Association of Paediatric Emergency Medicine

1683

PARENTAL PERCEPTIONS OF PAEDIATRIC EMERGENCY DEPARTMENTAL ATTENDANCE IN CHILDREN DURING THE COVID-19 PANDEMIC IN UK (PPEDIC). THE QUALITATIVE VIEW

¹Gayle Appleby, ²Alexandra Wharton-Smith, ³Anthony Hemeson, ³Tina Sajjanhar, ³Lorraine Wicksey, ³Marylyn Emedo, ³Benjamin Cahill, ³Sophie Keers, ⁴Alastair Yim, ³Maggie Nyirenda. ¹Lewisham and Greenwich NHS Trust; ²London School of Hygiene and Tropical Medicine; ³Lewisham and Greenwich NHS Trust: University Hospital Lewisham; ⁴Lewisham and Greenwich NHS Trust: Queen Elizabeth Hospital

10.1136/archdischild-2021-rcpch.794

Background The COVID-19 pandemic has massively impacted on how healthcare is accessed. Paediatric Emergency Departments (PED) attendances have fallen dramatically in the UK during this period. Studies so far have focused on quantitative data when exploring this topic; whereas, our study uses qualitative methodology to review parental attendance motivations. Our study addresses a critical gap in understanding the factors that may influence caregivers' PED attendance in the context of the COVID-19 pandemic within our region.

Objectives The aim of the study was to explore and understand how the COVID-19 pandemic influenced caregivers' health-seeking behaviours. Specifically, we assessed how caregiver behaviour has changed, the perceived factors affecting presentation to the paediatric emergency department, how information around health has been received by caregivers and how the information should be communicated by health-care professionals to meet the caregivers' needs.

Methods This qualitative sub-study was part of a mixed method study assessing parental perceptions and experience of PED. It used a purposive and convenience sampling method to recruit caregivers attending PED with varied age, gender and ethnicity. Using in-depth interviews, we explored caregivers' experiences and perceptions of PED attendance among caregivers who presented with their children at our trust, comprising of two hospitals, during November - December 2020. Informed written consent was obtained from caregivers. Twenty semi-structured interviews were conducted. Interviews were audio recorded and transcribed verbatim. Data were analysed thematically using coding to identify emergent themes, patterns and concepts from participants' accounts. The thematic content analysis was conducted by two study members for inter-rater reliability.

Results The findings coalesced around three main themes: caregivers' lived experience of the pandemic, healthcare seeking perceptions and behaviour, and information sources/communication channels. When describing experiences of the pandemic, almost all participants expressed intense emotions such as fear, anxiety, depression and the need to adapt to new social norms. Decision-making around when and where to seek care for a sick child was predominantly influenced by the severity of the child's condition, professional medical advice and perceptions of the SARS-COV-2 transmission risk posed by visiting the hospital: *'we've heard ... of people going into hospital for something unrelated and catching it'*^{ID8}. Some caregivers reported how hospital staff

actions and/or the hospital environment itself could mitigate and/or propagate these concerns in equal measures, such as wearing masks correctly. Caregivers also expressed worries around overburdening the NHS *'I'll just ring the GP see what they say ... make sure they (the hospital) wouldn't think we were wasting their time'*^{ID4}. Despite the varied range of communication channels reportedly providing health information, which included government, health services, mainstream and/or social media, many participants cited distrust in one or several of these sources. Health professionals, schools and social networks were cited as trusted and preferred sources for disseminating information around paediatric health issues.

Conclusions Our findings show that caregivers are fearful of bringing sick children to PED and some mainstream sources of information are perceived to be untrustworthy. Public health messaging should emphasize the availability and safety of hospital facilities.

Quality Improvement and Patient Safety

1688

JUST IN CASE TRAINING

Petra Carroll, Denise Welsby. Great Ormond Street Hospital for Children NHS Foundation Trust

10.1136/archdischild-2021-rcpch.795

Background The Trust introduced Just in Case (JIC) training in 2014 in the ITU areas under the global PediRES-Q research study.

The initiative reinforces traditional annual resuscitation training, delivering refresher and preparatory training at the bed side to help staff become more focused and aware of essential skills and interventions that may be required for individual patients, meeting the learners needs when it arises, through collaborative learning with peers. It supports at the point where greater performance is required, promoting a confident and responsive workforce, providing a timely, child centric approach to the delivery of resuscitation skills at the bed-side where all clinical staff can be engaged and appreciate the end goal of identifying those at risk of deteriorating and prevention.

Objectives To improve the recognition and enable early intervention and management of the acutely unwell child in order to prevent deterioration into cardiorespiratory arrest and rapid response in paediatric resuscitation by providing Just in Case training to clinical staff.

Methods In response to the impact of the Covid 19 pandemic, there were opportunities to extend the JIC training, bringing additional expertise, support and reassurance to all clinical areas but especially where Covid 19 patients were identified, increased acuity of patients, staffing levels where stretched, the PEWS >9, ward teams, Clinical Site Practitioner's (CSP) or parents had identified a high risk of deterioration or collapse. Also, to support to staff redeployed from the North Central London Paediatric Network, ward-based training regarding the Trust emergency response systems and familiarisation and use of Trust emergency equipment was delivered.

Success led to an extension of the initiative and collaboration with the CSP team and clinical staff, identifying JIC