been shown to decrease the need for blood transfusions, decrease the risk of IVH and NEC.

Aim To introduce delayed cord clamping as routine practice in all babies born under 37 weeks in a busy tertiary surgical neonatal unit.

Method Implementing targeted programme of local education about DCC through perinatal meetings and departmental teaching sessions. Also collecting preliminary data on babies undergoing DCC.

Developing a guideline outlining DCC as routine practice for all preterm babies, agreed by neonatal consultants and published in the neonatal handbook.

Increasing awareness of the guideline and practice of DCC by targeted emails and education sessions.

Auditing guideline with ongoing education and promotion of DCC.

Discussion Following education and the introduction of the guideline there was a significant increase in practice of DCC. Despite many challenges involved in changing this practice it has been rewarding to promote an evidence based practice in order to strive improve clinical care for babies.

Joint Clinical Standards and PiMMS

G591 USING MULTILINGUAL PATIENT EDUCATION VIDEOS TO SUPPORT A PROMPT AND SAFE DISCHARGE FROM THE EMERGENCY DEPARTMENT

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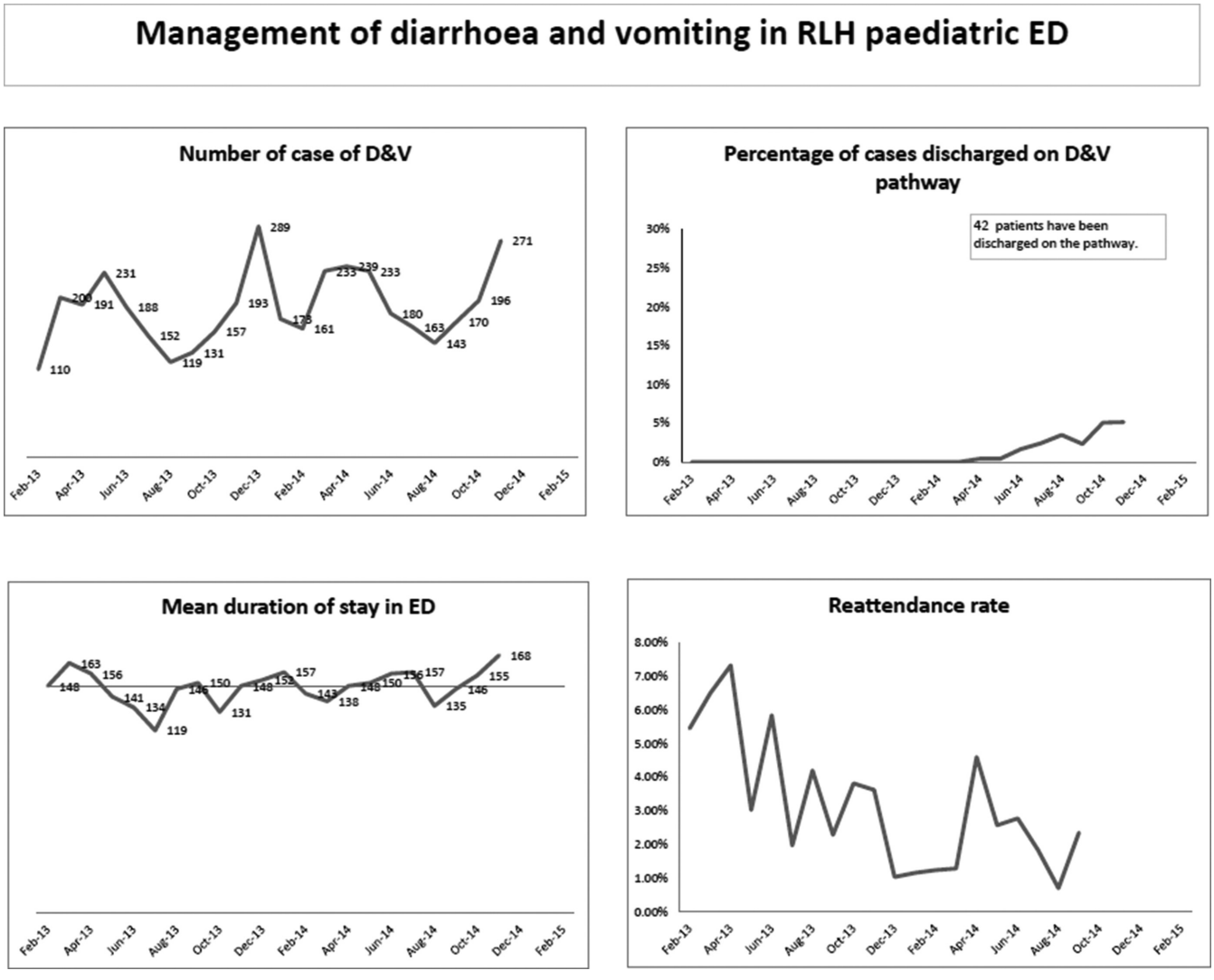
Context The Paediatric Emergency Department at The Royal London Hospital. The project involved a team of doctors and nurses of all grades.

Problem Paediatric gastroenteritis is one of the most common presentations to in the emergency department (ED) at the Royal London Hospital, accounting for more than six percent of visits. Gastroenteritis is easy to diagnose and the vast majority of these children could be safely managed at home. The challenge with managing these children is twofold. Firstly, identifying seriously unwell children who need urgent treatment. Secondly, educating families about safe and effective management of gastroenteritis at home. Before our intervention, children who present with



Abstract G591 Figure 1

diarrhoea and/or vomiting are seen by an assessment nurse and a junior doctor or general practitioner, spending over two and half hours in the emergency department.

Assessment of problem and analysis of its causes We quantified the scale of the problem by undertaking a retrospective audit of the care children received when they presented with gastroenteritis. Ninety percent of children who presented had a very mild illness that could have been managed safely at home. We supplemented the quantitative data with informal conversations with colleagues. There was a widespread view that many parents presented to hospital due to anxiety and/or uncertainty about how to manage their child's illness at home.

We extracted data from the electronic medical records of 580 children presenting with diarrhoea and/or vomiting. The concordance between a final diagnosis of viral gastroenteritis and the parents reporting diarrhoea or vomiting at reception was 97% and 90% respectively. Such a high concordance between symptoms and diagnosis reassures us that the assessment nurse could accurately diagnose gastroenteritis. We calculated the relative risk of serious illness depending on the presence of 16 easy to illicit clinical symptoms and signs. Based on these findings we have designed a pathway that the triage nurse will use to discharge patients. We have retrospectively tested the efficacy and safety of this new pathway. Our research suggests that half of these patients could be safely discharged by the assessment nurses using our simple protocol.

Intervention We designed a criteria based discharge pathway, allowing nurses to safely discharge patients from triage without waiting to see a doctor. The discharge pathway is supported by a multilingual patient and parent education video that can be viewed in the department and on the trust website.

Strategy for change After designing the discharge pathway we presented it at departmental meetings and teaching sessions in order to get feedback. Once the pathway was approved we identified'champions' who have supported its implementation and have helped to train staff.

Measurement of improvement We designed a dashboard providing a visual display of the four key performance indicators: number of cases of diarrhoea and vomiting, percentage of cases discharged on the pathway, mean duration of stay in the emergency department and reattendance rate.

Effects of changes 42 children have been safely discharged on the new pathway. Anecdotal feedback has been very positive. It is too early to measure the impact of the new pathway on mean duration of stay in the emergency department and reattendance rate.

Lessons learnt It takes time to embed new pathways into routine care and engage stakeholders. It has been very important to build a team of people to champion the new pathway.

Message for others This has been a really exciting project and was enthusiastically received by staff. It represents an innovative way of managing simple paediatric presentations and has the potential to deliver a better service to children and their parents and, we hope, a longer term effect as we are educating parents and giving them a resource they can refer back to.

Please declare any conflicts of interest

The video was funded by the Barts and The London Charity.

G592 EMPOWERING PARENTS TO MANAGE EVERYDAY CHILDHOOD ILLNESS AT HOME

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Context The project was part of a Quality Improvement Fellowship. It worked directly with the local Sure Start children centres. It worked alongside a local strategy to provide paediatric patients with the best care in the most appropriate setting.

Problem The aim was to enable children centre staff to empower parents and provide reassurance on managing everyday childhood illnesses at home.

Assessment of problem and analysis of its causes A Pre-project questionnaire, completed by 85 parents, demonstrated that most take their children to the emergency department seeking reassurance.

The project worked with 2 of 4 local children's 'Sure Start' centres to provide parents with key points to manage 3 commonly seen childhood illnesses at home. The focus was on empowering parents and reassuring them to trust their own instincts.

Intervention A facilitator guide and parent information leaflet was produced using information already in circulation.

Six childhood illness sessions were run, by the author, during parent and children groups in Sure Start. This was both a demonstration to Sure Start facilitators and gained parent feedback.

At the end of each session verbal feedback from facilitators and parents was reviewed and material revised (PDSA cycles). The final version incorporated basic 'games' such as true/ false flash cards and question and answer flash cards.

Parents stated they found the information 'useful', 'reassuring' or 'helpful'. Facilitators found the material 'easy to use' and described the sessions as 'engaging'. They would be able to run a session themselves.

A working group was set up to embed the sessions into the regular groups.

Strategy for change The material was introduced at the Sure Start Team Lead meetings and parent groups over a 4 month period. The facilitators had opportunity to review the material and observe sessions. They were directly observed and supported when running their first session.

The CCG Lead for Sure Start was involved throughout and was key in helping to support the program.

A working group of experienced staff was created by the Sure Start Team Lead. The current pilot will run over 6 months

Measurement of improvement The material was trialled and reviewed by requesting verbal feedback from both parents and facilitators. The initial three sessions were well received by parents. Facilitators felt apprehensive about responding to medical questions. 7 out of 9 were not confident to run a session alone.

More structure and guidance was added and the information was put into a 'game 'format'. 3 revised sessions were run. After observing, 7 out of 7 (100%) group facilitators were confident to run a session.

A further process measure was the numbers of regular sessions run by confident group facilitators within children centres. This is currently 3 a month in one of the local areas.

Effects of changes The parents exposed to the sessions gave positive feedback such as 'If I had known this before I wouldn't have worried' or 'It's good to have people coming into groups to talk to parents about things like that'.

The main problem was engaging the Sure Start centre staff to lead a session. They liked the material and the sessions but felt apprehensive about leading a session. It took longer than expected to engage them.

Lessons learnt I have learnt how important engagement is.

Next time I will set up a working group earlier to gain better engagement.