Purpose To understand national changes in the quality of primary care reported by families of children and to estimate the potential benefits of recent health insurance expansions to children’s receipt of primary care.

Methods A comparison of three iterations of the National Survey of Children’s Health from 2003 to 2012 for children ages 0–18 years on measures of primary care experience (access, continuity, comprehensiveness and coordination). Trend analyses are stratified by insurance status and socio-demographics in order to assess the potential contribution of expanded coverage through health care reforms have the potential to improve children’s primary care access and continuity, but even with the intended goal of near universal insurance coverage for children, the US is not likely to reach the levels of paediatric primary care experience reported among studies in major European economies.

Results The results show very little change overall in primary care experiences for children nationally. Some significant gains were made in access and continuity for children considered more vulnerable (i.e., from families with lower-incomes and lower educational attainment), but were mostly explained by changes in insurance coverage over time.

Conclusion Insurance in the US remains a major factor in improving the primary care experience of children. The recent health care reforms have the potential to improve children’s primary care access and continuity, but even with the intended goal of near universal insurance coverage for children, the US is not likely to reach the levels of paediatric primary care experience reported among studies in major European economies.

Social Determinants of Health

O-195 MOTHERS’ KNOWLEDGE AND PRACTICE ON MANAGEMENT OF CHILDHOOD ACUTE RESPIRATORY INFECTIONS IN ALBANIA

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Background and aims Acute respiratory infections (ARI) are the leading cause of death among children under five in Albania. This study aims to determine the parent’s knowledge and care seeking practice related to ARI in children less than 2 years old in Albania.

Methods A cross-sectional household survey was conducted on June – July 2012 in the northeastern region of Albania. 600 mothers of children 0–23 months selected using a multi-stage sampling technique were interviewed by trained health workers using a structured pre-tested questionnaire.

Results Knowledge: Only 8% of mothers recognised fast/difficult breathing as a danger sign of childhood illness requiring medical attention. 78% of interviewers were convinced that every child with fever had infection and 65% of them thought they need antibiotics.

Care seeking practice: Of the 116 children (19.3%) who reported to have respiratory illnesses two weeks preceding the interview, 57.7% had an ARI. 70.2% of children with ARI were taken to a health facility and only 53.2% of them within the first 2 days. 63.8% of ARI cases sought medical care directly at the hospital bypassing the referral system. About 36.6% of cases seen by hospital providers were prescribed antibiotics compared to 11.7% of those seen by family doctors. 20% of mothers self-administered antibiotics to their children, suggested by community pharmacists.

Conclusions Mothers’ knowledge and care seeking practices related to ARI were poor. Community health education and strengthening of Integrated Management of Childhood Illnesses programme are required to improve timely and appropriate health care of childhood illnesses.
the population) for the region was 3.3% and consistent with national data, but rates within individual hospitals varied between 1.5% and 5.7% over the three year period. Bed days per 1000 population ('standardised bed days') per year varied almost fourfold, from 34.5 to 122.3 in different hospitals. Corrected length of stay showed high discordance when compared to average length of stay.

**Conclusions** The average length of stay is substantially affected by admission rates, with hospitals who admit a greater proportion of infants appearing to have a shorter uncorrected length of stay. We propose that a single corrected measure for length of stay should be used when assessing the efficiency of care because it is unaffected by variations in local admission rates and is adjusted for local population size.

**O-198 CULTURAL DIFFERENCES IMPACT PAEDIATRIC RESIDENT EDUCATION IN COMMUNICATION AND PROFESSIONALISM**

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**Background** In addition to looking after the physical and mental health of our patients, paediatricians have an educational role towards the population we attend.

**Objective** Health education towards adults who are usually in charge of children: parents, grandparents and childminders.

**Material and methods** - Antenatal and postnatal talks ABOUT childcare topics.
- Paediatric Hospital Talks: sleep, feeding, teething, Internet and health.
- Paediatric Cardiopulmonary Resuscitation (CPR) Workshop.
- Breastfeeding Group:
  - Talks in Schools: Accident Prevention and First Aid, Infant Feeding.
- Paediatric files: available at Hospital de Nens de Barcelona’s web: an easy reference about childcare, feeding, common infections.

**Results** Attendance during these 6 years has increased: 42 people attended our activities during the first year (2008–09), compared to 900 during the last academic year (2012–13). Participants actively proposed new subjects. We detected a positive appreciation in surveys after workshops and lectures. 99.3% of respondents (year 2012/13) rated as high or very high their degree of satisfaction after the activities. 86.9% of the participants answered the survey. All those who attended the CPR workshop believed that it should be extended to all citizens in contact with children because it had helped them acquire important new skills.

**Conclusions** Active and increasing participation rate.

We believe that the paediatric team has the duty, in these days where access to information is easy but not always truthful, of counselling families about common health problems and helping to improve the quality of life of their patients.
O-196 Assessing Efficient Patient Care – Should Length Of Stay Be Calculated Independently Of Local Admission Rates?

R Ross Russell, A Shahnaz, R Parker and S Wills

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