

Purpose To understand national changes in the quality of primary care reported by families of children and to estimate the potential benefits of recent health insurance expansions to children's receipt of primary care.

Methods A comparison of three iterations of the National Survey of Children's Health from 2003 to 2012 for children ages 0–18 years on measures of primary care experience (access, continuity, comprehensiveness and coordination). Trend analyses are stratified by insurance status and socio-demographics in order to assess the potential contribution of expanded coverage through health care reform to primary care experiences.

Results The results show very little change overall in primary care experiences for children nationally. Some significant gains were made in access and continuity for children considered more vulnerable (i.e., from families with lower-incomes and lower educational attainment), but were mostly explained by changes in insurance coverage over time.

Conclusion Insurance in the US remains a major factor in improving the primary care experience of children. The recent health care reforms have the potential to improve children's primary care access and continuity, but even with the intended goal of near universal insurance coverage for children, the US is not likely to reach the levels of paediatric primary care experience reported among studies in major European economies.

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INFANT AND YOUNG CHILD FEEDING PRACTICES IN UNDER 5 CHILDREN: CROSS-SECTIONAL SURVEY IN AN OUT PATIENT CLINIC

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Background and aims Infant and Young Child Feeding (IYCF) practices in under 5 children have great bearing on nutrition and health in childhood as well as in adult life. IYCF practices are influenced by local culture as well changes in education and health care interventions.

Methods Cross-sectional study. All mothers of children from 6 months to 5 years of age visiting Paediatric Outpatient Department were administered the questionnaire consisting of 39 questions relating to feeding practices and health of the child.

Results A total of 781 mothers were surveyed. More than half of the mothers (57.5%) started feeding within an hour of birth, 67.2% gave exclusive breastfeeding for six months, 51.6% continued breastfeeding for more than a year, 58.3% of the mothers breast fed 6–8 times, 24.6% more than 8 times and 17.1% less than 6 times, 30% of the mothers gave night feeds for 1–2 years, 18.2% of the mothers bottle fed the babies and 15.6% had problems during breastfeeding in first 6 months. 67.7% spend <3 h daily on feeding the child. Multivariable logistic regression showed that early initiation of breastfeeding ($p = 0.037$), hand hygiene ($p = 0.03$), food hygiene (storage: $p = 0.02$, Washing utensils: $p = 0.005$) and duration of exclusive breastfeeding ($p < 0.001$) were significantly associated with hospitalisation of child. The predictive value of the model was fair with correct classification rate of 68.8%.

Conclusions Current rates are well below the guidelines for IYCF feeding. Interventions to improve these practices need to be developed.

Social Determinants of Health

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MOTHERS' KNOWLEDGE AND PRACTICE ON MANAGEMENT OF CHILDHOOD ACUTE RESPIRATORY INFECTIONS IN ALBANIA

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Background and aims Acute respiratory infections (ARI) are the leading cause of death among children under five in Albania. This study aims to determine the parent's knowledge and care seeking practice related to ARI in children less than 2 years old in Albania.

Methods A cross-sectional household survey was conducted on June – July 2012 in the northeastern region of Albania. 600 mothers of children 0–23 months selected using a multi-stage sampling technique were interviewed by trained health workers using a structured pre-tested questionnaire.

Results *Knowledge:* Only 8% of mothers recognised fast/difficult breathing as a danger sign of childhood illness requiring medical attention. 78% of interviewees were convinced that every child with fever had infection and 65% of them thought they need antibiotics.

Care seeking practice: Of the 116 children (19.3%) who reported to have respiratory illnesses two weeks preceding the interview, 57.7% had an ARI. 70.2% of children with ARI were taken to a health facility and only 53.2% of them within the first 2 days. 63.8% of ARI cases sought medical care directly at the hospital bypassing the referral system. About 36.6% of cases seen by hospital providers were prescribed antibiotics compared to 11.7% of those seen by family doctors. 20% of mothers self-administered antibiotics to their children, suggested by community pharmacists.

Conclusions Mothers' knowledge and care seeking practices related to ARI were poor. Community health education and strengthening of Integrated Management of Childhood Illnesses programme are required to improve timely and appropriate health care of childhood illnesses.

