as specific teaching on ciclosporin prescribing at induction, a crib sheet with a quick ‘how to’ guide would be a useful aid.

We found that there were some specific areas of prescribing that doctors found more difficult, particularly swapping intravenous to enteral dosing, and making dose changes to maintain levels within the correct range.

Conclusion With input from the junior doctor team, we implemented several changes based on the above results.

1) We created a single page crib sheet that has been stored on the intranet and displayed in the junior doctors’ office

2) We wrote a teaching package, in conjunction with the ImmBMT pharmacy team, that would be available on the intranet and would also be delivered at induction

3) We worked with the team behind the electronic prescribing portal to increase the usability and safety netting built in for ciclosporin prescribing. This included making percentage changes in doses trackable and highlighting relevant interactions with increased pop-ups.

We hope that the interventions in place will increase junior doctor confidence and patient safety around ciclosporin prescribing. We will follow-up by reviewing the prescribing trends and incident reports in the period following their implementation.

1411 IMPLEMENTATION OF UPDATED NEW-BORN LIFE SUPPORT GUIDANCE 2021: A QUALITY IMPROVEMENT PROJECT

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Aims Newborn Life Support (NLS) guidelines emphasise the supported transition of infants at birth, and benchmark the standards for resuscitation of the new-born baby. The Resuscitation Council (U.K) have recently updated and published these guidelines in May 2021. These revisions have been implemented in NLS courses, and individual trusts in the U.K are adapting their protocols to align with these changes. We used the PDSA outline to guide the implementation of these changes in our trust. In this quality improvement project, we describe the process and challenges faced, emphasising the importance of collaborative work when implementing these updated recommendations in our department and the trust.

Methods Prior to implementation, a GAP analysis was performed comparing current practice to the new guidance issued by the resuscitation council. This highlighted several areas that would need addressing if these guidelines were to be adopted.

A survey of all practitioners involved in the new-born resuscitation was undertaken to identify awareness and understanding of the updated NLS guidelines. A total of 94 responses were collected and analysed.

Results Of our 94 respondents, we found 60% had knowledge of the updated NLS guidance, however, only 49% implement this in practice. Furthermore, 58% were unsure if the trust had tailored local guidelines to be in line with the resuscitation council recommendations.

Figure 1 summarises the results of the GAP analysis, and steps taken to address each area in the PDSA framework.

Abstract 1411 Figure 1 Results of GAP analysis and outcome of PDSA framework

Conclusion Our survey demonstrated 4 out of 10 healthcare practitioners are unaware of the updated NLS recommendations. Additionally, up to half of those practitioners who are aware of the updates are not implementing these changes in day to day practice. There was a clear need for service development. With our quality improvement project, we have demonstrated that with good collaboration across multiple disciplines, the new standards recommended by the resuscitation council can be implemented. We actively empowered differing disciplines within the organisation to take ownership in the completion of various actions generated from the PDSA cycle in order to achieve a better outcome. Saying this, there is still space for improvement, especially with regards to staff training which will be addressed through departmental educational sessions and new-starter induction.

REFERENCE

1357 REVITALISING TRAINING DAYS FOR VIRTUAL DELIVERY

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Aims To increase trainee participation in online teaching days within our deanery

To match training day content and delivery to the specific learning needs of our trainees

Methods Data was collected from upper school paediatric trainees in PDSA cycles over the course of 6 months during the introduction of a new online teaching platform incorporating the new curriculum and peer support groups. Information was gathered through a comprehensive online feedback form after monthly training sessions. After each training day, this feedback was analysed and changes were made to both teaching day structure, delivery and the online learning management system itself. Data was also collected on viewing figures of recordings of training sessions.