P143 WHAT MATTERS TO YOU - A STAFF ENGAGEMENT INITIATIVE

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Background High levels of staff engagement lead to better patient outcomes and better use of resources, higher patient satisfaction, with more patients reporting that they were treated with dignity and respect1

Aim
- To organize a ‘What Matters to You’2 events in department of Paediatrics of both Daisy Hill Hospital and Craigavon Area Hospital, SHSCT
- To encourage more meaningful conversations between senior managers & front line staff.

Method
- Establish a multi-disciplinary project group
- Arrange a ‘What Matters to You’ (WMTY) event close to the workplace
- Developed a short questionnaire & event posters
- Invite all Paediatric staff in two hospital sites
- Invite Trust senior management team to come and talk to staff and listen to what matters to staff.
- Encourage staff to speak openly about ‘What matters to them’, what they feel ‘they can do’ and discuss ‘what others can do’ to improve staff & patient experience
- Feedback to be used to drive quality improvement agenda

Results
- Two ‘What Matters to you’ events was organized during June 2018 on both hospital sites
- Informal coffee morning with group discussions
- Over 50 multidisciplinary staff attended across two sites and openly discussed matters important to front line staff. They also completed a short questionnaire
- Senior management team including Medical–Director, Associate Medical–Director, Assistant Director of Children services attended.
- All questionnaires collected and analyzed.

Outcome and impact Following Five Key themes identified & subsequent improvement actions taken:
1) Improved learning and working environment
- Regular learning events planned with staff throughout the year
- Learning and development section started in the Paediatric Newsletter
- Shared Learning section developed on trust Intranet
2) Work life balance
- Supporting flexible working
- Term time applications
3) Patient care and experience
- New children’s wards on both hospital sites have modern patient–care facilities & improved staff resources
- New ‘Welcome Pack’ introduced for all in-patients to paediatric ward
4) Recognition, being valued and supported
- Staff welcome & Congratulations initiative
- ‘Hello My name is’ section started in the Paediatric Newsletter
- ‘Learning from excellence’ & ‘Staff of the Month’ projects planned
5) Communication and team working
- New Paediatric Newsletter developed with staff
- Senior Safety walks implemented
- ‘What Matters to You’ events

Conclusion
- The ‘What Matters to You’ conversation is a simple concept that enables discussion to make real improvements to staff and patient experience.
- Senior Managers to consider ‘WMTY’ conversation findings and develop ‘Joy at Work’ agenda

REFERENCES
1. Review of Staff Engagement and Empowerment in the NHS 2014

P144 THESE HIPS DON'T LIE: A COMPLETED AUDIT OF HIP SURVEILLANCE AMONG CHILDREN WITH CEREBRAL PALSY

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Introduction Cerebral Palsy (CP) is the most prevalent cause of physical disability affecting children in developed countries with an incidence of 2/1000 live births.(1). The risk of hip displacement increases with increasing severity of spasticity with up to 75% of those with spastic quadriplegia having hip displacement. (2,3) The intensity of screening increases with increasing gross motor function classification score (GMFCS).

Aims The aim of this re-audit was to improve hip surveillance among children with CP following a previous audit in October.

Intervention A multidisciplinary meeting resulted in a single set of nationally and internationally approved guidelines being approved for introduction: Cerebral Palsy Integrated Pathway, Scotland (CPIPS). A pro forma for clinical visits was introduced for patients with CP with a single page pictorial guide to simplify the use of these guidelines were added to this. A standard of 90% was set.
Methodology There was a retrospective review of all patients reviewed in clinic in the last 3 months with Cerebral Palsy less than 18 years old. The radiology system ‘NIMIS’ was used to check for evidence of imaging and clinic letter was reviewed for evidence of clinical examination. The patients were classified according to their GMFCS group and results documented as ‘Yes’ ‘No’ if compliant to one or both guidelines and ‘Don’t know’ if the images were not available on NIMIS.

Results 12 patients were included in this re-audit with the overall compliance being 90%. GMFCS 1 included 3 patients all meeting the surveillance guidelines. GMFCS 2 included 3 patients with 100% compliance. GMFCS 3 included 2 patients with 50% compliance. GMFCS 4 had no patients. GMFCS 5 included 4 patients with 100% compliance and Hemilegic Gait Group included 1 patient with 100% compliance.

