had VSD, 3 had PDA, 1 had pulmonary stenosis, 4 had asymmetric septal hypertrophy, 4 had aortic root dilatation, 2 had LV non-compaction cardiomyopathy and 1 had Hypertrophic Obstructive Cardiomyopathy (HOCM). 92 (41%) were completely discharged, 87 (39%) had arranged follow-up, 11 (5%) referred to adult cardiology and 34 (15%) were to be re-referred 3 years after initial review.

Conclusions Despite clear national guidelines (references) for referral of children with FHx of CHD or ICC in CUHFT, early inappropriate referrals have overburdened the service with the ongoing follow-up of physiological or non-significant findings. We need to develop robust referral pathways to decrease inappropriate referrals and avoid 'too early' clinic attendance to reduce the detection of normal physiological findings (PDA and PFO) in otherwise well children. Onward referral pathways to the national ICC service also need to be agreed to optimise patient care.

Paediatric Educators' Special Interest Group

1108

CIVILITY SAVES LIVES: EDUCATING COLLEAGUES ABOUT THE IMPACT OF INCIVILITY WITHIN A PAEDIATRIC DEPARTMENT

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Background There is increasing recognition within Paediatrics and wider healthcare settings, of the demonstrable impact of uncivil behaviour upon clinical performance and subsequently upon patient care. It has been repeatedly observed that uncivil behaviour reduces the quality of work of the recipient and surrounding team members; and reduces both diagnostic and procedural performance.

Incivility is not always pronounced. It can be subtle and undermining, the impact of which can be destructive to the individual, the team and those that they care for. It can be challenging to confront and when poorly managed it can lead to preventable complications and cause harm to our patients, even if unwittingly.

With the growing evidence of these detrimental effects to both teamwork and patient care, we implemented novel changes within our paediatric department to educate our colleagues on the impact of incivility and how these behaviours can be addressed.

Objectives The primary aim of this campaign was to increase staff awareness of the impact of incivility on patient care from 70% to 100%. Secondary aims were to increase team members' confidence in managing observed or endured incivility at work and decrease the number of colleagues experiencing or witnessing uncivil behaviour.

Methods Preceding interventions, we captured baseline quantitative and qualitative data surrounding staff perceptions of uncivil behaviour via questionnaire. Three interventions within the department were then introduced.

To improve awareness and accountability, staff were invited to sign a 'Civility Charter' in which they commit to supporting an open and encouraging ward environment. 'Civility Saves Lives' workshops were held face to face and virtually, educating staff regarding the importance of civility

within the department and encouraging constructive management of uncivil encounters. Lastly, a 'Supporting kindness in Paediatrics' badge was distributed to team members to initiate discussions and serve as a visual reminder of the importance of the campaign. Post interventional surveys were collated one month after the workshops to enable comparison.

Results Prior to the implementation of the 'Civility Saves Lives' campaign in the department, only 70% of 90 surveyed staff members reported awareness that incivility can impact patient care. Following intervention, this increased to 100%.

On initial surveying, 69% of staff members reported having witnessed or experienced incivility in the last month, with 47% reporting it having had a negative impact on their work. Only 47% of those experiencing incivility had addressed the issue directly, with 33% feeling unconfident to act upon it at all.

One month post interventional workshop, a similar 75% of workshop attenders reported experiencing civility. However, 67% had addressed the issue directly with only 17% feeling unable to do anything about it.

Conclusions An active anti-incivility campaign within the department using workshops, charters and visible badges is effectively raising staff awareness of the impacts of incivility. The campaign is empowering our paediatric colleagues to recognise and challenge uncivil behaviours and helping change our ward culture, to the benefit of our staff wellbeing and our patient care.

British Society for Rheumatology

1110

A CASE SERIES OF THIRTEEN PATIENTS WITH HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS

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Background Hemophagocytic lymphohistiocytosis (HLH), is an uncommon, life-threatening hyperinflammatory syndrome caused by severe hypercytokinemia with excessive activation of lymphocytes and macrophages due to a highly stimulated but ineffective immune process. It may be primary or secondary to infection.

Objectives To study the clinical and laboratory profile and outcome of children with HLH.

Methods Type of study: Retrospective case series. Data were retrieved from medical records and the data collected included details of clinical and laboratory features, treatment and outcome.

Period of study: March 2015 – August 2016 (18 months)

The diagnosis of HLH was based on the criteria laid down the Histiocytic Society

[HLH 2009 protocol].

Total no of cases – 13

Results Total no of cases 13 – 7 boys & 6 girls

Youngest one was 1 month old & oldest one was 11 years old & 4 were infants.

Clinical features: