Abstracts

Summary of results from staff questionnaire: Total of 10 staff members were requested to complete the questionnaires and 7 returned. Regarding setting/environment category of the questionnaire, staff reported 100% access to quiet area with a functioning phone as well as availability to PC with Internet connection, and access to patient chart.

Questions	Doctor	Administrative
Clinic Category		
Type of clinic	Medical 19, Educational 1	Medical 10, Other 5
Type of patient	New 5, Review 11, Both 4	New 2, Review 8, Both 2
Interaction Category		
Quality of consultation	Excellent 8, Good 12	N/A
Satisfied with phone clinics	Yes 16, Partially 4	N/A
Fulfill the goal of safe and effective care	Yes 14, Partially 6	N/A

Conclusions Telephone clinic can be a useful tool to ensure patients receive timely care via a time efficient method. This project demonstrated overall positive experience from service users. However due to small sample of returned questionnaires from service users would be a limitation of this study therefore further similar studies would be beneficial after covid-19 pandemic.

Further research would be required to establish long term impact of telephone clinics in community paediatric services.

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INCREASING ACCESS AND USE OF INTERPRETING SERVICES IN EVERYDAY CLINICAL PRACTICE TO IMPROVE PATIENT CARE

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Background Effective communication is key to providing safe, high-quality clinical care. Evidence shows that in higher income countries where English is the primary language, patients with limited English proficiency have poorer clinical outcomes and compromised patient care. As the provision of equitable, patient-centred care requires active engagement with the consultation, we posit that the use of professional interpreters within this cohort would improve clinical outcomes. Informal feedback and experience within our trust suggested that the use of interpretation services was limited and improving provision could improve patient care.

Objectives We undertook a quality improvement (QI) project to improve the use of interpretation services in paediatrics.

We set out to identify obstacles to the utilisation of services and suitable methods that would overcome them.

Methods The initial survey was conducted in 2020 and explored the use of services and barriers. A multitude of reasons for low uptake were identified, including lack of clarity over access details, time constraints and the lack of appropriate equipment. We instituted changes based on this survey, including providing information on interpretation services. This was in the format of posters, emails, and educational sessions. The access codes and contact details required were made easily available and accessible to medical staff, nursing staff and allied health professionals. Definitive guidelines for use of interpretation services and appropriate access to phones with the necessary speaker function were also provided.

Results As part of the survey 19 questionnaires were completed, with 80% being completed by doctors and 20% by nurses. 100% of respondents identified situations where they felt interpretation would have been useful. Despite this, only 63% had used the service. Furthermore, only 16% used the service as part of their routine practice.

This project was discussed and approved at the paediatric clinical governance meeting. Subsequent to our intervention in April 2020, we identified an increase in usage of interpretation services as highlighted in the table below. The project was supported by a trust-wide QI programme and after presentation to senior management and patient experience teams, we were able to focus on its incorporation into induction programmes. Finally, we were also able to promote the use of interpreters at regional paediatric meetings.

Month	January	February	March	April	May	June
Total Calls	43	26	29	26	31	36

During the COVID pandemic, there was a shift towards remote working and virtual clinics which required adaptation of our guidelines and systems. This information was also disseminated throughout the department but a repeat survey had to be postponed due to trainee redeployment during the COVID pandemic.

Conclusions Staff identified that interpretation services were beneficial to their clinical practice and patients, but there was a perceived lack of support and resources. We addressed this by improving awareness, providing education and increasing access for all members of the multi-disciplinary team. We recognise that only continuous education and structural implementation of interpretation systems at an organisational level, can allow sustainable implementation of this model.

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UTILISING MHEALTH IN THE COVID-19 ERA

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