Methods A sample of adolescents aged 12-18 who attended a virtual outpatient medical appointment between January and March 2021 were invited to complete an anonymous online survey. Responses were analysed to determine common themes.

Results 28 responses were submitted. All participants had an appointment over the phone (mostly with a doctor). Findings showed good understanding of explanations about care and treatment, reports of being involved in decisions, and having the opportunity to ask questions. Key benefits were minimising travel time/costs and being seen more quickly than waiting for a face-to-face appointment. However, half of respondents stated the health care professional did not talk to the young person directly.

Conclusion Virtual appointments were deemed to be helpful by adolescents and their families, however there is some concern regarding youth engagement.

YOUNG ADULT PATIENT EXPERIENCES OF ADMISSION TO THE CHILDREN’S WARD DURING THE COVID-19 PANDEMIC

Aims Background There is significant variation nationally in whether young adults aged 16-18 are admitted to adult or children’s wards. In our centre, young adults over 16 were normally admitted to the adult wards for inpatient care. During the Covid-19 pandemic we temporarily changed this policy where 16- and 17-year-olds were all admitted to children’s wards. This provided an opportunity to reflect on young adult admissions and gain insights into the experiences of this patient group on children’s wards.

Objectives We aimed to obtain a clinical picture of young adults on children’s wards during the pandemic and understand their experiences and ideas for improvement. We gathered quantitative and qualitative clinical and patient experience data to gauge the strengths and weaknesses of this model. Our purpose was to provide young people a voice in future service improvement, enabling increased integration of adolescent healthcare in paediatric medicine and supporting transition to adult services.

Methods We used clinical records data to identify young adults aged 16 and 17 admitted to children’s wards during a 6-month period in 2020. Clinical details were gathered, and young people were contacted via telephone to complete a patient experience survey. Likert scales were used to assess 5 key themes: comfort, adequately informed, visiting, activity provision and feeling independent. Open questions were used to evaluate patient experiences and ideas for improvement. Qualitative data was analysed using a framework analysis approach.

Results 109 young adults aged 16 or 17 were admitted to the children’s wards in the 6-month period. We obtained a total of 50 responses to the patient experience survey. 69% of participants were aged 16 and 31% were aged 17. 55% were male and 45% were female. Patients were admitted under a range of specialties, the most common were general paediatrics, paediatric surgery and paediatric respiratory medicine.

The majority of respondents felt comfortable, informed and independent during admission. Respondents also favoured having the option of a parent/carer stay with them. Many patients highlighted a desire for age-appropriate activities.

Key Emerging Themes

- The children’s ward provided a familiar and safe environment
  - Patients felt comfortable and cared for
  - There were more activities provided on the children’s ward
  - There was increased parenteral involvement on children’s wards
  - Patients wanted to have someone visit/stay with them
  - Some patients did not want to be around older adults
  - Patients would feel more independent on the adult’s ward
  - There is less noise disturbance on the adult’s ward

Presented results will include verbatim quotes from young adult patients.

Conclusion Our results demonstrated that young adults were generally positive about their admissions on a children’s ward. Many young adults highlighted the challenges associated with being amongst older adults or little children and expressed a desire for a young person specific space. Age-appropriate activities were also identified as a key area for improvement. Locally we are aiming to create a young adult space within our children’s wards, which we hope will provide a positive inpatient environment as well as support young adults transitioning to adult care.

VENOUS THROMBOEMBOLISM ASSESSMENT!! ARE WE DOING IT?

Aims Pulmonary Embolism/Deep Vein Thrombosis (VTE) are one of the biggest causes of mortality in the hospital. Nice Guidelines NG89 (2019) mandates assessment of all patients over age 16 year to identify the risk of VTE and bleeding within 6 hours of admission and administration of prophylactic therapy within 14 hours if deemed necessary. National VTE Prevention Program has reduced post-discharge VTE deaths in England by 20.8% between 2007/8 and 2018/19. Our aim was to assess compliance with local VTE assessment and prophylaxis policy within our paediatric in-patient unit in a District General Hospital that stipulates VTE assessment within 24hours of admission.

Methods We looked at all young people over age 16 year admitted to paediatric department between 1st January and 31st August 2021. Hospital Electronic Patient Records and Electronic Observations System was queried to extract to collect demographics, diagnosis, admitting team, VTE assessment status and treatment status. The data was populated in Microsoft Excel 365 worksheet and analysis was performed using Microsoft PowerQuery and PivotTables.

Results A total of 105 (n=105) young people over age 16 were admitted during audit year. 36.1% of those patients (n=39) had VTE assessment. 35.2% (n=37) had the VTE assessment within 24 hours as per hospital VTE policy. Young people admitted for mental health problems in shared care with CAMHS constituted 69.64% of total admissions. Only 23% of the patients stayed over 24 hours in the ward, and