Conclusion We are now above the standard set for compliance to these guidelines. The re-audit was over a shorter time with fewer patients, however it does suggest an initial positive change. The plan will be to re-audit again in six months and a years’ time to ensure that this level of compliance is maintained.

REFERENCES

P145 PAEDIATRIC POCKET GUIDES: ADAPTATION OF AN EXISTING LOCAL IRISH RESOURCE TO OVERCOME CHALLENGES TO CLINICAL GUIDELINE IMPLEMENTATION IN A LIMITED RESOURCE PAEDIATRIC ONCOLOGY SETTING IN TANZANIA

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We adapted an existing pocket guide to provide an easily accessible solution to support implementation of paediatric oncology guidelines for staff of the Paediatric Oncology Unit at Muhimbili National Hospital, Tanzania.

Background In 2018, a team of Irish Children’s Nurses were invited to support the provision of the first 8-week Paediatric Oncology Nursing Course in Muhimbili National Hospital. Support was provided in the classroom, through clinical mentorship on the ward and the development of the Paediatric Pocket Guide (PPG).

A detailed, locally appropriate Supportive Care Handbook had been developed for nurses and doctors working in the Paediatric Oncology Unit. However, the printed guidelines were expensive to print, bulky to routinely carry and regularly ‘disappeared’ from the ward. Rapid staff turnover (interns change every week!) also made dissemination difficult. Due to hospital IT issues the document was not available on ward computers. The lack of accessibility was felt to be a contributing factor to the lack of adherence to clinical protocols and guidelines. Gaps in knowledge and understanding of complex oncology issues have a direct impact on the provision of safe consistent care and survival of children treated on Upendo Children’s oncology ward. Similar challenges were noted with the implementation of a tailored Paediatric Early Warning System (PEWS) on the ward.

Intervention Two versions (nursing and medical) of a summary pocket-sized paediatric oncology guideline resources were developed and printed on water-resistant cards. All staff attending specific education sessions were given a personal copy. Three months following the introduction of the Paediatric Pocket Guide an evaluation survey was completed. The findings were overwhelmingly positive

- 100% of staff find it very useful
- 100% of staff say their knowledge of oncology guidelines has improved and helps them follow the guidelines
- 67% strongly agree and 33% agree that patients are safer following the introduction of the PPG
- Examples were given of when the pocket guide was used in clinical practice and suggestions for improvement

Learning The PPGs have led to improved adherence by ward staff to oncology protocols and guidelines and improved awareness and implementation of the PEWS.

Creating locally relevant clinical guidelines is essential but consideration must also be given to how this information will be imparted to staff. The lightweight but cheap and durable pocket-guides have bridged this very significant gap between knowledge generation and clinical application. They also prompt guidelines to be regularly reviewed and updated with each new printed edition.

P146 AN AUDIT OF MANAGEMENT OF FEVER IN INFANTS YOUNGER THAN THREE MONTHS ON A GENERAL PAEDIATRIC WARD

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Introduction Fever is a common presentation in paediatrics. Infants <3 months presenting with fever should be managed on an inpatient basis due to the increased risk of serious bacterial infection (SBI), with infants <1 month always considered high risk for SBI. The local guideline in Cavan General Hospital for the management of these infants is based on NICE guidelines. A previous audit revealed poor compliance. We aim to determine if compliance has improved.

Aim To determine compliance with guidelines for the management of fever in infants younger than 3 months.

Methods 38 infants younger than 3 month were admitted to the paediatrics ward in Cavan General Hospital with fever between January 1st 2018 and December 31st 2018. Charts were reviewed retrospectively using set criteria to determine compliance, and identify areas where improvement was necessary.

Results 37 charts were reviewed. One chart could not be located at the time of the study. Of 37 patients, 9 were less than one month of age, and 28 were between 1 – 3 months. All patients had blood tests done, though not all had a venous blood gas performed as per protocol. One patient only had an FBC done, with no U&E or CRP. All but two patients had a urine sample checked.