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IMPACT OF FAMILY CENTRED CARE ON NURSES' AND PARENTS' ASSESSMENT OF THE QUALITY OF CARE IN NEONATAL INTENSIVE CARE

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The study is a part of The International Closeness Survey in the SCENE group who studies how the cultures of neonatal units (NICU) promote or hinder parent-infant physical and emotional closeness. In this study, parents' perception of received staff support and nurses' perception of given nurse support were compared between a Family Centred Care (FCC) unit and a traditional open-bay NICU in Norway. Thirty families with infants born before 35 weeks of gestational age were included in both units. Every nurse working at infant bedside (n = 62 + 67) participated in to the study for 3-month period. Parents responded to one out nine potential randomised questions about staff support sent as an SMS message to their mobile phone every evening. Nurses responded to corresponding questions via a web page on how they perceived the support they provided. The nurses' evaluation on given parent support did not differ between the units. In the FCC unit, the nurses reported highest satisfaction with their own support in actively listening to parents. In the open bay unit, the nurses gave the highest scores on parents trusting on them. The parents in the FCC unit reported higher scores with respect to active listening, emotional support, parents trusted by staff, parental participation in decision making, and medical rounds, compared to the parents in the open bay unit (p < 0.05). The parents in the FCC unit report more satisfaction with support from staff than parents in the open bay unit.

Nursing Education

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INDIVIDUALISED WRITTEN INFORMATION IMPROVE PARENTAL KNOWLEDGE AND COPING AFTER NEONATAL HEART SURGERY?

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Background and aims Parents of infant with congenital heart disease have often insufficient knowledge and experience anxiety. This may affect their coping after discharge. Individualised written information is appreciated, but has not been evaluated for contributions to coping in this population. The aim of this study was to assess whether individualised written information improves parental perception of knowledge and coping after discharge. **Methods and results** Written information based on transition theory, possible to individualise to each infant and family, was developed and a pragmatic controlled trial with subsequent groups was conducted. Parents of 52 term infants undergone heart surgery in the neonatal period were included. The Control group (26) received standard information and the intervention group (26) received individualised written information. Parents responded to questionnaires at discharge and by phone call three weeks after discharge. Parents in the intervention group reported significantly better knowledge (p = 0.02) and coping after discharge (p = 0.03) than the control group.

Conclusions Individualised written information based on transition theory improves knowledge and coping. Both oral and individualised, written information had impact on this result.

Parents of infants with complex heart defects that require additional surgery later in infancy had lowest perception of knowledge and coping.

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THE IMPACT OF SIMULATION BASED CURRICULUM ON THE DEVELOPMENT OF SELF-EFFICACY AND RELEVANT SKILLS BY NOVICE PICU NURSES

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Background Training novice nurses to work at the PICU is a challenging task that requires extensive training for new and complex competencies. Conventionally, training relies on bedside teaching and frontal lectures that have been previously shown to be limited as tools for adult learning and for the establishment of self-efficacy.

Aim To evaluate the impact of a simulation based nursing curriculum embedded into the training of novice PICU nurses on the development of self-efficacy and the acquisition of relevant skills.

Method During a one year period novice nurses were surveyed monthly for evaluation of self-efficacy in 40 domains characteristic of specific competencies needed at the PICU. During the training focused simulation based sessions targeting specific domains were performed and the effect of simulation was evaluated in comparison to bed-side teaching.

Results A total of 93 questionnaires were collected. As expected, a mild consistent rise in self-efficacy for all 40 domains was seen during the follow up period. However, we have observed a significant and steep rise in self-efficacy following a relevant simulation based session in which specific domains were targeted. This rise was sustained throughout the follow-up and was significantly higher than the expected rise achieved by conventional teaching.

Conclusions We have shown that the implementation of a targeted simulation based curriculum is an effective method for training novice PICU nurses, leading to a faster and more efficient acquisition of competency and self-efficacy. Our study suggests that targeted simulation based curriculums may improve training of various teams from different disciplines.

Nursing Leadership, Quality and Research

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COMPUTER SCREEN SAVER HAND HYGIENE INFORMATION CURBS A NEGATIVE TREND IN HAND HYGIENE BEHAVIOUR

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Background and aims Appropriate hand hygiene among health-care workers is the most important infection prevention measure; however, compliance is generally low. Gain-framed messages (i.e. messages that emphasise the benefits of hand hygiene rather than the risks of noncompliance) may be most effective. The aim of this study was to test the impact of gain-framed messages on the frequency of hand disinfection events and compliance with the hand hygiene protocol.

Methods The study was conducted in a 27-bed neonatal intensive care unit. We performed an interrupted time series analysis of objectively measured hand disinfection events. We used electronic devices in hand alcohol dispensers, which continuously documented the frequency of hand disinfection events. In addition, hand hygiene compliance before and after the intervention period were directly observed.

Results The negative trend in hand hygiene events per patient-day before the intervention (decrease by 2.3 [standard error, 0.5] per week) changed to a significant positive trend (increase of 1.5 [0.5] per week) after the intervention ($p < 0.001$). The direct observations confirmed these results, showing a significant improvement in hand hygiene compliance from 193 of 303 (63.6%) observed hand hygiene events at pretest to 201 of 281 (71.5%) at posttest ($p = 0.05$).

Conclusions We conclude that gain-framed messages concerning hand hygiene presented on screen savers may improve hand hygiene compliance.

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NURSES' COMPLIANCE WITH PAIN ASSESSMENT IN THE PAEDIATRIC INTENSIVE CARE UNIT

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Background and aims Compliance with pain assessment in Paediatric Intensive Care Units is not always perfect. We aimed to identify factors explaining compliance or noncompliance with pain assessment in PICU patients.

Methods PICU nurses were asked 5 times to complete the same survey on pain management of the most critically ill child they cared for during the shift. Questions informed after the usefulness of pain assessment in this specific child, whether the nurse had assessed pain according to protocol, and any negative/positive impressions of the current shift. Relationships between compliance and these factors were evaluated with Fisher exact tests.

Results Ninety-three nurses returned 1 to 5 surveys (response rate 77%), in total 407 surveys. The median working experience of the nurses (94.6% females) at the PICU was 8 years (2 to 33 years). Pain was assessed in 89.4% of 406 surveys. Most shifts were perceived as positive (82%), 10% as negative, 5% mixed and 3% as neutral. Assessment yes/no was not significantly related to a negatively or positively experienced shift ($p = 0.82$ and 0.81 respectively). In 30% of surveys nurses considered assessment not useful but this was not significantly related to assessment yes/no ($p = 0.36$).

Conclusions Compliance to pain assessment was acceptable. Whether non-compliance is primarily related to patient factors or nurse factors needs to be further unravelled.

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SAFETY ASPECTS IN NEONATAL TRANSPORT AND RETRIEVAL: A NATIONAL REFERENCE SURVEY

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Background and aim The use of these safety measures during neonatal transport may reduce stress and improve physiological stability. There is no UK national guidance for the use of specific measures such as restraints and ear defenders. As part of a quality improvement initiative we sought to benchmark these current safety practices by neonatal transport teams in the UK.

Methods We surveyed all institutions undertaking neonatal transport in the UK. A questionnaire was devised and sent by email to the lead doctor and nurse of all 25 teams. We asked teams whether they used the safety measures in question and if so the specific type. We provided a section for open comment. An additional follow-up phone call was performed to complete or clarify information.

Results Twentyfour (96%) of teams responded; 21/24 (88%) used some form of restraint within transport. Three types of restraint are currently used within the U. K. Comments were provided regarding infection control and the safety effectiveness of restraints. Thirteen (54%) respondents did not use ear defenders of any kind in any situation. In teams using ear defenders, 6/11 (55%) used them in all situations and 2/11 (18%) used them specifically for MRI and air transport. Respondents described difficulty in securing the defenders and concerns with effectiveness.

Conclusion These results show that within the UK there is a variation in neonatal transport safety practices, specifically in the use of restraints and ear defenders. This information will allow development and improvement of safe and secure transport practice.

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CONSULTING WITH CHILDREN PRIOR TO DESIGNING RESEARCH: IS IT REALLY WORTH THE EFFORT?

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Background and aim Although many studies still either do not engage service users or only do so in a tokenistic way, service user engagement is now seen as best practice within research design. Not only is it respectful to engage service users, but it can also identify potential barriers, explore solutions and generate more robust research. In this paper we explore our experience of working with child service users as we developed a study exploring children's pain literacy.

Methods Using Appreciative Inquiry we worked with 38 children (5–17 years) in schools, hospitals and home settings. During our consultations with the children we explored the feasibility of the methods we were considering for data collection, asked them for suggestions of alternative approaches and explored core aspects of the observation element.

Results The children enjoyed the use of the collage-based data generation activities we planned. In response to our questions about whether they thought other children would feel safe