Paediatric Mental Health Association

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VIRTUAL ART THERAPY: MEETING THE PSYCHOSOCIAL NEEDS OF CHILDREN AND YOUNG PEOPLE WITH A LONG TERM HEALTH CONDITION DURING THE COVID-19 PANDEMIC

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10.1136/archdischild-2021-rcpch.832

Background Children and young people (CYP) with a long term condition (LTC) are known to have increased psychosocial needs. This is also true for siblings of CYP with a LTC.

The current COVID-19 pandemic has had an adverse impact on the psycho-social wellbeing of CYP, especially those with a LTC and their siblings. This has resulted in an increase in demand for psychosocial support which has presented a challenge as to how these needs might be met.

During the pandemic, a Children's Hospital, in partnership with Teapot Trust (a charity providing art therapy) offered a virtual art therapy intervention to CYP with chronic kidney disease in order to support their psychosocial needs. The art therapy was delivered virtually via Zoom.

Objectives To explore the feasibility and effectiveness of delivering a virtual art therapy intervention and measure the impact of the intervention on Children and young people psychosocial wellbeing.

Methods The hospital MDT identified and shared referrals with the Teapot Trust art therapist. CYP completed a Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) survey at the start and end of the intervention to assess impact on psychosocial wellbeing.

From August – December 2020: 8 CYP (aged 6–14 years) received virtual art therapy support. Sessions were either delivered 1:1 (N=4) or as group therapy (N=4).

The art therapist delivered the therapy via Zoom.

All CYP received an individual art resource pack.

Youth workers participated in sessions where considered helpful.

CYPs needs were identified at their initial session and a support plan put in place.

Progress was reviewed after 8 weeks and sessions extended if needed.

At the end of the intervention CYP also completed an enjoyment feedback form. Parent feedback about their child's well-being and enjoyment was collected at the end of the intervention.

Results The CYP received a mean of 8 (range 6 – 18 weeks) sessions.

CYP:

N=8. 87.5% (N=7) completed the WEMWBS survey. Average WEMWBS score increased from 82.7 (high) at baseline to 91.3 (high) post intervention which is a positive change across the whole group.

All 100% (N=7) showed improved self-esteem, improved mood, increased energy and motivation, and increased relaxation.

Parent feedback:

62.5% (N=5) completed the feedback forms. 100% (N=5) responses were positive.

CYP said *'it helped me understand all those feelings that were hidden for such a long time.'*

Parent feedback *'the difference in R's mental health from when she started the art therapy and finished was like night and day'..... 'being very proactive in her own self-care, seemed happierextremely pleased with the result'.*

Conclusions Delivery of a virtual art therapy intervention appears to support improvement of the psychosocial wellbeing of CYP.

More research is needed to assess the effectiveness of virtual art therapy

Quality Improvement and Patient Safety

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PAEDIATRIC RAPID REVIEWS – DO THEY ENABLE TIMELY PATIENT REVIEW AND APPROPRIATE ESCALATION IN A TERTIARY PAEDIATRIC HOSPITAL?

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10.1136/archdischild-2021-rcpch.833

Background Rapid reviews (RRs) and safety huddles were introduced in a tertiary children's hospital in 2017 in order to improve the rapid assessment and expectant management of unwell patients across the hospital and prevent unrecognised deterioration on the wards. RRs gather an experienced team of clinicians (PICU and high dependency registrars and critical care outreach team) together at the bedside of a child felt to be deteriorating or at risk of deterioration if not reviewed. Clinicians should attend within 15 minutes, an ongoing plan must be agreed upon and documented following assessment, and a high dependency or paediatric intensive care consultant is informed about every call.

Hospital wide data was collected in both 2018 and 2019 looking in detail at RR calls made, and any effect of these measures on unplanned admissions to Paediatric Intensive Care Unit (PICU) as part of a Trust wide patient safety initiative.

Primary:

- Examine rates, outcomes and overall trends of RRs in 2019
- Review unplanned PICU admissions and their involvement in the RR process
- Comparison of 2018 and 2019 data after presentation of 2018 findings

Secondary:

- Identification of opportunities for quality improvement in the RR process and local paperwork.

Methods All unplanned admissions to PICU were identified through the PICA database, and RR calls were identified through local switchboard and Datix submission data. Data was collected from electronic notes looking at timings of calls, locations, and subsequent escalation of care. Unplanned PICU admissions were reviewed looking at eventual outcome and whether there had been rapid review calls or emergency calls prior to admission to intensive care.

Results

- Documentation of RR calls improved between 2018 and 2019.
- There were no documented cardiac arrests on the ward outside of PICU in 2019.

- Number of RR calls peaked in November in both years studied.
- Larger proportion of RR calls in 2019 were made from HDU areas compared with 2018
- As expected, the majority of RR calls were made out of hours.
- Larger proportion of RR calls in 2019 remained on the ward compared with 2018 – suggesting improved awareness of their early use in preventing emergency PICU/HDU admissions.
- 9% of unplanned PICU admissions in 2019 were not preceded by a RR or MET call- the majority of these occurring after direct consultant discussion in hours with a RR not required for appropriate escalation.

