under general anaesthetic, some of whom require anxiolytic medication. Methods to reduce anxiety, such as hospital tours, have not been possible during the COVID-19 pandemic prompting us to reimagine how these can be delivered.

Use of Virtual Reality (VR) in Paediatrics has largely focused on distraction during a procedure but VR can be effectively used preoperatively to reduce anxiety. Preadmission use of VR to reduce anxiety has also demonstrated a potential health economic benefit.

We describe progress in developing a VR environment to simulate hospital tours in a Paediatric Hospital in the United Kingdom.

Objectives Improve the patient experience by reducing preprocedural anxiety in CYP attending for a planned procedure under general anaesthetic, using VR technology to simulate a tour of an anaesthetic room.

The VR environment must be accessible and interactive for CYP aged 8–21 years using a smartphone or device and VR headset at home, the content and design of which is informed by the experience and opinions of CYP at every stage of development.

Methods Initial input of CYP was sought at a Young People's Forum. Discussions informing both the content and design were facilitated by healthcare professionals and involved CYP aged 10–18 years.

A VR developer then created a digitally rendered anaesthetic room to produce a minimum viable product (MVP) using 'Autodesk Maya' and 'Unity' software. A 360° video of an anaesthetic room was also developed.

Information provided within the VR environment was produced by Paediatric Healthcare professionals with input from experts in acute Paediatric anxiety.

Focus groups of CYP will provide qualitative feedback to drive improvement cycles of the VR environment on a regular basis along with integration of interactivity and gamification.

Following this patients will be invited to experience the virtual environment.

Results CYP felt that a VR environment could help reduce preprocedure anxiety. They identified reducing uncertainty, optimising comfort, familiarity and trust in healthcare professionals and understanding medical devices and the physical experience as key factors for consideration when developing the VR environment. A calm environment with a relatable character, interactivity and gamification were identified as design priorities.

The initial focus group review of the MVP is scheduled imminently with a plan to complete improvement cycles on a three monthly basis.

Patients will be offered the opportunity to explore the VR environment at their pre-assessment appointment if the healthcare team and parent/guardian believe they may benefit.

Conclusions Preprocedure anxiety is a major factor affecting the experience of CYP. This project aims to counter that using VR technology. The engagement of key stakeholders to inform throughout development ensures constant relevance is maintained in design and delivery.

Reducing uncertainty, optimising familiarity and trust in the healthcare environment and team were identified as key factors in reducing anxiety. Interactivity and gamification are important in enhancing engagement.

Ongoing review with CYP will shape and extend this tool with a view to building an interactive VR hospital allowing exploration of the whole hospital journey.

Quality Improvement and Patient Safety

1335 DRUG'GLE- SITUATIONAL AWARENESS IN PRESCRIBING

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10.1136/archdischild-2021-rcpch.566

Background Errors in prescribing and administering drugs, make up a huge proportion of monthly datix'es. These errors reduce the effectiveness of treatment, prolong patient stay and can put patient's lives at risk. We reviewed the drug error rate, in our Pediatric Department at Luton and Dunstable University Hospital. Following this, we listened to our staff and introduced interventions.

Objectives * Educate- Alert all staff regarding common prescribing errors and specific drug related topics.

* MDT discussion- Increase communication within the team (Pharmacists, the medical and nursing staff.

* Feedback- Enable the team to receive feedback on anonymised errors in real time and share learning points.

* Change in behaviour- Draw attention to areas for improvement and change behaviour over time, to improve the standard of prescribing and reduce errors.

Methods We sent out a questionnaire to our colleagues (Paediatric Doctors, Nurses and ANNPs) to understand what currently makes them feel confident or unconfident, when it comes to prescribing and administering drugs. Using this initial survey results, we introduced 2 interventions to be trailed over a 4month period.

1. Daily 'Dedicated Prescribing Time' to minimise distractions and include pharmacists in ward prescribing and administering practices.
2. Fort-nightly 'Pharmacist led teaching'

Results From June to September 2020.

- There was a downward trend in errors relating to drug dose or frequency (24% to 13%)
- There was a downward trend in errors relating to drug route (26% to 8%)
- There was a huge increase in the number seeking pharmacy support for help and advice (2% June, 19% in July, 12% in August and 17% in September).

Surveys pre and post the scheme showed the majority feel errors are made when they are rushed or short of time (>50%). Whilst the survey did not show much change in prescribing confidence, it did show an increase in the number who felt willing to seek pharmacy advice.

Conclusions Drug errors can cause significant harm to patients. A high proportion of staff feel under confident when prescribing and administering drugs, due to time pressures and distractions on the ward. Our interventions over a 3month period, whilst they did not negate all the pressures, did help staff feel more able to contact pharmacy staff for support and also help reduced errors. Thus we hope by continuing this project and having regular teaching sessions, we can further reduce errors and increase confidence.