CHILDREN DEPENDENT ON MEDICAL TECHNOLOGY: KNOWLEDGE & CHALLENGES FOR ADVANCED HOMECARE NURSES

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Background In 1981, a child in the US was discharged home dependent on medical technology. Since then, it is widely acknowledged this cohort of children should live at home. However, most countries are still reactive in their approach to planning 25% of NCHDs working the Paediatric medical on-call rota were invited to complete an online survey exploring their experiences of being on-call. These results were discussed with the hospital directorate and a second registrar was introduced into the 25-hour on-call team. Three months following the introduction of the second registrar the same survey was repeated.

Results 18 NCHDs (8 Registrars, 10 SHOs) took part in the initial survey and 16 NCHDs (10 Registrars, 6 SHOs) took part follow up survey. Prior to the introduction of the second registrar, 66% and 33% of NCHDs reported getting less than 1 hour and between 1–3 hours of uninterrupted rest on call respective. Following the introduction of the second, registrar, 6% reported less than one hour, 44% reported 1–3 hrs and 50% reported 3–5 hrs of uninterrupted rest on call.

In the initial survey one participant (5%) reported having adequate time to eat on call, this figure rose to 63% (10 participants) following the introduction of the second registrar.

In the initial survey all participants reported fatigue levels as unmanageable or overwhelming by the end of their 25 hour shift. Following the introduction of the second registrar 50% of participants reported manageable fatigue levels by the end of their shift, the remaining 50% reported fatigue levels as unmanageable or overwhelming.

Discussion The introduction of a second registrar on call resulted in marked improvement in the on-call experience of the participants, there was an improvement in uninterrupted rest and lower levels of reported fatigue. Despite the presence of a second registrar 50% of participants still reported fatigue levels as unmanageable or overwhelming by the end of their shift.

Conclusion Paediatrics is recognised as a satisfying speciality albeit a difficult one with a high workload and a high rate of attrition and burnout. Interventions such as addition staff on-call may protect junior staff from burnout and result in higher staff retention in the speciality.