

In comparing mean scores of reproductive health knowledge in pretest and posttest of respondents, in almost all of the topics, mean scores showed dramatic improvement in posttest with statistically significant except hand hygiene practice. Total score for reproductive health knowledge was (21.66 ± 12.308) in pretest and (63.91 ± 16.643) in posttest that was statistically significant difference ($p < 0.001$) between before and after health education.

Getting information about reproductive health issues was limited in those adolescent girls and most of the information received were wrong. Thirty two percent of respondents did not get any reproductive health information in the past. Most of the respondents would like to obtain reproductive health information from health staff (46%), family members (34.7%) and health talk (24.7%).

Conclusions To sum up, promoting sexual and reproductive health especially among Ba Ka school students in peri-urban area of Yangon. Interventional health education programme used in this study was short course, total six hours duration to cover all important topics for adolescents that was very applicable in resource limited setting. The findings of the study with the evidence of effectiveness of health education package could also be used for advocacy purposes for reproductive health policy and youth programme to design specifically for targeted adolescent populations.

Planning, implementing and evaluating adolescent reproductive health programme are challenges for ensuring the programme to reach adolescents of various social groups. Adolescents staying in monastic schools where population mobility is high and majority comes from lower social group, call for special attention. There is a great need for development of programme and approaches to reach adolescents in monastic schools.

1823

THE IN-BETWEEN TEENS: A NEW PATHWAY FOR 16 AND 17 YEAR OLD INPATIENTS AT DARENT VALLEY HOSPITAL

Sophie Lam, Laura O'Connor, Lynn Brooks, Emily Bell, Alok Gupta. *Dartford and Gravesham NHS Trust*

10.1136/bmjpo-2022-RCPC.11

Objectives Darent Valley Hospital is a DGH in Kent. The Paediatric Adolescent/Transition Specialist Nurse role was introduced in February 2021. The Specialist Nurse and Paediatric Adolescent Consultant started working together in May 2021. The aim was to work in collaboration with the paediatric and adult services to bridge the gap between them. It soon became apparent that management of 16 and 17 year inpatients was the most pressing need. We set out to capture the voice of the young person on their journey from the ED to the ward.

Until 2021, all 16 and 17 year olds requiring admission, were admitted to adult wards under the care of adult teams; unless they were already known to paediatric teams and had not yet been fully transitioned. Adult wards had identified that they felt ill equipped to meet the needs of these young people.

Methods We set out to capture qualitative and quantitative data about this group. Inpatients aged 16 and 17, together with their parents if available, were interviewed face-to-face and/or completed a written questionnaire. Complaints and

datixes were reviewed. Monthly data was analysed and a deep dive into every inpatient for May 2022 was conducted.

Results The interviews, questionnaires, complaints and datixes were analysed to look for common themes which have been captured in the form of a word cloud (Image 1).

Image 1 The voice of the young person

Data was gathered on inpatient admissions over a seven month period (November 2021-May 2022) to calculate the average number of 16 and 17 year olds in the hospital per night (table 1).

Abstract 1823 Table 1 Admission data

Nov-21	58
Dec-21	83
Jan-22	70
Feb-22	26
Mar-22	45
Apr-22	35
May-22	53
Total	370
Average per night	1.7

A deep dive was performed to review the admissions May 2022 (table 2). The list of inpatients provided by business information was crosschecked reviewing discharge notifications and electronic notes.

Abstract 1823 Table 2 May 2022 deep dive data

Conclusions Whilst numerically a small proportion of inpatients (mean 1.7 per night), these young people are a challenge to manage well. They are legally classified as children yet historically have been treated as adults, expected to stay in wards with much older patients, often designed with the needs of the elderly and frail in mind, whilst separated from their families and support networks.

A new inpatient pathway (Image 2) has been designed by the adolescent team with input from ED, adult medical and surgical matrons, safeguarding, mental health and learning disability teams. All young people aged 16 and 17 are to be given the option of whether they would prefer admission on a paediatric or adult ward. There is a new assumption that most young people would be better served on a paediatric ward. Where an adult ward is selected (or required due to bed pressures) then a sideroom is used to ensure patient safeguarding, with parents/carers allowed unrestricted visiting and the option to stay overnight. In future we aim to develop an adolescent unit for 13–17 year olds, co-located with paediatrics.

1825

CO-DEVELOPMENT OF A BEHAVIOURAL INTERVENTION TO SUPPORT TREATMENT ADHERENCE IN YOUNG PEOPLE WITH INFLAMMATORY BOWEL DISEASE

Cassandra Screti, Gemma Heath, Rachel Shaw, Lou Atkinson. *Aston University*

10.1136/bmjpo-2022-RCPC.12

Objectives Treatment adherence in adolescents with Inflammatory Bowel Disease (IBD), ranges from 2%-93%, with the frequency of non-adherence ranging from 3%-57%.¹ Non-adherence to a prescribed treatment regimen has significant