Results Majority of the children were in preschool/lower primary with 78.6% males and 65.5% Chinese. The most common diagnosis was Autism Spectrum Disorder (ASD; 46.4%). Almost two-thirds of caregivers reported working from home during the Circuit Breaker period. The majority indicated that their children had no difficulties coping with the restrictions in place during this period. Of those who did, the main difficulties were with wearing a mask, being restricted from going out, and having to practice social distancing. 26.2% of children had deterioration in their behavior, and a third of caregivers struggled to manage this. There was no significant difference in proportion of children experiencing a deterioration in behavior by diagnostic group [X^2 (d.f.=6, N=84) =5.7, $p=0.47$]. Yet some (16.7%) had improvements in behavior. Sleep was minimally affected, but there was a significant increase in screen use in 81% of cases, especially in children with ASD. The majority of children received home-based learning from schools but many encountered challenges with this. About two-third of children continued to receive their early intervention or hospital-based therapy services. 54.7% of caregivers reported feeling more stressed than usual, mainly from juggling work-vs-family commitments. In spite of all the challenges, around two-thirds reported being able to spend more quality time with their child and over a half over a half of them reported having improved relationships with their child.

Conclusions This survey shows that whilst many coped with the restrictive lockdown measures, there are those families who are more vulnerable, or caregivers who are less adept, and who need to be identified early for future support. Parents have the potential to be effective therapy providers in the home setting, given adequate support, but may struggle to balance work and family commitments. Telehealth has been developed but improvements in telehealth service provision and audits of its efficacy are still required.

Quality Improvement and Patient Safety

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INTRODUCING A QUICK REFERENCE GUIDE FOR THE POSTNATAL WARD

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Background Quick reference guides are frequently used in medicine to provide easy access to the latest evidence. They do not replace full guidelines but are a useful adjunct to clinical expertise on busy wards.

A survey conducted in our department showed that although trainees enjoy working autonomously on the postnatal ward, 90% of trainees thought accessing our intranet hospital guidelines was time consuming. Therefore, a decision was made to produce a Quick Reference Guide, whereby trainees have rapid access to guidelines and referral pathways, while also aiming to empower trainees to work autonomously and efficiently within safe boundaries.

Objectives To introduce a comprehensive quick reference guide for postnatal ward as part of a quality improvement project (QIP).

Methods A 66 paged Quick Reference Guide was created covering the common conditions and problems encountered on

the postnatal ward based on guidelines from our district general hospital and our tertiary referral centre (adapted for local use). Futureproofing was built into the design to ensure the guide stays relevant and up to date.

A questionnaire was sent to all trainees working on the postnatal ward with a copy of the Quick Reference Guide. Trainees were asked to score baseline stress levels of working on the postnatal ward on a scale of 1 to 5 (1 very stressful, 3 neither, 5 no stress) and if having this guide would be useful for their practice and in reducing stress levels. Free text area was available for general feedback.

Results 18/20 trainees responded to the survey giving a 90% survey response rate. This included 11 Senior House Officers (Specialist training (ST) years 1–3/clinical fellows) and 6 Registrars (ST4–5/staff grade) and one response had no mention for their grade of training. The baseline median and mode stress score was 2 on the 5-point scale indicating fairly high stress levels. All trainees (100%=18/18) responded that having a postnatal ward quick reference guide would be helpful and would reduce their stress levels when working on the postnatal ward. Free comment feedback was supportive of the guide (n=6) and included what trainees wanted in future versions (n=3).

Conclusions We demonstrate that having a comprehensive quick reference guide enables rapid access to guidelines, thereby saving time and reducing stress for trainees working on the postnatal ward. An unanticipated benefit of this creation was that outdated guidelines were identified and updated during the process. We will continue this QIP by resurveying the next cohort of trainees to ensure guidelines stay relevant while modifications to improve the guide are made for subsequent productions. A trainee will be allocated the role of updating this document at the start of every rotation.

Based on the results, the Quick Reference Guide was distributed to trainees in PDF format (for access on phones), and a printed copy created for the ward. We recommend other postnatal wards consider creating similar quick reference guides.

Quality Improvement and Patient Safety

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DEVELOPING A TEACHING PROGRAM TO SUPPORT HEALTH VISITORS IN THE MANAGEMENT OF PROLONGED JAUNDICE

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Background Prolonged jaundice is very common in newborns. Investigation of the underlying cause in a timely manner is essential to rule out pathological causes, as one potential underlying cause (biliary atresia) requires prompt diagnosis and management.

An audit of the prolonged jaundice clinic at St Mary's Hospital London identified that not all babies with prolonged jaundice were being appropriately referred to clinic. It is essential that all health care professionals seeing these patients are aware of the correct referral pathways so they are seen in a timely manner in the appropriate setting.

Objectives A quality improvement project was undertaken with health visitors which aimed to: