Quality Improvement and Patient Safety

1336 'I SUPPORT KINDNESS IN PAEDIATRICS 2021'

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Background 'In a world where you can be anything, be kind'

We all could do with more kindness towards ourselves, our colleagues and patients at work. It is the small acts that matter in everyday life than grand gestures. According to Patient Empathy Project 96% of patients suffer from health-care related fears, and one of the top patient fears is having a rude or unhelpful nurse.

Kindness when combined with active listening and competent clinical skills helps improve patient care.

Given that we spend a significant time of our working lives at work, having colleagues who are kind is crucial to improve staff morale and retention.

Objectives We wished to acknowledge staff in Paediatrics who are going over above in demonstrating kindness to colleagues and patients at work. We designed and procured badges that said 'I Support Kindness in Paediatrics' in December 2020.

Methods Staff were chosen from the list of Greatix (anonymous electronic positive reporting tool) submitted in recent months for demonstrating kindness by a colleague in recent months.

Starting from December 2020, each month I chose 10 staff for receiving the badges. This exercise will last 10 months until august 2021.

Results Until now, 30 staff members have been given the badges which they proudly wear to work. The staff members include nurses, doctors, housekeepers, receptionists and many other allied health care professionals working on the paediatric ward.

The list of staff names each month is circulated in the departmental newsletter, displayed on the ward notice board, advertised on social media and mentioned in the weekly CEOs newsletter. It is not surprising that staff who were nominated in Greatix for kindness were regularly named for supporting their colleagues.

Conclusions These badges provide a morale boost to our staff who are kind and reassure patients that kindness is an important attribute in our department. This is now adapted by obstetrics and gynaecology in our Trust as part of the staff well being initiative.

British Paediatric Respiratory Society

1338 A SHORT AUDIT OF THE IMPACT OF PUBLIC HEALTH MEASURES ON RESPIRATORY VIRAL PRESENTATIONS TO OUR PAEDIATRIC ASSESSMENT UNIT DURING A WINTER OF COVID-19

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Background Viral respiratory illness is one of the commonest causes of childhood hospitalisation in the UK. This is especially true during winter; where cold, dry conditions and increased indoor mixing create an optimal environment for the spread of viruses such as Influenza and Respiratory

Syncytial Virus (RSV). In 2020, various public health measures have been introduced to control the worldwide outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Evidence from the Southern Hemisphere has suggested that these Non-Pharmaceutical Interventions (NPIs) may also have impacted the transmission of other seasonal respiratory viruses – most significantly Influenza and RSV – but limited evidence is available for their impact in the UK.

Objectives This short audit project aims to assess the local impact of NPIs against SARS-CoV-2 on the presentation of children to our Paediatric Assessment Unit (PAU) with seasonal viral respiratory tract infections, and to determine whether there has been any effect on the profile of respiratory viral illnesses in the paediatric patient population.

Methods Patient admission data to our tertiary centre's PAU were compared for December 2019 and December 2020. Data on presenting complaint, sex, age, relevant investigations, and results of respiratory virology panels were extracted and used to quantify trends in viral respiratory presentations to the unit for each month.

Results December 2020 saw a greater than 50% decrease in patients presenting to PAU compared to December 2019. Furthermore, the proportion of patients that presented positive for any respiratory virus also decreased, despite the proportion of patients being investigated for them increasing. Most notably, rates of RSV decreased from 133 cases in December 2019 to 0 cases in December 2020. Similarly, Influenza cases dropped from 37 to 1. Meanwhile, rates of non-enveloped viruses seemed unhindered by NPIs – with Adenovirus cases increasing from 17 to 18, and Rhino/Enterovirus cases increasing from 49 to 64.

Conclusions The evidence presented in this project suggests that public health measures introduced locally to stem the spread of SARS-CoV-2 may also have had an influence on the spread of other seasonal respiratory viruses within our paediatric population – leading to a reduction in presentations to PAU and a reduction in cases of RSV and Influenza. These findings, taken alongside those of other studies from around the world, may provide useful to help paediatricians and public health doctors in managing outbreaks of seasonal respiratory viruses in future. By introducing simple and relatively inexpensive measures at key times it could make a big difference towards reducing the strain that these illnesses can place on children's hospitals. Furthermore, they may also suggest a need for caution to be taken as restrictions ease, due to the potential risk of a delayed wave of respiratory viral illness in a more susceptible population, after fewer children have been exposed to such viruses with lockdowns in place.

Quality Improvement and Patient Safety

1340 LEARNING FROM EXCELLENCE: SHARING SUCCESS, A QUALITY IMPROVEMENT PROJECT

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Background A Learning From Excellence (LFE) scheme was initiated in the Paediatric Department of a District General Hospital (DGH) to highlight and celebrate good practice. This scheme was implemented at a time when stress levels were

particularly high at the start of the Covid-19 pandemic. Due to the popularity of the scheme, it was later expanded to include the maternity department. Nominations were received via email to a centralised address. On a monthly basis, certificates were sent out to nominees and themes of excellence were shared with the wider team.

