

P 273

AN AUDIT OF DOCUMENTED REFERRAL INFORMATION FOR CHILDREN REFERRED TO A UK PAEDIATRIC AND YOUNG PERSON'S HOSPICE

Catriona McKeating,^{1,2,3} Bindu Koodiyedath,^{1,4} Johanna Nicholson,^{1,5} Mike Miller^{1,6}. ¹Martin House Children's Hospice; ²Bradford Teaching Hospitals Foundation Trust; ³University of Leeds; ⁴Northampton General Hospital NHS Trust; ⁵The University of York; ⁶Leeds Teaching Hospitals NHS Trust

10.1136/bmjspcare-2014-000654.314

Background Recent research shows a rising national prevalence of Life Limiting Conditions in children identifying an escalating need for paediatric palliative care services in the UK.¹ Hospice services must ensure quality, sustainable care and essential to providing this is the careful documentation and consideration of all referred patients.

The services offered by paediatric hospice settings vary widely throughout the UK. Such individual care settings require individualised referral processes and individualised referral documentation.

Martin House Children's Hospice in Yorkshire looks after 340 children and young people with life limiting illnesses from birth to age 35 years. The hospice receives approximately 87 new referrals on average (mean) per calendar year for children aged 0–19 years.

Aims To undertake an audit assessing the quality of information recorded on hospice referral forms against the Scottish Intercollegiate Guidelines Network 31 template.² SIGN 31 is a valid “gold standard” for audit of current practice and recommended as a suitable tool to ensure quality in referral communication. Half of all referrals received during a 6 month period at Martin House were retrospectively examined for the recommended minimum essential information within SIGN 31.

Results The audit identified incomplete and inconsistent documentation in recording of referrer contact information, reason for referral and child/young person's location at the time of referral.

The audit highlighted other inconsistently documented information out-with the recommendations of SIGN 31 guidance considered important for paediatric palliative care referrals. This included the order of referral (i.e. first/second), parental and child's consent to and awareness of the referral, languages and religious beliefs of the child and family, parent's names and legal guardianship status.

Conclusions The audited referral documentation and referral system is not presently in-line with the ‘gold standard’ SIGN 31 guidance and requires improved consistency in documentation of the required minimum data set to ensure quality care for children referred to the hospice service.

REFERENCE

- 1 Fraser LK, et al. *Pediatrics* Vol 129(4), 923–929 (2012)
- 2 SIGN Publication No. 31, ISBN1899893512 (1998).