

Results

ALOS has decreased significantly from the year 2007 to 2011 for all disease categories $p < 0.001$.

Re-admission rates remained the same.

Conclusion ALOS can be reduced by implementing discharge planning increase awareness and feedback to paediatric ward personal without compromising patient care.

1726 PARENTS' SATISFACTION WITH CARE DURING THE BIRTH OF THEIR VERY PRETERM BABY: A QUALITATIVE STUDY

doi:10.1136/archdischild-2012-302724.1726

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Background and Aims Satisfaction with childbirth is an important indicator of quality of care and is related to the health and well-being of the mother and her baby. Parents' experiences of care during preterm birth has received little attention. Therefore the aim of this study was to explore parents' experiences and satisfaction with care during the birth of their preterm baby and to identify aspects of care that they perceived as important.

Methods Parents were eligible for the study if they had a baby born less than 32 weeks gestation and spoke English well. Semi-structured interviews were carried out with 32 mothers and 7 fathers about their experiences of care during the birth.

Results Results showed the majority of parents were very satisfied with the care during the birth. Thematic analysis identified four key determinants of satisfaction:

1. staff professionalism, which included information and explanation, staff being calm in a crisis, staff appearing confident and in control, staff not responding to the patient;
2. staff empathy, which included caring and emotional support, encouragement and reassurance;
3. birth environment; and
4. involvement of father.

Conclusions Although these dimensions are generally consistent with previous research on birth satisfaction a number of unique factors to preterm birth were also identified. Improvements in care during preterm births should focus on providing information and explanations to parents, offering caring and emotional support, and involving fathers during the birth.

Acknowledgement Funding Body - National Institute of Health Research (RPPG060910107).

1727 IMPROVING INVESTIGATION AND TREATMENT OF BRONCHIOLITIS

doi:10.1136/archdischild-2012-302724.1727

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Using SIGN guidelines for bronchiolitis (SIGN 91), a retrospective audit was carried out in a DGH in Scotland, with the aim of improving the investigation and treatment of bronchiolitis.

The study evaluated cases between the months of November and March. Children under the age of two that were admitted with bronchiolitis were the target group.

Following the first cycle of the audit clear areas of improvement could be identified and a multidisciplinary strategy for improvement was implemented.

A second cycle was later carried out which revealed that these changes lead to more successful outcomes and delivery of health care services to the target group. Unnecessary investigations were substantially reduced from 30.3% to 16.3%. In particular, excess urine cultures, blood tests and chest x-rays were reduced by 91.7%,

50%, and 43.5% respectively. Unnecessary treatment was also reduced by 14.7% with particular reductions in unnecessary treatment with B2 agonists and antibiotics, reduced by 10.4% and 100% respectively.

Subsequent repetition of the first cycle audit, carried out in a DGH in Northern Ireland, has revealed similar opportunities to improve the delivery of health care services. As bronchiolitis is a very common condition, and the cause of multiple hospital admissions, it is essential that this condition is managed effectively - both in the interests of direct patient care, and the efficient use of staff and hospital resources. Application of similar base level improvements in other hospitals could lead to significantly improved, efficient and effective health care delivery.

1728 ARE WE FOLLOWING THE RCPCH GUIDELINES FOR CLINIC LETTERS? AN AUDIT

doi:10.1136/archdischild-2012-302724.1728

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Introduction This is an audit of letters done by various professionals in community paediatric clinic in a district hospital.

Methods Two letters each were selected from all Consultant and Associate Specialist clinics, nurse led enuresis clinic and nurse led constipation clinic. There were a total of 14 letters. These were compared with the Sheffield Assessment Instrument for Letters (SAIL) which is the standard suggested by RCPCH.

Results There was 100% compliance with standard requirement in 14 areas of RCPCH standard. The main deficiency was in writing drug dosages; only 57% letters have doses mentioned. Interestingly, more than one third of letters did not have a problem list. In 21.5% of letters, the documented examination was not appropriate to the problems and questions.

Conclusion After discussion in the departmental audit meeting, the following recommendations were made

1. SAIL checklist to be circulated among team members so that all are aware of the standards suggested by RCPCH.
2. A reaudit was planned after 6 months to check compliance.

1729 A FOSTER CARERS TRAINING PACKAGE FOR HOME TREATMENT OF NEONATAL ABSTINENCE SYNDROME (NAS): FACILITATING EARLY DISCHARGE

doi:10.1136/archdischild-2012-302724.1729

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Background Illicit drug use in the UK and further afield continues to be a significant public health issue. A significant proportion of those entering drug treatment programmes are women of child bearing age.

Infants delivered to such women are at risk of NAS often necessitating prolonged opiate treatment and a prolonged neonatal unit stay.

We identified those infants being discharged to foster care to be those most at risk of severe NAS. We reviewed the service delivered to these particularly vulnerable infants, aiming to identify areas where quality of care could be improved. Evidence suggests supportive, non pharmacological care is as important as pharmacotherapy in NAS. Such supportive care is best delivered in the home environment. By treating infants being discharged to foster care in such a home environment we will significantly improve their quality of care.