Quality Improvement and Patient Safety

1636 REMOTE CONSULTING IN THE PAEDIATRIC OUTPATIENT CLINIC – THE CLINICIANS’ PERSPECTIVE
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Background During the COVID-19 pandemic remote consulting has been used throughout the NHS in order to minimise the risk of spread of SARS-CoV-2 infection. Telemedicine has been used first-line for outpatient clinics, unless clinical or practical reasons have necessitated a face-to-face consultation. Remote consulting is not a new concept and offers other advantages that may be of benefit beyond the pandemic. Previous studies in primary and secondary care have demonstrated acceptability and feasibility. Remote consultations have not been associated with increased adverse events or service use. The NHS Long Term Plan includes plans to re-design outpatient services and to make digitally enabled primary and outpatient care mainstream by 2024.

Objectives We aimed to review the accessibility, acceptability and feasibility of remote consulting in the paediatric outpatient clinic and to identify areas for improvement.

Methods We reviewed the process against guidance from NHS England, the British Medical Association and the Royal College of General Practitioners. We reviewed clinician satisfaction, and explored whether clinicians felt able to elicit patients'/parents'/carers’ ideas, concerns and expectations, diagnose patient problems and communicate effectively with patients/parents/carers. Clinicians were emailed a link and asked to complete one questionnaire for each type of outpatient clinic. We did a pilot in August and sent a follow-up questionnaire in September 2020.

Results We received nine responses to the pilot and fourteen to the subsequent questionnaire. Results showed that clinicians were adhering to good practice points. Around half were experiencing technical difficulties during video consultations. Only 64% felt able to fully explore the patient/parents/carers ideas, concerns and expectations. Barriers included lack of non-verbal cues, language barriers, lack of confidentiality, distraction and lack of patient/parent/carer engagement with the process. 38% did not feel able to identify problems such as acute exacerbations of a chronic condition, and not all felt able to explain and discuss the working diagnosis and management plan. 35% felt that patient care was compromised in comparison with face-to-face consulting and over half subsequently arranged for a face-to-face assessment as they felt the remote consultation was inadequate. All respondents were happy to use remote in place of face-to-face consultations in the future for selected patients only. The model worked best with long-term patients and those with less complex problems. Clinicians in general paediatrics and paediatric allergy were more confident with remote consulting, those in paediatric oncology and child development less so. Not being able to examine and do investigations on the same day, especially for the paediatric allergy team, increased the number of healthcare contacts and delayed time to diagnosis and definitive management, reducing efficiency and relying on good safety netting to maintain patient safety. Importantly several clinicians reported that the child was not involved, or that theirviews were not heard. Clinicians also reported advantages, notably convenience.

Conclusions Careful patient selection, administration and IT support and efforts to overcome communication barriers are required to improve this model of care. It is vital that the child remains at the centre of their care and that every effort is made to ensure their voices are heard.

British Paediatric Allergy Immunity and Infection Group

1637 SPECTRUM OF CASES OF INBORN ERRORS OF IMMUNITY AND THEIR CLINICAL AND LABORATORY PROFILE: A CASE SERIES FROM A TERTIARY CARE HOSPITAL IN SOUTH INDIA
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Background Inborn errors of immunity remain underdiagnosed in developing countries. Despite several limitations and challenges, there has been significant progress in diagnosing and managing these conditions.

Objectives To study the clinical & laboratory profile of children with inborn errors of immunity in a tertiary care centre in South India.

Methods Case records of children diagnosed to have inborn errors of immunity over a period of 36 months at KLE Prabhakar Kore Hospital in South India were reviewed in detail. The details included clinical history, examination findings, laboratory parameters, and genetic tests.

Results A total of forty-six children with a mean age of 3.04 ±4.07 years were diagnosed with inborn errors of immunity. The male-to-female ratio was 3.6:1. A positive history of consanguineous marriage was present in 32.7%. Immunodeficiency affecting cellular and humoral immunity(n=8): 6 had SCID, 1 had DOCK-8 deficiency, 1 had CARD 11 deficiency; Combined immunodeficiency with associated or syndromic features(n=5): 3 had Wiskott Aldrich syndrome, 1 had Ataxia telangiectasia and Hyper IgE syndrome; Predominant antibody deficiencies(n=5): 4 had CVID and 1 had CARD11 deficiency; Diseases of Immune dysregulation(n=15): 9 Children had familial hemophagocytic lymphohistiocytosis, 5 had autoimmune lymphoproliferative syndrome, and one T-CDR (T cell receptor immunodeficiency); Congenital defects of phagocyte number/function(n=9): 4 had CGD, 3 had severe congenital neutropenia (Kostman syndrome) and 2 had LAD; Defects in intrinsic and innate immunity(n=2): 1 had IRF8 gene deletion and another had Osteopetrosis; Autoinflammatory disorders(n=1): 1 had Familial periodic fever; Bone marrow failure(n=1): 1 child had Fanconi anaemia.

