

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.

The Training Package We delivered a 2 part training course to foster carers who wished to care for such infants. The aim of the training package was to equip carers with the knowledge and skills to safely care for such infants in the home environment.

Results Foster carers are now available to take infants with NAS home on pharmacological treatment as soon as stability is achieved. The quality of care delivered to such infants will improve significantly as a result. In addition cot occupancy will be reduced, vital at a time when demand for neonatal cots is extremely high.

1730 HUMANIZATION OF CARE IN ITALIAN PEDIATRICS UNITS: RESULTS OF A NATIONAL SURVEY

doi:10.1136/archdischild-2012-302724.1730

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Background Hospital admission is a stressful and fearful experience for children. Several kind of non clinical interventions have shown to be effective in improving the quality of life of children during hospital stay.

Goal To survey the interventions performed in Italian Pediatrics Unit to improve children's life during hospital stay.

Methods Cross-sectional study. The study was promoted by the Italian Cultural Association of Pediatricians (ACP) and by the Italian Society of Pediatric Nursing Science (SISIP). A 37-item online questionnaire was set up and an invitation to fill it in was sent by email using the two associations' mailing lists.

Results Questionnaires regarding 111 pediatrics units were returned, out of an estimated total of 724 Italian Pediatrics Units (PU) (15.3%). 43% of PU have more than 50% of beds in 2-bed rooms. In 90.1% of PU walls are multicoloured or decorated with paintings. A school is available only in 47.7% PU. A "toy library" or playroom is present in 66.7% PU. Outdoors playgrounds are available in 37.8% PU. Reading aloud to children is performed in 29.7% PU, activities with animals in 13.5%. Play Volunteers operate in 80.2% of PU, Clown Doctors in 67.6%. In PU with more than 1500 admissions per year, single rooms and a playroom is present more frequently than in others (p 0.02 and p 0.03 respectively).

Discussion Although several non clinical interventions are available to reduce distress and anxiety in hospitalised children and to improve their quality of life, their diffusion in Italian Hospital still seems limited.

1731 THE ULSM CHILDREN ROUND-TRIP CARE: A SUCCESSFUL EXPERIENCE IN THE CONTINUITY OF CARE

doi:10.1136/archdischild-2012-302724.1731

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Background Being able to identify early health changes before they manifest in everyday life, allows to correct them immediately and to prevent progress to irreversible stages (Oom, 2008). In this context, accessing and sharing information between different health care institutions and their professionals is an asset for the child and allows improving quality in care.

Aims and Method We aim to describe how is the information access and sharing in Matosinhos Local Health Care Unit (ULSM) and highlight their importance through a literature review.

Results The ULSM has two networked applications in support for nursing teams and medical teams that allow them to share information. There are also manuals of coordination between different services including primary care and hospital care. Concerning primary care, in the specific case of the Family Health Unit Infesta, a joint

manual resulting from a simple set of rules was established. It aims reducing bureaucracy, streamline and simplify referral procedures (Gonçalves et al, 2011), becoming clear and advantageous to the parties involved in the process.

Conclusions Access to patient clinical information is available 24/7 in all sectors of ULSM, allowing a contextualized and continuous monitoring, leading to higher quality health care for the child. The ability to use data in a useful way, allows reducing errors, enhancing patients and clinician communication, provides cost savings and improves quality in many areas across the full-spectrum of paediatric primary care (Adams & Baucher, 2003; Simonian, 2007; Hinman & Davidson, 2009).

1732 RISK PROPORTIONATE CLASSIFICATION BY A NATIONAL COMPETENT AUTHORITY TO REDUCE BARRIERS FOR CLINICAL TRIALS

doi:10.1136/archdischild-2012-302724.1732

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Background The UK MHRA has introduced a risk-proportionate approach to the approval and management of clinical trials of investigational medicinal products (CTIMP). The aim is to reduce the complexity of regulations and governance by identifying key hazards and promoting risk mitigation. Prospective risk management will reduce dependence on quality controls and monitoring during trials.

Methods A risk assessment template for neonatal CTIMPs was developed, based on the TINN Ciprofloxacin Pharmacokinetic Trial. The study was compared to standard medical care, an analysis of study design was undertaken to ensure the protection of participants' rights and data reliability. The tool was moderated by experts in regulations and clinical trials.

Results The trial was classified as low-risk (Type A) from an IMP perspective. This allows reduced regulatory monitoring and IMP management. Ciprofloxacin is administered off label and involves vulnerable participants. The evidence required to mitigate this included the fact that the drug is administered as standard clinical care, there is published use of Ciprofloxacin for neonates and national prescribing guidelines.

4 key risk areas were identified: 1) patient safety/rights 2) reliability of results 3) research sites 4) governance. To mitigate the risks during trial conduct and the collection of data required specific neonatal trial management tools, training, standard operating procedures and systems for cross checking data.

Conclusion Neonatal CTIMPs are not always high risk. Regulations and inspections need to be proportionate to the risks arising from the trial-specific interventions and procedures. Risks can be mitigated by bespoke neonatal trial design.

1733 ACCEPTABILITY AND IMPLEMENTATION OF FIMNCI BY MEDICAL OFFICERS AND STAFF NURSES IN GOVERNMENT HEALTH INSTITUTIONS OF WESTERN INDIA

doi:10.1136/archdischild-2012-302724.1733

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Background and Aims FIMNCI (Facility based Integrated Management of Neonatal and Childhood Illnesses) course has been launched by Government of India to train Medical Officers (MOs) and Staff Nurses (SNs) of Government Institutions from year 2010 onwards. FIMNCI deals with intensive care of serious illnesses in