

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.

## 0-197 HEALTH SCHOOL FOR PARENTS

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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.

## 0-198 CULTURAL DIFFERENCES IMPACT PAEDIATRIC RESIDENT EDUCATION IN COMMUNICATION AND PROFESSIONALISM

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**Background and aims** Effective communication and strong professional conduct are essential to the practice of medicine. Differences across cultures are likely to impact education in these areas. We conducted a cross-sectional survey of paediatric residents in United States (US) and Singapore to study these differences.

**Methods** A 108-item written questionnaire was developed, addressing residents' perceptions and attitudes towards communication/professionalism using five-point Likert scales. Reliability was analysed using Cronbach's alpha.

**Results** Response rate was 64% (89/139). Median age 29 years (28–30). Cronbach's alpha for professionalism ( $r = 0.94$ ) and communication ( $r = 0.96$ ) were excellent. Residents in both countries rated the top three principles of professionalism and communication similarly: 1) shared decision making with patients, 2) compassion/empathy, and 3) competency, and 1) breaking bad news, 2) dealing with difficult parents, and 3) discussing end of life issues, respectively. However, Singapore residents perceived self-awareness more importantly than US residents. Role modelling was the most useful teaching method on both sides. Residents in Singapore placed more emphasis on didactic lectures for teaching professionalism and standardised patients with role-play for communication. Top barriers and promoters to learning were similar on both sides. However, Singapore residents highlighted negative culture and role-modelling within the department as additional barriers, and formal education through lectures and feedback on personal behaviour as additional promoters.

**Conclusion** Although residents from both countries view the various components of professionalism and communication similarly, preferred teaching methods, barriers, and promoters differ across cultures. These cultural differences are important considerations in developing the curricula for professionalism and communication.

## 0-199 EVALUATION OF HOME HEALTH CARE SERVICES

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**Objective** To evaluate the status and results of home health care services conducted for paediatric patients in our hospital and to identify the medical needs of patients for a better quality of service delivery.

**Materials and methods** Paediatric patients recorded by our hospital's Home Health Services Unit (HHSU) and followed-up regularly for one year were included. Demographic data like age, gender, diagnosis, number of doctor visits, non-physician health care visits and the reasons of requested visits were collected retrospectively between November 2012–December 2013.

**Results** A total of 63 patients were included in the study. 54% of patients were male, 46% were female. The mean age of the patients was  $8.87 \pm 4.6$ . Diagnose of the patients was 58.7% of cerebral palsy (CP) and motor mental retardation (MMR) followed by subacute sclerosing panencephalitis (SSPE) in 11% of

patients. Tracheostomy was present in 34.9% of patients, 13 patients (20.6%) with chronic respiratory failure had home ventilation and 14.2% of the patients was receiving oxygen from a tracheotomy. 28.6% of patients were not dependent on medical devices however, all of the patients were in need of physical therapy and rehabilitation. The mean number of doctor visits for a patient was  $1.89 \pm 1.23$  (median: 2) times per year. The number of visits of non-physician health care professionals working in home health care services were  $13.7 \pm 14.8$  (median: 10) times per year. In our study primary care was given by mother in 95.2% of the patients.

**Conclusion** With home health care services, children with special health care needs can be followed at home and facilitating hospital discharge. This condition reduces costs and brings many advantages in social aspects. Home health care service is very important in offering positive factors to patients and families. Identification of deficiencies in this service will improve quality in the future. The medical care of dental disease and eye disease in terms of home health care is necessary in the future for children with special health care needs. These services must include social services especially in children.

## Toxicology, Pharmacology

O-200

### EPIDEMIOLOGY OF ACUTE POISONING IN CHILDREN ADMITTED PAEDIATRIC WARD OF IMAM REZA HOSPITAL, MASHHAD IRAN. 2012

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**Introduction** Poisoning and eating toxin is consists more than 130000 emergency references and 1% of emergency admission. In over all poison consumption is more common among children between 1 and 5 years old. The aim of this study is to determine the epidemiology of acute poisoning especially common poisoning in children admitted in emergency ward in Imam Reza Hospital in Mashhad Iran, 2012.