Conclusions Since their introduction, RR calls have become ingrained within the hospital and awareness of their use has risen. The number of calls increased from 2018 to 2019 with higher proportion of patients able to remain in a ward or HDU environment following RR. A number of changes to the RR paperwork were actioned as a result of the project to make outcomes of the reviews and ongoing plans clearer and easier to identify in the notes. We recommend ongoing audit of RR activity to continue to assess their impact on patient care and associated rates of unplanned PICU admissions within the hospital.

Paediatric Critical Care Society

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NEONATAL ICU NURSE SHADOWING PROGRAMME: EXPLORING NEW WAYS OF LEARNING IN PAEDIATRICS & INTENSIVE CARE (A PILOT STUDY)

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10.1136/archdischild-2021-rcpch.834

Background Holistic and multi-disciplinary care within paediatrics & child health is widely valued, and the intensive care environment is no exception. During a baby's journey in neonatal intensive care, the role of the neonatal nurse is vast and crucial to their wellbeing, offering a blend of skill, knowledge, and compassion to a vulnerable population of patients. As junior paediatricians, the focus of learning mostly revolves around medical diagnoses, resuscitation, and procedural skills. However, rarely do trainees get exposed to the untapped reservoir of knowledge that exists amongst our allied healthcare professionals, notably the neonatal nurses; even rarer is a formal, structured way to access this.

Objectives The benefits of shadowing experienced NICU nurses could be invaluable for paediatric trainees at the start of their career. The primary aim of this pilot study was to launch a new programme involving all senior house officers (SHO) in one 6-month rotation in secondary (Level 2) & tertiary (Level 3) neonatal intensive care. The goals were to add a new dimension to their neonatal education, improve their confidence in troubleshooting bedside problems, improve team cohesion and eventually improve patient care overall.

Methods During the 6-month rotation, every neonatal SHO had at least one day pre-allocated on the rota for 'Nurse Shadowing'. A specific timetable, devised in combination with Neonatal Nurse Educators, allowed supervised experience in caring for premature and term infants on NICU, assisting in

drug/trolley checks, and attending nursing meetings. SHOs were given an optional list of skills to observe (e.g. nasogastric feeding). Every trainee was also allocated a nurse mentor on the day. The impact of the pilot programme was analysed using anonymised questionnaires with Likert scale questions (1 = not confident, 5 = very confident), assessing their confidence in the 22 suggested skills before and after the shadowing days – a mean improvement in score for each skill was then calculated. The nursing team members also completed a tailored questionnaire to evaluate their experience of the days. **Results** Fourteen SHOs were enrolled in the programme. 14/14 (100%) of doctors would recommend the programme to future trainees, and 13/14 (93%) felt it improved their team-working and relationship with the nursing team. The three most valuable skills for trainees were setting-up a transport incubator (+2.9), using infusion pumps (+2.5) and ventilator/CPAP set-up (+2.2). In every skill assessed, the SHOs felt on average more confident after their experience. Certain skills however, such as iNO use (+0.3) and PN administration (+1.5), were less frequently observed. Seventeen neonatal nurses were involved, and 17/17 (100%) agreed or strongly agreed that participation was enjoyable, improved their rapport with paediatricians and that the programme would improve overall NICU patient care.

Conclusions This small-scale pilot programme has shown that structured nurse shadowing on an ICU can have promising impacts on paediatric education, as well as team cohesion and patient care, based on our staff's experiences. There has been interest from our local neonatal network to trial the programme elsewhere, with an ambition to expand it to paediatric/cardiac ICUs and Emergency Departments going forward.

British Association for Paediatric Nephrology

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EMOTIONAL MAPPING TO CAPTURE PATIENT AND FAMILIES EXPERIENCE AT DIAGNOSIS OF NEPHROTIC SYNDROME RELAPSE

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10.1136/archdischild-2021-rcpch.835

Background Renal disease care is not confined to tertiary centres. Nephrology teams provide expert advice within renal networks. Effective communication is paramount to ensure patient safety and positive experiences. But how do patients and families perceive being looked after by different teams? In 2020, RCPCH published Paediatrician of the Future, which includes an expectation paediatricians will be familiar with techniques to capture patient perspective. Emotional mapping is an innovative approach in exploring this and facilitating improvement across healthcare.

Objectives To use emotional mapping to illustrate a family's experience, while navigating NHS, during nephrotic syndrome relapse episodes.

Methods Carers of children attending nephrotic syndrome clinics were contacted in advance to explain the project and request participation. A healthcare professional met the family during their wait for appointments. Emotional mapping was used as a tool to facilitate an open, structured conversation, specifically exploring emotions during relapse episodes managed locally. The professional undertaking the interview