

P300

## P300 -Evidencing the impact of a young adult service: specialist support results in a sustained decrease in clinic non-attendance over 8 years

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### Introduction:

The Young Adult Service was established in 2010 for 18-25 year olds. Initially it was grant and charitably funded and from 2015 was funded directly by both Trusts. Provision was expanded to provide support for young adults 18-30 years old. Results showed a sustained improvement for both trusts and have enabled the auditing process to continue alongside the young adult service provision, which is now in its ninth year of operation.

### Purpose:

Audit data were collected to assess the impact of the project on clinic attendance rates within this patient group over time and to compare the baseline group with the current young adults in the service. For the purpose of this exploration, baseline data and the latest 2018 audit are a comparative analysis of 18-25 year olds.

### Design/method:

Audit data were collected on an annual basis. Patients involved were young adults (aged 18-25) living with CKD stages 3-5, who were under adult nephrology care at either of the hospital trusts involved in the project on 31st December 2010 and 31st December 2018. Baseline data were collected for 12 months prior to the project. Comparison data has been collected for the 8 years which followed and the comparison is made to year 8 data.

### Findings:

Baseline data were collected on 80 patients. Year 8 data were collected on 94 patients (17.5% population increase).

In 2018 52.1% were male. 63.8% had a transition from paediatrics. The largest group were CKD patients, stages 3-5 (43.6%), followed by transplant patients (40.4%), haemodialysis patients (8.5%), peritoneal dialysis patients (6.4%) and home haemodialysis patients (1.1%). The home therapy rate was 46.7% of the dialysis population.

Baseline data showed a clinic non-attendance rate of 22.1%; Year 8 was 11.6%. The data showed a statistically significant decrease in missed appointments (Mann-Whitney Test  $Z=-3.507$  and  $P<0.001$ ). Females attend clinics better (Female DNA 9.1%; Male DNA 14.6%). Live donor recipients had a lower clinic DNA rate (6.7%) than deceased donor recipients (21.5%).

Transitioned patients have a higher DNA rate (13.2%) than those who enter the service directly into adult services (9.8%). Transplant patients who transitioned from paediatrics have a lower DNA rate (14.2%) than direct entry transplant patients (21.1%).

Comparing all modalities of treatment in our current young adults, haemodialysis patients have the highest DNA rate of 28.8%.

### Discussion:

Baseline data showed a high level of clinic non-attendance and ongoing audit results show a sustained reduction in clinic DNA rates. Particular patient groups have been identified as a higher risk of not attending

clinics and provide the young adult worker with a focus of encouraging clinic attendance specifically for these higher risk groups. Young adults who receive a deceased donor transplant; those who have not transitioned from paediatric services; and also those on haemodialysis may benefit from more focused interventions.

**Conclusion:**

Provision of a young adult service makes a sustained impact on clinic non-attendance. It also highlights areas of further research and potential for interventions with sub-groups of patients who appear to be at higher risk of non-attendance.