**Method** This cross-sectional study was performed for children admitted due to poisoning in the paediatric emergency department in Imam Reza Hospital Mashhad, Iran in 2012. The results were compared between patients by using SPSS software and statistical tests.

**Results** The most common agent led to poisoning in children were drugs (60%). In our emergency centre the most common poisoning is opium compounds especially methadone (40%). Of 409 child with symptoms of poisoning 256 cases had different opium poisoning (62.5%) and 69 cases (26.9%) had only methadone poisoning.). We think it reason that methadone syrup is available in the out of hospital and pharmacy. Parents use it to give up addiction. Detergents were used in 1.8%, toxins in 4.9%, Banzodiazpin agents in 13.9%, cardiology drugs in 1.3%, other neurologic drugs in 3.6% of children. Most of children (55.8) were referred to hospital in first 24 h. One child (0.3%) died because of poisoning and 5 patients (1.5%) had long term complications.

**Conclusion** Drugs were the most common agent was used by children for accidental poisoning and it was more common in early childhood (2–24 months). In our emergency centre the most common poisoning is opium compounds especially methadone. We think it reason that methadone syrup is available in

the out of hospital and pharmacy. Parents use it to give up addiction.

O-201

### PROSTACYCLIN (EPOPROSTENOL) AS AN ANTICOAGULANT IN CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) IN PAEDIATRIC ACUTE LIVER FAILURE (PALF)

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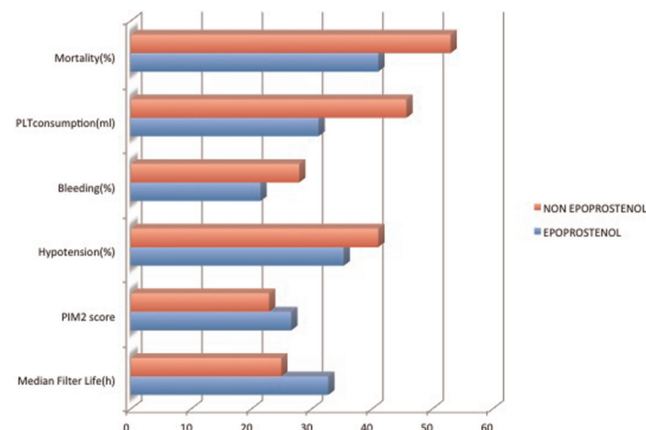
**Background** Patients with Acute Liver Failure (ALF) are pro-thrombotic and hence prone to circuit clotting leading to treatment downtimes on CRRT. In patients with ALF, heparin may either be contraindicated (thrombocytopenia) or insufficient (pro-coagulant). Epoprostenol, and an anti-platelet agent could be an alternative to heparin to prevent circuit clotting.

**Aims** To investigate efficacy and safety of Epoprostenol (synthetic prostacyclin analogue) as sole anti-haemostatic agent used for circuit patency during CRRT in patients with ALF.

**Methods** Prospective study of children with ALF admitted to PICU receiving CRRT over a 7 year period. Patients were stratified according to the used anticoagulant Epoprostenol PGI(2) group (n = 65) and non-epoprostenol group (n = 43). Efficacy was measured by filter life and mortality. Safety was assessed by number of bleeding episodes during CVVH, platelet consumption and hypotensive episodes (requirement for fluids/vasopressors).

**Results** 108 ALF patients underwent CRRT for a total of 17715 h utilising 587 filters (5.4 circuits/patient). Epoprostenol was used in 65 patients at the dose of 4 ng/kg/min administered pre-filter for a total of 8366 h. In the non-epoprostenol group 43 patients underwent CRRT for 8044 h using unfractionated heparin.

Median filter life was 32.7 h in Epoprostenol group and 24.9 h in non-epoprostenol group ( $p < 0.001$ ). 14/65(21.5%) patients on Epoprostenol and 12/43(27.9%) in non-epoprostenol group experienced bleeding episodes. Platelet consumptions was significantly lower in epoprostenol group (527.3 ml versus 674 ml). Therapeutic intervention for hypotension was required in significantly lower CRRT sessions in Epoprostenol group (35.3% versus 41%). Despite higher PIM2 scores in Epoprostenol group (26.6 vs. 22.9), mortality was lower in this group (41%versus 53%)



Abstract O-201 Figure 1