

Background and aims Appropriate hand hygiene among health-care workers is the most important infection prevention measure; however, compliance is generally low. Gain-framed messages (i.e. messages that emphasise the benefits of hand hygiene rather than the risks of noncompliance) may be most effective. The aim of this study was to test the impact of gain-framed messages on the frequency of hand disinfection events and compliance with the hand hygiene protocol.

Methods The study was conducted in a 27-bed neonatal intensive care unit. We performed an interrupted time series analysis of objectively measured hand disinfection events. We used electronic devices in hand alcohol dispensers, which continuously documented the frequency of hand disinfection events. In addition, hand hygiene compliance before and after the intervention period were directly observed.

Results The negative trend in hand hygiene events per patient-day before the intervention (decrease by 2.3 [standard error, 0.5] per week) changed to a significant positive trend (increase of 1.5 [0.5] per week) after the intervention ($p < 0.001$). The direct observations confirmed these results, showing a significant improved in hand hygiene compliance from 193 of 303 (63.6%) observed hand hygiene events at pretest to 201 of 281 (71.5%) at posttest ($p = 0.05$).

Conclusions We conclude that gain-framed messages concerning hand hygiene presented on screen savers may improve hand hygiene compliance.

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NURSES' COMPLIANCE WITH PAIN ASSESSMENT IN THE PAEDIATRIC INTENSIVE CARE UNIT

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Background and aims Compliance with pain assessment in Paediatric Intensive Care Units is not always perfect. We aimed to identify factors explaining compliance or noncompliance with pain assessment in PICU patients.

Methods PICU nurses were asked 5 times to complete the same survey on pain management of the most critically ill child they cared for during the shift. Questions informed after the usefulness of pain assessment in this specific child, whether the nurse had assessed pain according to protocol, and any negative/positive impressions of the current shift. Relationships between compliance and these factors were evaluated with Fisher exact tests.

Results Ninety-three nurses returned 1 to 5 surveys (response rate 77%), in total 407 surveys. The median working experience of the nurses (94.6% females) at the PICU was 8 years (2 to 33 years). Pain was assessed in 89.4% of 406 surveys. Most shifts were perceived as positive (82%), 10% as negative, 5% mixed and 3% as neutral. Assessment yes/no was not significantly related to a negatively or positively experienced shift ($p = 0.82$ and 0.81 respectively). In 30% of surveys nurses considered assessment not useful but this was not significantly related to assessment yes/no ($p = 0.36$).

Conclusions Compliance to pain assessment was acceptable. Whether non-compliance is primarily related to patient factors or nurse factors needs to be further unravelled.

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SAFETY ASPECTS IN NEONATAL TRANSPORT AND RETREIVAL: A NATIONAL REFERENCE SURVEY

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Background and aim The use of these safety measures during neonatal transport may reduce stress and improve physiological stability. There is no UK national guidance for the use of specific measures such as restraints and ear defenders. As part of a quality improvement initiative we sought to benchmark these current safety practices by neonatal transport teams in the UK.

Methods We surveyed all institutions undertaking neonatal transport in the UK. A questionnaire was devised and sent by email to the lead doctor and nurse of all 25 teams. We asked teams whether they used the safety measures in question and if so the specific type. We provided a section for open comment. An additional follow-up phone call was performed to complete or clarify information.

Results Twentyfour (96%) of teams responded; 21/24 (88%) used some form of restraint within transport. Three types of restraint are currently used within the U. K. Comments were provided regarding infection control and the safety effectiveness of restraints. Thirteen (54%) respondents did not use ear defenders of any kind in any situation. In teams using ear defenders, 6/11 (55%) used them in all situations and 2/11 (18%) used them specifically for MRI and air transport. Respondents described difficulty in securing the defenders and concerns with effectiveness.

Conclusion These results show that within the UK there is a variation in neonatal transport safety practices, specifically in the use of restraints and ear defenders. This information will allow development and improvement of safe and secure transport practice.

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CONSULTING WITH CHILDREN PRIOR TO DESIGNING RESEARCH: IS IT REALLY WORTH THE EFFORT?

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Background and aim Although many studies still either do not engage service users or only do so in a tokenistic way, service user engagement is now seen as best practice within research design. Not only is it respectful to engage service users, but it can also identify potential barriers, explore solutions and generate more robust research. In this paper we explore our experience of working with child service users as we developed a study exploring children's pain literacy.

Methods Using Appreciative Inquiry we worked with 38 children (5–17 years) in schools, hospitals and home settings. During our consultations with the children we explored the feasibility of the methods we were considering for data collection, asked them for suggestions of alternative approaches and explored core aspects of the observation element.

Results The children enjoyed the use of the collage-based data generation activities we planned. In response to our questions about whether they thought other children would feel safe