

perceived practice in a busy CED setting differs markedly from their actual practice.

REFERENCE

1 Geary DF, Schaefer F. *Comprehensive Pediatric Nephrology*. Philadelphia: Mosby; 2008

**G94(P) EMERGENCY DEPARTMENT TEAM WELLBEING. HOW HAPPY ARE WE REALLY?**

<sup>1</sup>A Bull, <sup>1,2</sup>C Bevan. <sup>1</sup>Children's Emergency Department, Royal Alexandra Children's Hospital, Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; <sup>2</sup>Brighton and Sussex Medical School, Brighton, UK

10.1136/archdischild-2015-308599.93

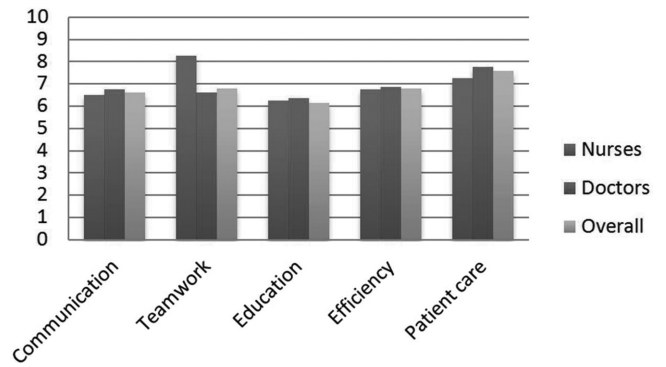
**Aims** There is good evidence that high staff moral and satisfaction improve quality of care. The aim of this study was to assess our baseline levels of staff satisfaction within a busy Children's Emergency Department (CED) team, to understand what the department does well and not so well and what and how could we improve.

**Method** All staff; nursing, medical and administrative, in CED answered a brief 9 question online survey via email. This included both 1–10 rating and free text questions.

**Results** 80 staff received the questionnaire, 38 (48%) responded. The mean 'happiness' rating was 6.19/10 with little difference between professions (nurses 6.6, doctors 7.0), staff rated how 'valued' they feel as 6.19. Staff were asked to rate the department in a number of parameters (Figure 1).

The results highlighted lots of positives in the department – e.g. tea rounds, social outings, team working and communication. The main areas for improvement suggested were in the relationship and communication between medical and nursing staff. Suggested interventions included: more multidisciplinary meetings, training, and social activities, also listening without interruptions, and valuing all colleagues' opinions.

**Conclusion** This study has provided a number of ideas for interventions within the department to improve staff wellbeing. The anonymous feedback method allowed true reflections of staff happiness and highlighted areas for future development. Communication was particularly highlighted- e mail is used for a large amount of our interdepartmental communication and on



**Abstract G94(P) Figure 1** How does our department perform in the following areas?

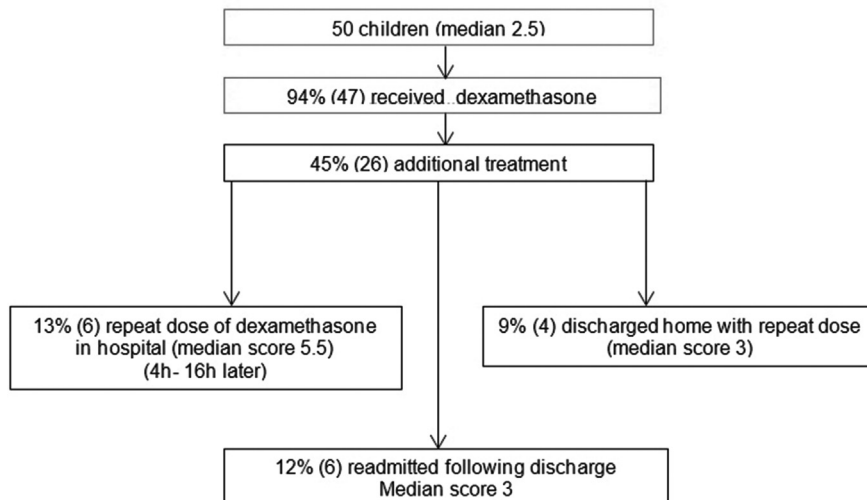
investigation of our poor response rate it appears that staffs rarely check their hospital e mails address. Our first implementation is to improve this basic form of communication. To also implement a short simple department meeting for prior to hand-over thus capturing more nursing and medical staff who cannot regularly attend the department meetings. Simple service improvements were also suggested which will be considered to enhance patient care.

**G95(P) BEST PRACTICE: ONE OR TWO DOSES OF DEXAMETHASONE FOR THE TREATMENT OF CROUP?**

<sup>1</sup>F Roked, <sup>2</sup>M Atkinson, <sup>1</sup>S Hartshorn. <sup>1</sup>Emergency Department, Birmingham Children's Hospital, Birmingham, UK; <sup>2</sup>General Paediatrics, City and Sandwell Hospital, Birmingham, UK

10.1136/archdischild-2015-308599.94

**Aim** A systematic review of 43 randomised controlled trials (RCTs) concluded that single dose oral dexamethasone is effective in the treatment of croup. Dexamethasone was associated with an improved Westley score at 6 h to 12 h with an effect size of -1.0 (95% CI -1.5 to -0.6) which was significant, but was no longer significant at 24 h. To date, no RCTs have determined whether administering two doses of dexamethasone, compared with a single dose, improves outcomes in children with



**Abstract G95(P) Figure 1**