causing them with a view to developing a mechanism for early detection and management. We also sought to share information more widely about this highly unusual condition.

Methods This was a retrospective case series analysis. The study period was 2007 to 2021. Data were collected from BadgerNet and health board clinical records.

Results Case 1 was born at term. Growth restriction and oligohydramnios had been identified antenatally and birth weight was 2060g. Apgars were 1, 5 and 10 at 1, 5 and 10 minutes respectively. A blood sugar measured on day 2 was 17.3mmol/l. The infant was admitted to NICU and due to persistent hyperglycaemia was commenced on intravenous sliding scale insulin. This was switched to an insulin pump and the infant was discharged home after 38 days. Genetic analysis showed a 6q24 duplication. Cases 2 and 3 were siblings, one born at 34 weeks gestation and the other at term. Both were growth restricted in utero and developed hyperglycaemia on days 2 and 4 respectively. They also had congenital hypothyroidism and pancreatic/renal cysts. They were found to have homozygous partial GLIS 3 gene deletion. Both were discharged after prolonged hospital stay on pump delivered insulin. Case 4 born at term with a birth weight of 2030g and known to have been growth restricted in utero with low liquor volume, presented at 3 weeks of age with diabetic ketoacidosis. He was discharged on an insulin pump and had STAT 3 mutation.

Conclusions The most common cause of transient NDM is chromosome 6q24 duplication but there are more than 20 genetic disorders associated with permanent NDM. Chromosome 6q24-related transient NDM is characterized by intrauterine growth restriction and low birth weight, with neonatal hyperglycaemia resolving by 18 months and an increased risk for type 2 diabetes in adulthood. GLIS3 is a protein with roles in β cell survival and insulin secretion. Mutation in GLIS 3 is associated with neonatal diabetes, congenital hypothyroidism, polycystic kidney disease and liver fibrosis. Signal transducer and activator of transcription 3 (STAT3) is vital to the development of a normally functioning pancreas. STAT3 mutation causes neonatal diabetes through premature induction of pancreatic differentiation. In all 4 of our cases of NDM the infants were known to be growth restricted antenatally, with low birth weight postnatally and hyperglycaemia developed from the second day of life onwards. It is remarkable that this cluster with 3 distinct genetic causes occurred in a small geographical area. An infant born with lower than expected birth weight for gestational age will usually be monitored for hypoglycaemia. If higher than average levels of glucose are detected, there is a need to consider NDM with involvement of the specialist diabetes molecular genetics team.

Background As patients are increasingly technologically literate, they often resort to online sources of medical information which may not be accurate. Trust specific patient leaflets are a reliable source of written advice for a wide range of medical conditions, procedures and medications. These aim to provide patients with succinct, jargon free advice, and are usually available in paper and electronic forms. Yet, this represents an under-utilised resource by clinicians. Reasons cited by clinicians include lack of availability and accessibility to leaflets and time constraints.

Objectives We aimed to enhance access to and the use of paediatric patient information e-leaflets by developing a poster with QR codes that are linked to these e-leaflets.

Methods Pre-implementation surveys from patients and clinicians were undertaken within the paediatric department of a single district general hospital. A poster was designed in accordance with NHS design standards, with QR codes that are linked to 20 commonly used Trust specific paediatric e-leaflets. Its use was piloted in the paediatric emergency department, wards and outpatient clinics. Post-implementation surveys were collated from patients and clinicians to assess its use.

Results The results were very positive from both patients and clinicians. From the patient feedback, 84% found the poster 'extremely' or 'very useful' (n=19). Furthermore, 74% 'strongly agreed' or 'agreed' that the poster encouraged them to read the information leaflets (n=19). Qualitative feedback revealed that patients felt this was 'much more eco-friendly', 'offers a wider variety of information' and 'more convenient', although some patients did report a preference for paper leaflets.

Feedback from the clinicians demonstrated that 70% found the poster 'extremely' or 'very' useful, and 60% 'strongly agreed' or 'agreed' that having the poster encouraged them to ensure patients leave with a leaflet post consultation (n=10). Clinicians reported that it is 'convenient to have all the information in one place', 'visible, accessible and easy to use' and 'a great substitute to paper leaflets that need constant updating'.

Additionally, webpage analytics revealed an approximately five-fold increase in views to the 20 e-leaflets in the month after implementation of the poster, from 75 in June to 389 views in July 2020.

Conclusions QR code posters presents a unique way of improving the accessibility and availability of written medical information for paediatric patients and their parents. Aside from saving on paper, the poster is also timeless, as the QR codes do not need to change when the e-leaflets are updated on the webpage. In all, the patient and clinician experience of using these QR code posters was very positive, and we are developing further posters to be piloted in other specialties.

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ENHANCING ACCESS TO AND THE USE OF PAEDIATRIC PATIENT INFORMATION E-LEAFLETS THROUGH THE USE OF QR CODES – A NOVEL QUALITY IMPROVEMENT PROJECT

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10.1136/archdischild-2021-rcpch.310

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'STARTING THE CONVERSATION': AN EXPLORATION OF THE WAYS IN WHICH UK PAEDIATRICIANS INTERACT WITH MULTI-SOURCE FEEDBACK

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10.1136/archdischild-2021-rcpch.311

Background Doctors in the UK Paediatric Training Programme are required to gather anonymous Multi-Source Feedback (MSF) using the ePaedMSF tool as part of their training.