Objectives To evaluate staff opinions of the LFE scheme, in particular the impact on morale, working relationships, team-working and patient safety. To also explore staff opinions on the functionality of the scheme and their experience of submitting and receiving nominations.

Methods A survey was distributed to all participants in the scheme 4 months after the project was initiated. An additional poll was performed at 10 months, and all members of the paediatric and maternity teams were invited to participate. Data was also collected on the number and theme of nominations, as well as staff members nominated/nominating.

Results 44 nominations were submitted within the first 4 months. There was a 73.0% response rate to the survey following this period (n=36), of which 72.0% fully completed the survey (n=26). The majority of nominations (57%) were from Paediatric Registrars in the first four months, but there was a spread across the wider MDT. All respondents reported that the LFE initiative had some impact on improving morale in the workplace, improved their motivation in the workplace and had been effective in improving teamwork. 96.2% felt LFE was effective in breaking down boundaries between staff and 88.5% felt it had an impact on improving patient safety. The qualitative responses received highlight the positive feelings experienced by participants and the impact on individual wellbeing – not only experienced by those who were nominated, but also the nominators.

Momentum built in the 10 months since the scheme was introduced, with the numbers of nominations growing from a mean of 6 per month initially to a peak of 25 per month (overall total of 146 nominations.) The spread of nominees over time was more inclusive of the wider MDT. A follow up survey was performed at 10 months and 40 responses were received. 100% of respondents felt that LFE was a beneficial initiative, and 100% felt that LFE had a positive impact on their work environment.

Conclusions The LFE scheme implemented during the Covid-19 pandemic in our paediatric department has contributed to improvement in staff morale, motivation and teamworking. The increase in nominations is evidence of development of a positive culture in which recognition of colleagues' contribution to the team is becoming part of the ethos of the department. Encouragement has never been more crucial than during the current global pandemic. We aim to expand this initiative by using digital innovation to make the process more efficient, and across different sites, so that learning points can be shared amongst the wider Trust.

Background Simulation teaching is a popular method of training clinical staff in the management of neonatal emergencies. It is an engaging and interactive way of improving clinical skills and confidence in following the neonatal life support (NLS) algorithm. Obstetric team members are often the first to attend neonatal resuscitations therefore it is important that they are trained to manage common neonatal emergencies.

Objectives The objective of this study is to evaluate the effectiveness of low-fidelity simulation to teach neonatal life support to members of the obstetric team.

Methods Four low-fidelity neonatal simulation sessions each lasting 40 minutes were run in February and March 2021. 21 candidates participated including 15 midwives, 2 doctors and 4 maternity support workers. All candidates worked within the maternity services, 20 in hospital and 1 in the community.

The simulation was carried out by an NLS trained neonatal doctor. Each session began with a 10-minute explanation of setting up the resuscitaire and an interactive scenario-based demonstration following the NLS algorithm. This was followed by 30-minutes of low-fidelity simulation in which each candidate was observed and supported to run through a realistic scenario using a low-fidelity neonatal mannequin. All the candidates completed post-course feedback evaluating the effectiveness of the training and their confidence in their clinical skills.

Results All candidates demonstrated to the trainer both the ability to follow the NLS algorithm in the low-fidelity simulation environment and to deliver effective inflation and ventilation breaths on a mannequin. In the feedback, candidates were asked to rate their answers to statements on a scale of 1 (strongly disagree) to 5 (strongly agree). Following the simulation, 100% of candidates strongly agreed (5/5) that the topics covered were relevant. 90% scored 5/5 for feeling more confident in following the NLS algorithm and 10% scored 4/5. 86% rated 5/5 for feeling more confident in setting up the resuscitaire and 14% scored 4/5. Candidates were asked to rate the following statements, 'I feel more confident in neonatal airway management and delivery of inflation and ventilation breaths' and 'I feel more confident in when and how to deliver CPR'. For both statements 95% rated 5/5 and 5% rated 4/5. 16 of 21 candidates answered the question 'Simulated scenario teaching is a valuable way of learning NLS' as this was not asked to the first group. Of those who answered this question 94% rated 5/5 and 6% rated 4/5.

Conclusions Low-fidelity simulation teaching is a valuable and effective way of training members of the obstetric team in NLS. All candidates agreed that they were more confident in both following the NLS algorithm and the practical skills required for NLS following the simulation training. The main limitations of this study are, firstly, that it assesses the self-efficacy of the skills learnt immediately after the training rather than providing an objective measure of performance and, secondly, it doesn't assess the long-term retention of the skills learnt. Additionally, to fully evaluate the impact of low-fidelity NLS simulation training on patient care, further studies using immediate and long-term clinical outcome measures are required.

Paediatric Educators' Special Interest Group

1341

LOW-FIDELITY SIMULATION FOR NEONATAL LIFE SUPPORT TRAINING TO MEMBERS OF THE OBSTETRIC TEAM

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