisation of the structured approach to the recognition and stabilisation of unwell children on the front line.

The initial suggestion of embedding the Emergency Triage and Treatment (ETAT) course was not an option due to insufficient resources and funding for a five-day course. The volunteers worked with local and international colleagues to design a one-day alternative based on local data, priorities and available resources. The Paediatric Assessment and Stabilisation (PAS) course is based on national Zambia Paediatric Association and international protocols (including ETAT, APLS and WHO).

A 'teach the teacher' approach was used with instructors nominated from four first level hospitals and University Teaching Hospital (the local tertiary referral hospital). Two half-day sessions were held to train instructors on course teaching methods, and encourage them to be local 'PAS Champions' to embed their new knowledge and skills amongst their own hospital teams post-course.

The pilot was funded by Lusaka Provincial Health Office, with participants recruited from the same four first level hospitals as the instructors. The course was delivered in small groups using Peyton's four stage approach and simulation. A simulation test scenario was used at the end of the course to ensure credibility. Impact of the course was measured using a Likert scale questionnaire to assess participant confidence in managing critically ill children before and after the course.

Results The pilot ran four separate PAS courses. These were attended by 91 participants (including clinical officers, medical officers and nurses) of which 88 passed. Pre and post course questionnaires showed participant confidence scores increased by 19% in assessment of unwell children, and by 22% in treatment of unwell children. Free text by participants showed a positive impact on individual clinical practice. 25 instructors were trained to teach on the PAS course, as well as 2 course directors and 1 course administrator. Instructors also fed back