Conclusion The non-technical skills of task management and decision-making showed a sustained improvement with in-situ simulation and sharing learning. This project highlighted areas of focus (leadership and situation awareness) for future in-situ simulation based NTS learning. Further PDSA cycles targeted to these specific NTS are recommended.

1377 GETTING OUR TEETH STUCK INTO THE ROOT OF THE PROBLEM, OPPORTUNISTIC PUBLIC HEALTH MESSAGING WITHIN AN A&E DEPARTMENT

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Aims Tooth decay remains the commonest reason for hospital admissions of children in England. Doctors and nurses see children in A&E everyday but often don’t address this problem and rarely ask when a child last saw a dentist. With A&E departments busier than ever could A&E attendances be an opportunity to help prevent the spiralling crisis of A&E departments busier than ever? Our objective was that by March 2022 at least 8 out of 10 children between the ages of 1-17 years who present to paediatric A&E will be asked when they last saw a dentist.

Methods As part of the ‘LSP Improve ONE Thing’ programme we worked to understand the problem using process maps and fishbone diagrams. We engaged staff and patients through ‘share and learn’ activities to better address the problem. We chose the measure of how many patients triaged to the paediatric A&E department were asked when they last saw a dentist and formulated change ideas. The impact of these change ideas were captured using a Plan-Do-Study-Act (PDSA) record sheet and retrospective assessment of patients notes allowed a run chart to be formulated.

Results Since February 2021 4 PDSAs have been tested. The first based around information sharing using email, instant messaging, posters, micro teaching, and case-based discussion. Secondly through ensuring information leaflets were present in the department on how to find an NHS dentist. Thirdly through sharing daily fun dental facts. The fourth involved creating a departmental leader board with prizes and individual thank you letters for the staff who make the de into the top 5.

Within our department there was a great amount of support and agreement of the need to address this issue, but this did not initially translate into action. SHOs and senior members of the nursing team were quickest to create a fun way to entice people into making behavioural changes. Self reporting showed that some triage nurses were able to ask over ten patients per shift when they had last seen the dentist and where necessary inform them how they could get an NHS dentist for free. 70 sets of notes were retrospectively reviewed, and a behavioural change was seen however at present this has not been a statistical shift.

Conclusion Behavioural change is always challenging especially when asking busy A&E staff to think outside of acute medical care and focus holistically on the bigger issues facing our children. Whilst we have not yet reached the desired level that we aimed for we have started to bring about a change. Prior to this project none of our staff were addressing a leading public health issue facing children. Now staff are talking about the importance of oral health with children and carers and using opportunistic encounters to have a positive effect on long term health. This project shows that it is possible to help tackle escalating public health problems in an A+E department and all it takes is asking one simple question, when did you last visit the dentist?

1391 UNSCHEDULED NEONATAL ATTENDANCES

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Aims The easing of Covid-19 lockdown measures led to an unprecedented increase in paediatric emergency department (ED) attendances. Neonates represent a vulnerable group who can be challenging to manage in the ED due to infection risk and lack of specialised facilities. Care on the postnatal wards or review in a dedicated neonatal outpatient area, where feeding support and maternal care can be provided, may be more appropriate and have the added benefit of reducing pressure in the ED. To facilitate this, a mutually agreed pathway between ED and neonatal services is essential. We aimed to ascertain the burden of neonatal presentations to ED and create a referral pathway for unscheduled neonatal presentations (figure 1).

Methods This was a retrospective observational review of babies less than 14 days of age presenting to the ED of a tertiary paediatric hospital with adjacent maternity and neonatal facilities. To account for random variation in ED presentations over consecutive weeks, attendances on the first week of four alternate months in 2020 (January, March, May, July) were included. Variables analysed included antenatal and postnatal history, presenting complaint, discharge diagnosis, and length of ED stay. The data was used to inform a referral pathway that identifies patients appropriate for discussion with the neonatal team.

Results 42 babies met the criteria over the sampled weeks, with a mean of 11 per week. Of note, this number was comparable the same time period in both 2019 and 2021. All were born at term (>37 weeks) and none had previous NNU admissions. Of the babies 61% were born to primigravida mothers, 43% were self-referrals to ED and 38% had community midwife review on the same day as attendance, with 2 being telephone reviews. Half presented between the hours of 20:00pm and 08:00am. The mean length of stay in ED was 2.2 hours. The most common discharge diagnoses were ‘well baby’, ‘feeding problem’ and ‘periodic breathing’ (figure 2). 26% were admitted to paediatric services, of those 63% were discharged within 24 hours of admission.