developed. Through multiple PDSA cycles, we designed and tested a prototype inreach process. We then operationalized this process for patients admitted to the hospital medicine service, and focused on weekly failures to achieve process reliability.

Results Assessments of care gaps increased from 0% to 88% by the end of December 2018. The percentage of care gap resolution has increased from 30% to 40%.

Conclusions Using QI methods, a new process to help improve population health for children can be successfully implemented outside of the traditional domain of primary care.

19 IMPROVING HANDOFF EFFICIENCY IN THE PEDIATRIC INTENSIVE CARE UNIT

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10.1136/bmj-2019-ih.19

Background Pediatric Intensive Care Unit (PICU) handoffs are vital to safe patient care. Lengthy and inefficient handoffs can cause delayed patient care and faculty dissatisfaction. In our university-based tertiary care PICU, observation of handoffs

showed that only 50% concluded by scheduled time. In a survey, only 40% of PICU faculty expressed satisfaction with this handoff process.

Objectives We sought to improve efficiency of handoffs, with the aim of at least 75% of attending evening handoffs completed on time after project completion. Using Lean Six Sigma methodology, a quality improvement project to improve efficiency of evening attending handoff was implemented in a tertiary care PICU.

Methods Pre-intervention processes were studied using workflow mapping and data collection using observation and self-reported handoff times. Root causes of inefficiencies were identified, and low-effort, high-benefit interventions were sequentially implemented: 1) minimizing interruptions from PICU nurses during handoff; 2) ensuring on-time handoff initiation; 3) discussing expectations of efficient handoff at weekly PICU faculty meetings.

Results After implementation of lean management principles, evening faculty handoff efficiency was improved; 85% of handoffs were completed on-time. In addition, faculty satisfaction with the handoff process increased. The PICU census was monitored throughout the intervention period. There was no correlation between increased census and longer handoff duration.

Conclusions We successfully improved efficiency of the handoff process. While implemenataions required buy-in from

Abstract 19 Figure 1

End Time of Handoff Rounds

Abstract 19 Figure 2

Abstract 19 Figure 3 Graphical display showing end of handoff time during the study period

stakeholders, they resulted in increased faculty satisfaction with relatively low cost and effort. Continued assessment is necessary to maintain the improvements. Future studies could investigate any association between the improved efficiency, patient safety and outcomes.

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LINKING PEDIATRIC PRIMARY CARE AND SYSTEMS: DULCE EXPANSION VIA QUALITY IMPROVEMENT ADVANCES PATIENT-CENTERED CARE AND ADDRESSES HEALTH-RELATED SOCIAL NEEDS

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10.1136/bmj-2019-ih1.20

Background American Academy of Pediatrics Bright Futures™ 4th edition health supervision guidelines prioritize screening for and addressing health-related social needs (HRSN) in the patient centered medical home. Time constraints, lack of knowledge of resources, and other priorities make implement-

ing these recommendations challenging. DULCE (Developmental Understanding and Legal Collaboration for Everyone) is an evidence-based intervention that embeds a community health worker in an interdisciplinary team that includes a pediatrician, mental health clinician, legal partner, and early childhood system representative to screen for and address HRSN, maternal depression, intimate partner violence, and to build on family strengths.

Objectives To adapt DULCE at five sites across the U.S., so that by July 31, 2018, 75% of families receive all routine healthcare (RHC) visits on time, 95% are screened for seven HRSN, and 90% of families with concrete supports needs and 75% of families with maternal depression or intimate partner violence needs receive support.

Methods We used a 19-month technical assistance approach with QI coaching.

Results The percent of families that completed all RHC visits on time increased from 46% to 65%. More than 94% of families were screened for HRSNs, 70% had one or more positive screen, and 88% of those were provided resources. Most prevalent needs were for financial assistance (53%), food (46%), depression support (14%) and housing stabilization (13%).

Abstract 20 Figure 1 DULCE key driver diagram