P158 A REVIEW OF ATTENDANCE AT A WEEKLY PEER-TO-PEER SUPPORT GROUP FOR EXPRESSING MOTHERS IN A PAEDIATRIC HOSPITAL SETTING

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Background A quality improvement project (QIP) was undertaken in 2016 with the goal of achieving 100% of eligible infants <2 weeks of age admitted to Our Lady's Children's Hospital Crumlin (OLCHC) having access to their own mother's milk for the duration of their hospital stay. From this QIP, a weekly peer-to-peer support (PPS) group, facilitated by a dietitian/breastfeeding champion, was established to support expressing mothers in OLCHC. PPS has been shown to be an effective model for increasing breastfeeding rates.

Objectives Establish if the introduction of a 'referral card' for the weekly PPS group would improve attendance.

Methods A retrospective audit of attendance records at a paediatric hospital based PPS group between October 2016 and October 2018. Attendance was compared pre- and post-the introduction of a referral card to the PPS group. Descriptive statistics were undertaken.

Results One hundred meetings occurred during the audit time period with a total of 111 mother contacts. A mean of 1 mother (range 0–4) attended a meeting prior to the introduction of the referral card. Attendance increased to a mean of 2 mothers (range 0–6) after this time ($P=0.0009$).

Future plans We believe that the establishment of a weekly PPS group, in addition to other measures implemented, has played a role in supporting mothers to continue to express for the duration of their infant's hospital stay. The introduction of the referral card has led to improved attendance at the PPS group. As part of the next PDSA cycle, we hope to survey the mothers who have attended the group so as to collect qualitative data on their experience and gain valuable information on how best we can continue to support these women.

P159 LOW RATE VASCULAR ACCESS RELATED INFECTIONS IN THE CHRONIC HAEMODIALYSIS PATIENT COHORT IN A TERTIARY PAEDIATRIC HOSPITAL

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Background Vascular access is required for haemodialysis (HD), a form of renal replacement therapy required when a child has acute or end stage kidney disease (ESKD). Central venous catheter (CVC) line infections are the second most common cause of vascular access loss in the long term HD patient, commonly caused by poor hand hygiene practices, clinical environment or inadequate sterilisation procedures. In the literature the reported rates of infection range from 0.8–4.8 episodes/1000 catheter days in this patient group.

Aim To audit CVC line related infection rates in our tertiary HD unit in Temple Street Children's University Hospital (TSCUH) over a 5 year period.

Methods A retrospective review was carried out on all patients who had HD from January 2012– January 2017 (inclusive) using a CVC.

Results/Findings 34 patients required HD, of which 44% were female and 56% male.

Twenty-three patients (68%) were aged between 5–10 years of age.

Dysplastic kidneys was the most common reason for requiring HD ($n=9$, 26.2%). Eight patients required HD for 1–6 months, 5 patients for 6–12 months, 19 patients for 12–48 months, and 2 patients for >60 months.

Five out of 34 children developed CVC line infections with an overall infection rate of 0.22 episodes per 1000 catheter days. Loss of protective caps was the main reason for infection ($n=3$). Staph-aureous, pseudomonas oryzihabitans, enterococcus faecalis and mixed coagulase negative staphylococci were the identified organisms causing infection.

Conclusions CVC line infections in long-term HD patients attending TSCUH are maintained at a low rate in comparison to published data.

Strict application of Aseptic Non Touch Technique shows favourable results without the need for prophylactic antibiotics locks. Future work includes a cost benefit analysis of this practice.

P160 SAFETY CLIMATE SURVEY – ARE WE GETTING BETTER?

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Background Organisations working towards a culture of safety need a reliable measure to monitor the success of their initiatives. A Safety Climate Survey was carried out during September 2017 in the Paediatric ward at Daisy Hill Hospital, as part of the S.A.F.E. (Safety Awareness for Everyone) initiative. A number of quality and safety measures were undertaken over the last 18 months.

Aim To repeat the Safety Climate Survey and gauge safety culture in the department of Paediatrics at Daisy Hill Hospital (DHH).

Method

- RCPCCH – Safety Climate Survey was used. This was previously used in 2017.
- Survey was completed by multi-Disciplinary staff including all grades of medical & nursing team in the Paediatric department, DHH. Administrative support staff, medical students & health care assistants were also included.
- An email was sent to all staff at the beginning of the survey.
- Hard copies of survey sheets were given to staff over a period of 3 weeks during January 2019 with a central collection point in the children's ward. A previous attempt in 2017 of digital surveys had a poor response.
- Survey data analysed and compared with previous (2017) results.

Results

- Fifty (69%) completed survey forms received from a staff pool of 72.