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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Quality Improvement and Patient Safety

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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.

Quality Improvement and Patient Safety

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UTILISING MHEALTH IN THE COVID-19 ERA

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Background Clinical practice guidelines play a key role in modern-day healthcare through guiding clinical decision making and standardising pathways¹. The new ways of working, implemented in response to COVID-19, have highlighted the requirement for clinical teams to access guidelines and resources when and where they undertake their work. The Paediatric Service developed a bespoke mhealth App that hosted clinical guidelines, clinical pathways and a contacts directory.

While there is a proliferation of medical-related Apps, the evidence suggests many are rarely used and are of questionable quality^{3,4}.

Objectives The project aimed to pilot a newly designed mhealth App among the paediatric staff in the Southern Health and Social Care Trust during the period of the COVID-19 pandemic to assess its quality and understand its impact on the new ways of working.

Methods

- An adapted Mobile App Rating Scale (MARS)⁵ rating tool was used.
- Quality was assessed using 12 subscales across the four domains of engagement, functionality, aesthetics and information.
- A 5-point Likert Scale was used with a rating from 1 denoting inadequate to 5 denoting excellent.
- Data was captured through an online web-based survey.
- Data was captured from a convenience sample of multidisciplinary paediatric staff in December 2020 – March 2021.

Results The assessment of the quality provided rich information on the user's experience of using the technology in their environment⁶ which was particularly useful in the context of COVID-19.

Table 1 outlines the mean App quality scores using the adapted MARS tool.

- The overall App quality mean rating was 4.141 (SD 0.27) - RATED GOOD
- The best-rated domain was functionality (4.171 (SD 0.372)), and the lesser rated domain was information (4.109 (SD 0.172)).

In response to the ongoing pandemic, it was also decided to explore the user's perceptions of how the App assisted in accessing clinical guidelines and supporting the new ways of working introduced as a result of COVID-19.

- 73% of users indicated the App was likely to increase their use of clinical guidelines.

Abstract 1150 Table 1 Overview of mean app quality scores

Domain	Quality Assessment Subscales	Description	Mean Rating Score (Standard Deviation)
Engagement	3 elements	Interesting, appropriately targeted	4.125 (SD 0.182)
Functionality	4 elements	Performance, usability, navigation, gestural design	4.171 (SD 0.372)
Aesthetics	2 elements	Layout, visual appeal	4.125 (SD 0.176)
Information	3 elements	Quality & quantity of information	4.109 (SD 0.172)

- 70% of users agreed that the mhealth App supported the new ways of working introduced in response to the COVID-19 pandemic.

Conclusions This project provided a valuable insight into users perception of quality which has informed the further refinement of the App as part of an ongoing PDSA cycle. All domains indicated a quality rating of acceptable and higher. There was a strong indication that the App supported the new ways of working and enhanced access to clinical guidelines and other relevant information.

A limitation of this project was its implementation during the acute strain on staff and services due to the COVID-19 pandemic, which may have contributed to the volume of quantitative research responses being smaller than anticipated.

References are available on request

Children's Cancer and Leukaemia Group

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A RETROSPECTIVE ANALYSIS OF FERTILITY DISCUSSIONS FOR ADOLESCENT AND YOUNG ADULT (AYA) AND PAEDIATRIC PATIENTS, THROUGHOUT AND FOLLOWING THEIR CANCER TREATMENT

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Background Increasing numbers of Paediatric and AYAs are surviving cancer which raises additional concerns about fertility preservation and its communication with this vulnerable age group. Since a regional review in 2016, fertility discussions and options have changed, with a particular focus within nurse led Late Effects clinics as well as acute settings of cancer's first presentations.

Objectives We undertook this study to understand how fertility in AYAs and Paediatric patients was communicated in different settings, what options were offered, and how different this was for AYAs currently undergoing treatment compared with those who had completed treatment.

Methods We reviewed the documentation of fertility discussions with 122 AYAs treated for cancer between 1990–2020; 72 AYAs and Paediatric patients on-treatment and 50 AYAs at least 3 years after treatment ('late effects' cohort).

Results Diagnoses were split evenly between haematological and solid tumour diagnoses, and between genders. 75% of cases were diagnosed in the AYA setting and 25% in a Paediatric setting, with median age at diagnosis 19 years (range 4–24) for on-treatment patients and 16 years (range 3–25) for late effects patients. Fertility was discussed pre-treatment with 93% of the on-treatment patient cohort and 48% of the late effects cohort. 78% of the on-treatment cohort took up an option for fertility preservation pre-treatment. Post-treatment, 84% of late effects patients had a discussion, and 57% took up an option offered. Only 4 patients across both cohorts underwent oocyte/ovarian tissue cryopreservation. Those referred to specialist Reproductive Medicine clinics received more options for future fertility care. Inpatients (ward setting) at diagnosis had more discussions about fertility than outpatients (clinic setting). Patients diagnosed in a paediatric setting were less