Conclusions From a single-center, 46 children with inborn errors of immunity could be identified by chart review suggesting a high index of suspicion for the diagnosis of inborn errors of immunity. Children presenting with repeated infections, with a background of consanguinity, atypical courses of infections, poor response to conventional treatment should be evaluated for inborn errors of immunity. We can improve the
outcomes if transplant is made affordable and accessible as most patients are from lower socioeconomic groups. Awareness about these disorders may improve the diagnosis of these conditions and help in appropriate management. There is a need to share experience and data on these rare conditions and build support groups to guide patients and families affected with these ominous disorders.

Association of Paediatric Emergency Medicine

PARENTAL PERCEPTIONS OF PAEDIATRIC EMERGENCY DEPARTMENTAL ATTENDANCE IN CHILDREN DURING THE COVID-19 PANDEMIC IN UK (PPEDIC). THE QUANTITATIVE OUTCOMES

Background Since March 2020, National lockdowns in UK to control the spread and impact of the COVID-19 pandemic have resulted in a reduction in children attending Paediatric Emergency Departments (PED) nationwide. At our Trust, there was a 46% reduction in PED attendances in 2020 compared to the same two-month period in 2019 (6631 v 12,092).

Objectives The study aims were to analyse the impact of lockdown on PED attendance in our Trust, identify reasons for reduced attendance, drivers of change in behaviour, the clinical conditions, timing, and outcomes of PED attendees.

Methods This quantitative sub-study was part of a prospective qualitative mixed methods study that recruited caregivers of children ≤16 years attending PEDs in our Trust during November-December 2020. A semi-structured questionnaire was used to collect data including demographics, details on reason for attendance, source and type of advice sought prior to attendance, the form of transport used to get to PED and clinical outcomes of the attendees. Likert scales were used to assess fears and drivers of change in behaviour around PED attendance. We used frequencies, proportions and Spearman’s correlation coefficient to summarize the data. Likert scale data was analysed using measures of central tendency (median) and dispersion (interquartile range).

Results A total of 98 caregivers who attended PED with their children during the study period were recruited randomly. Most participants were female (79.6%). About 92% of the participants disclosed their ethnicity: with 57/98 (63%) were white, 19/21 (21%) identified as black and 14/16 (16%) were other races including people of Asian and Hispanic descent.

Over 60% of participants came to PED within 2 days of illness, with mode of transport being: by ambulance (13%), drove their own cars (59%) and used public transport (13%). The commonest clinical presentation was injuries 29/98 (30%), followed by respiratory conditions 11/98 (11%). A total of 76 (78%) were discharged while 17/17% were admitted.

The main concerns related to PED attendance were: risk of contracting COVID-19 (41%); and concerned about overburdening the NHS (25%). Just under half, 42/98 (43%), of participants stated that they would have attended PED in the same time frame as they did in contrast to 32/98 (32.6%) of those who felt they would have attended earlier if there was no pandemic. Whilst 22/98 (22.4%) were not worried about attending PED at all. There was no correlation between self-rated level of worry about coming to PED and time taken to PED attendance (Spearman correlation co-efficient = 0.1399).

Most participants 60/98 (61.2%) discussed their child’s illness with another person prior to presentation. 5/98 (5.1%) of the participants were advised not to come to ED but they decided to attend anyway. 28/98 (28.6%) participants contacted GPs followed by 19/98 (19%) who consulted the NHS 111 service.

Conclusions This study demonstrates that in line with national figures, PED attendances fell dramatically during the Covid pandemic, especially in the area of respiratory illness. For the carriers who brought their children to the PED, there was a high level of concern about safety and infection control for themselves and their children that needs to be addressed.

Quality Improvement and Patient Safety

IMPROVING THE QUALITY OF NEONATAL HANDOVER: A QUALITY IMPROVEMENT PROJECT

Background Effective handovers facilitate safe, error-free and efficient continuity of care of patients through the sharing of information between two engaging parties. This requires one party to ‘hand over’ relevant information succinctly to the recipient who should be able to read, question, digest and therefore understand the patient’s issues, before resuming their care. Several guidelines from the National Patient Safety Agency, as well as the Royal Colleges emphasise the importance and benefits from effective handovers.

Following on from several ‘near misses’, handover practices within our medium sized DGH providing Level 2 neonatal care were reviewed between 2019 and 2020.

Objectives To introduce a system of formal handover within the Neonatal Unit and Postnatal Ward and to assess its effectiveness amongst relevant team members.

Methods Team members:

Consultants, Trainees and Nurses of all grades, were invited to participate in an electronic survey to gain further insight into the current handover arrangements and to identify possible improvements in these processes. The survey was designed via the ‘Survey Monkey’ web interface. The survey aimed primarily to address the safety and effectiveness of handovers. Questions were reviewed and validated by both internal and external colleagues prior to being sent to all team members. The initial survey period was between June 2019 and July 2019. Changes were subsequently implemented from September 2019, followed by a period of re-evaluation between May 2020 and July 2020. The period of evaluation during the second survey was slightly longer than the initial survey to account for the impact of the COVID-19 pandemic.

Results A total of 35 invitations for participation were sent out to the medical team. There were 26 completed responses for the initial survey (74% completion rate; ranging from consultants to foundation year trainees) and 28/35 (80%