with free text space where applicable. The next stage, which is currently in progress, is to arrange teaching sessions by Pediatric A&E Consultants, developing a poster to aid with the assessment and introducing prompts in the medical e-notes/atriage notes as a reminder. Finally, the survey will be re-performed to see if knowledge-base and confidence in performing the assessment of the patients have improved.

**Results** The initial survey was completed by 20 junior doctors at Ealing Hospital and Northwick Park Hospital (London Northwest University Healthcare NHS trust), who ranged in grade from foundation year 1 to specialty trainees. Question 3, which studied how often the assessment was being done, demonstrated that 45% of clinicians never do the assessment. Question 4 aimed to see how confident the clinicians are on doing the BMI measurement, 60% were not confident. Also, 65% felt that they would not be able to signpost patients to useful resources for support if identified as being overweight or obese. One hundred per cent of those surveyed felt a new reference poster and teaching would be helpful to their clinical practice.

The next stage (in progress) is to organize teaching, roll out the Posters and to work closely with the IT department to introduce prompts/aids in the medical e-notes to help with the assessment, this will be followed by re-performing the survey.

**Conclusion** Obesity if tackled early can result in drastic improvement in the quality of life. The initial survey suggests lack of knowledge and confidence on the methodology of BMI measurement in young patients among Northwick Park and Ealing clinicians, and demonstrated an enthusiasm for a new reference poster, teaching sessions and changes to the medical e-notes. We hope to roll our Posters, do the teaching sessions, introduce the modifications to e-notes and re-perform the survey by May 2022. Once that cycle is complete, there will be some indication as to whether a new and expanded OBESITY Assessment Poster is a useful accessory for clinicians in the overall structured assessment of Young people.

### 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.

### QUALITY IMPROVEMENT OF METHOTREXATE LEVEL MONITORING IN PAEDIATRIC ONCOLOGY PATIENTS REQUIRING HIGH-DOSE METHOTREXATE

**Aims** The Paediatric Oncology Team of Leicester Royal Infirmary acknowledges that Methotrexate levels are coming back late which required it to be handed over to the on-call team to chase and action. The on-call team is most often unfamiliar with the protocols and is busy managing other Paediatric wards. Therefore, there might be a delay to the action that
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need to be taken from the Methotrexate level (e.g. adjustment of the dose of Leucovorin/Folinic acid). Delay in management could increase the risk of Methotrexate associated toxicity (renal, hepatic, systemic).

We aim to ensure all Methotrexate levels are conducted, chased and acted upon within working hours by the day team who are familiar with the protocol to ensure prompt management.

Methods Retrospective data collection of 47 Methotrexate levels taken from Paediatric Oncology patients who required high-dose methotrexate from July - December 2021 from the electronic reporting system and patient notes.

Results Based on a previous audit, there has been suggestions to improve this which consisted of calling the lab prior to sending a sample, calling the lab if the result is not back by 1 hour and trying to start high dose methotrexate infusions earlier in the day.

The average (mean) time for the samples to be processed was 1.5 hours. There has been a reduction of samples that took > 4 hours (13% in the previous audit to 6%) (figure 1). Infusions are largely done within working hours; therefore, most samples are sent and can be chased within hours.

Out of the 47 samples, 45 (96%) were taken within working hours. However, there was still 5 samples in which the release of the methotrexate level came back outside of working hours. 3 out of these needed to be actioned upon out of hours. Out of the methotrexate levels that needed to be actioned on (18), there were therefore 3/18 (17%) needed to be conducted out of hours by the on-call team (figure 2) whilst the remaining 15 (83%) was done by the ward team during normal working hours.

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Conclusion From the previous audit, we are able to conclude that from the interventions implemented, there has been an improvement. Samples are run and reported promptly. There has also been an improvement in ensuring that samples are taken within working hours and infusions started within hours.

However, there is still room for improvement as there were still 3 results that came out-of-hours that needed adjustments to the management to be done by the on-call team. Therefore, we have reiterated the importance to try to ensure high-dose methotrexate infusions are started earlier in the day so that levels can be taken in the first half of the day allowing sufficient time for the results to be chased. Furthermore, the lab has suggested to label samples and inform the lab if we expect the levels to be high so that they are able to conduct a neat and diluted sample together, preventing delays due to the need to do a repeat diluted samples on high levels.

Abstract 415 Figure 1 Time to process the sample in the lab

Abstract 415 Figure 2 Change in management based on MTX level

420 KEEP CALM AND INTUBATE: INCORPORATION OF LOCAL SAFETY CHECKLISTS INTO PRACTICE AT A TERTIARY NEONATAL UNIT

Ian Gregory, Lucy Fullerton, Reshmi Rauchaudhuri, Catherine Warrick. Neonatal Unit, Royal London Hospital

Aims National Safety Standards for Invasive Procedures (NatSSPs) have been created to optimise patient safety in response to learning from serious incidents and near misses. The purpose is to improve pre- and post-procedural safety as well as documentation. This quality improvement project aimed to develop and embed Local Safety Standards for Invasive Procedures (LocSSPs) and procedure pro formas (formal documentation) for four commonly performed neonatal invasive procedures: intubation, central venous access, lumbar puncture and chest drain insertion.

Methods Three audit cycles have been performed: Cycle 1) Introduction of a paper LocSSIP checklist and procedure pro forma in May 2020 (data collection August 2020). Cycle 2) Training sessions on the use of the LocSSIP checklist and procedure pro formas for medical and nursing professionals at medical induction and in the neonatal multi-disciplinary academic programme from August to October 2020 (data collection November 2020). Cycle 3) Procedure pro formas converted into pre-configured templates in electronic patient records and paper LocSSIP procedural checklist made available as both a single laminated readily available prompt form and a paper document (data collection July 2021). After the third cycle a short feedback survey was undertaken to assess attitudes to the LocSSPs and procedure pro formas amongst medical staff.

Results Use of the procedure pro forma has improved with each audit cycle: 40% in cycle 1 [n=30], 56% in cycle 2 [n=36], 72% in cycle 3 [n=50]. Invasive procedures performed on the NICU were more likely to be documented on a pro forma than those performed in other clinical areas such as labour ward/A&E (72% [n=50] vs 0% [n=11]). Successful invasive procedures were more likely than unsuccessful procedures to be documented (72% [n=54] vs 25% [n=12]).

The documented use of the LocSSIP procedural checklist has remained largely static: 40% cycle 1 vs 44% cycle 2 vs