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(40.93%). The ratio of children treated on an outpatient basis and in a hospital in the population was 1: 2.2, with CF 1:10. Pneumonia in children with CF and COVID-19 was registered in 3 children (30%), and in children in the general population - 9.7%. Asymptomatic course was observed in 3 patients (30%) with CF. The main symptom of CF was fever (60%) and in the population - 7.5%, increased cough and weakness were in 50% of children with CF, in the population - 37% and 35.4%, respectively.

Conclusion: The incidence among children with CF was less common than in adults, and there was a different age structure of children with COVID-19 among patients with CF and in the population. Pneumonia and fever and abdominal syndrome were more common in patients with COVID-19 with CF than in the general population.

P090

A UK survey on changes in managing people with cystic fibrosis during the COVID-19 pandemic

M.S. Hameed¹, A. Kumar¹, C. Baker¹, D. Nazareth¹, M. Walshaw¹. ¹Liverpool Heart and Chest NHS Foundation Trust, Liverpool, United Kingdom

Background: With the COVID-19 pandemic crisis, in the UK guidance on shielding to protect vulnerable individuals included minimising face-to-face (FTF) contact and visits to hospital for people with cystic fibrosis (pwCF). We undertook a UK-wide survey to study how CF centres adapted their practice during this time.

Method: We contacted CF nurses to explore service changes to routine outpatient care, emergency consultations, annual reviews (AR), and use of remote monitoring between March - July 2020.

Results: Nineteen centres (13 adult) caring for 34% of the UK CF population replied (response rate 35%). Eleven (58%) ceased routine FTF appointments until virtual clinics were implemented, in 1 centre solely by telephone. Six centres suspended AR, the remainder integrating them into virtual or emergency FTF appointments. All noted reduction in hospital admission rates, citing better treatment compliance, reluctance to admission, effect of shielding and initiation of CFTR modulators. Twelve centres (63%) reported increased demand for psychology input. Departmental spirometry was only performed at F2F clinics and all centres distributed remote spirometry devices to suitable pwCF, with training delivered F2F or remotely. Multidisciplinary team (MDT) meetings continued virtually at all centres. Fourteen (73%) reported an increase in home visits for blood tests and IV antibiotic management. To cope, 20% reduced support visits and extended TIVAD flush duration intervals. Nine continued existing research activity. Most centres reported initial technical issues with virtual clinics that were subsequently addressed and have incorporated virtual appointments into their care.

Conclusions: Despite need for rapid service change, all centres continued to support their pwCF. Virtual clinics and MDT meetings were adopted by all centres within the UK and this service will strengthen in time.

P091

Regularity of check-ups at the cystic fibrosis centre in the time of COVID-19 pandemic

I. Todorčić¹, I. Bambir¹, I. Markelić¹, L. Omerza¹, T. Milinković¹, T. Odošević¹, F. Džubur¹, A. Vukić Dugac^{1,2}, D. Tješić-Drinković^{1,2}, D. Tješić-Drinković^{1,2}. ¹Cystic Fibrosis Centre for Children and Adults - University Hospital Centre Zagreb, Zagreb, Croatia; ²University of Zagreb School of Medicine, Zagreb, Croatia

Objectives: At our Cystic Fibrosis Centre (CF Centre) for children and adults it is the policy to see patients at least quarterly/year and have at least 4 respiratory samples cultured. We analysed the adherence to this regime in pandemic and regular circumstances.

Methods: We compared the number of check-up visits, hospitalisations and respiratory samples taken in the pre-pandemic 2019 and the pandemic year 2020. Descriptive statistics and t-test (paired two sample for means) were used.

Results: The sample consists of 93 patients (40 males, 52 adults), age range 2–36 yrs, median age in 2020: 19,5 yrs. Our goal of at least 4 visits/yr was not achieved for 29/93 patients in 2019. vs. 43/93 in the pandemic year. Although some patients visited the CF Centre more frequently in the pandemic year (15/93), most of them came less often. From a total of 93 patients seen in 2019, 12 did not have a check-up in 2020. Altogether, during the COVID-19 pandemic 2020. year we noticed a convincing, statistically significant trend in declining routine check-ups, as well as hospital admissions among cystic fibrosis patients in relation to pre-pandemic 2019 year (M = 5,20 ± 3,19 vs. M = 3,87 ± 2,88; t = 4,77, p < 0.001). This phenomenon, of course, entails a reduced, also statistically significant, number of respiratory cultures performed in pandemic 2020 year (M = 4,88 ± 4,22 vs. M = 3,34 ± 3,20; t = 5,29, p < 0.001).

Conclusion: We definitely observed a negative trend in follow-ups of CF patients in the pandemic year. In our case it could also be partially caused by two serious earthquakes in the Zagreb area. Avoiding hospital arrivals and dropping out of usual follow-up practice due to fear of COVID-19 contagion may be responsible for more frequent CF exacerbations and poorer outcome for our patients in the future. Whether the observed lower compliance rate during the pandemic 2020 year result in more significant threat to our patients than COVID-19 itself remains to be seen.

P092

Embedding an electronic patient record into a developing UK service and impact during the COVID-19 pandemic - Blackpool Adult Cystic Fibrosis Service (BACFS)

N. Pickering¹, T. Saba¹. ¹Blackpool Adult Cystic Fibrosis Service, Blackpool Teaching Hospitals, Blackpool, United Kingdom

Objectives: In December 2019 our new Service Manager successfully led BACFS' transition from paper records to an Electronic Patient Record (EPR) called EMIS The clinical team had intermittent EPR engagement with Trust IT and Governance for 3 years prior with limited progress. This summarises the team's experience including impact during COVID-19.

Methods: A questionnaire was sent to the BACFS multidisciplinary team (n = 13) asking for success scores (0–10) for 11 key areas and comments on challenges, lessons learnt and future development.

Results:

BACFS has successfully adopted EMIS and is now the principal recording system for CF clinical data, without which BACFS could not have worked remotely during COVID-19. The main challenges identified by users were IT authorisation/ Governance delays, lack of suitable IT, staff knowledge and use during inpatient episodes. Key lessons learned were it needs a designated project manager, a team ready for change, appropriate technology and a deadline. Recurrent user development suggestions included improvements to templates and inpatient processes.

Conclusion: It has been a varied team experience yet hugely positive from a service perspective; EMIS has been pivotal for BACFS to function safely and effectively during COVID-19. None of the challenges were insurmountable with correct stakeholder engagement, investment in IT kit, peer support and, most importantly, an implementation lead. Challenges were easier to overcome in a service with low patient numbers and a small team, all of whom supported change. We are keen to further optimise our EPR use and share our experience with other services.

Table 1. (abstract: P092)

Question	Initial access to EMIS/ set up	Initial training from IT	Ongoing support from IT	Peer support with embedding within BACFS	EPR format/ template suitability	Enablement of BACFS remote working during COVID	Ease of general navigation	Ease of use/ access for face to face outpatient Consultations	Ease of use/ access for face to face outpatient Consultations	Ease of use/access for home visits	Ease of use/ access for inpatients
Percentage success	76%	85%	63%	90%	68%	89%	86%	88%	90%	45%	70%