QUALITY IMPROVEMENT AUDIT ON MULTIDISCIPLINARY TRANSITION CLINIC

Aims The National Institute of Excellence (NICE) in 2016 guideline recommendations as per requirements of Care Act 2014, states to follow best practice for Transition from children to adults’ services for young people who are using health or social care services.

During this transition period the young people can be comprehensively prepared with adequate provision of information, services geared towards young people, person-centered planning, which is delivered by adequately trained professionals both in children’s and adults’ services, including support for parents and care providers.

Our transition clinics are attended by Paediatrician, Rehabilitation medicine consultant, other relevant clinicians, and therapists. The aim of the study is to determine the quality of Transition Clinic Multidisciplinary Team proforma completed by Community Paediatrics team.

Methods Retrospective data about Transition clinic, was retrieved from electronic health record database called systemone.

The data collected from 4 clinics held over one year period between February 2020 to 2021. The clinic details are recorded on purpose-designed proforma for discussion in multidisciplinary meeting in transition clinic.

The proforma captures these young people complex needs and comorbidities including learning disability, motor impairment, skeletal deformity, and feeding difficulties. The data was analysed and compared using Microsoft excel 2010.

Results A total of 11 patients with age ranges from 15 to 19, were reviewed in Transition clinic from February 2020 to 2021. Among these cases, 6 patients had virtual consultation due to pandemic. There were higher proportion of girls about 63% compared to boys, who were about 36%, reviewed in these clinics. Among them 82% had Cerebral palsy and the rest 18% had complex congenital abnormality.

There was 100% accuracy in the clinical data entry with regards to diagnosis, medication, and general health enquiry, except clinical examination which is close to 36%. This could be due to virtual clinics held during pandemic. Other professional and therapist involvement had been documented in a separate section.

Also, there was 100% documentation on detailed plans, however only 30% had information about the relevant contact details for other services.

The statistical calculation is not possible due to small sample size.

Conclusion The study demonstrates that majority of these transition clinic entries followed MDT proforma. The clinical documentation does reflect the multidisciplinary discussion with focus on the young person’s complex and multiple needs during transition period and to support before transition into adult care service.

The professionals tried their best to deliver the care during the COVID pandemic, without any cancellation, also parental and carers concerns about pain and growth were taken into consideration during these virtual clinics.

All children’s and adults’ services should give young people and their families or carers information about what to expect from services and what support is available to them. Therefore, we have introduced a standardised proforma incorporating the key areas specified by NICE, which include relevant details and contact information about the available adult services. The revised transition clinic format has been created as quality improvement project to improve clinical documentation.