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ASSESSING EFFICIENT PATIENT CARE – SHOULD LENGTH OF STAY BE CALCULATED INDEPENDENTLY OF LOCAL ADMISSION RATES?

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Objective To compare the length of hospitalisation for infants with bronchiolitis across the Eastern region of the UK and to assess the impact of the varying admission rates in each hospital.

Design Data collection through the Hospital Episode Statistics (HES) using the ICD clinical coding for bronchiolitis across all hospitals in East of England for three winter seasons (October to March for the years 2009/10, 2010/11 and 2011/12).

Main outcome measure: Length of hospital stay, corrected to adjust for local population.

Results Seventeen hospitals across the east of England were included in this study. Overall admission rate (as a percentage of

the population) for the region was 3.3% and consistent with national data, but rates within individual hospitals varied between 1.5% and 5.7% over the three year period. Bed days per 1000 population ('standardised bed days') per year varied almost fourfold, from 34.5 to 122.3 in different hospitals. Corrected length of stay showed high discordance when compared to average length of stay.

Conclusions The average length of stay is substantially affected by admission rates, with hospitals who admit a greater proportion of infants appearing to have a shorter uncorrected length of stay. We propose that a single corrected measure for length of stay should be used when assessing the efficiency of care because it is unaffected by variations in local admission rates and is adjusted for local population size.

0-197 HEALTH SCHOOL FOR PARENTS

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Background In addition to looking after the physical and mental health of our patients, paediatricians have an educational role towards the population we attend.

Objective Health education towards adults who are usually in charge of children: parents, grandparents and childminders.

Material and methods - Antenatal and postnatal talks ABOUT childcare topics.

- Paediatric Hospital Talks: sleep, feeding, teething, Internet and health.

- Paediatric Cardiopulmonary Resuscitation (CPR) Workshop.
- Breastfeeding Group:

- Talks in Schools: Accident Prevention and First Aid, Infant Feeding.

- Paediatric files: available at *Hospital de Nens de Barcelona's* web: an easy reference about childcare, feeding, common infections.

Results Attendance during these 6 years has increased: 42 people attended our activities during the first year (2008–09), compared to 900 during the last academic year (2012–13). Participants actively proposed new subjects. We detected a positive appreciation in surveys after workshops and lectures. 99.3% of respondents (year 2012/13) rated as high or very high their degree of satisfaction after the activities. 86.9% of the participants answered the survey. All those who attended the CPR workshop believed that it should be extended to all citizens in contact with children because it had helped them acquire important new skills.

Conclusions Active and increasing participation rate.

We believe that the paediatric team has the duty, in these days where access to information is easy but not always truthful, of counselling families about common health problems and helping to improve the quality of life of their patients.

0-198 CULTURAL DIFFERENCES IMPACT PAEDIATRIC RESIDENT EDUCATION IN COMMUNICATION AND PROFESSIONALISM

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Background and aims Effective communication and strong professional conduct are essential to the practice of medicine. Differences across cultures are likely to impact education in these areas. We conducted a cross-sectional survey of paediatric residents in United States (US) and Singapore to study these differences.

Methods A 108-item written questionnaire was developed, addressing residents' perceptions and attitudes towards communication/professionalism using five-point Likert scales. Reliability was analysed using Cronbach's alpha.

Results Response rate was 64% (89/139). Median age 29 years (28–30). Cronbach's alpha for professionalism ($r = 0.94$) and communication ($r = 0.96$) were excellent. Residents in both countries rated the top three principles of professionalism and communication similarly: 1) shared decision making with patients, 2) compassion/empathy, and 3) competency, and 1) breaking bad news, 2) dealing with difficult parents, and 3) discussing end of life issues, respectively. However, Singapore residents perceived self-awareness more importantly than US residents. Role modelling was the most useful teaching method on both sides. Residents in Singapore placed more emphasis on didactic lectures for teaching professionalism and standardised patients with role-play for communication. Top barriers and promoters to learning were similar on both sides. However, Singapore residents highlighted negative culture and role-modelling within the department as additional barriers, and formal education through lectures and feedback on personal behaviour as additional promoters.

Conclusion Although residents from both countries view the various components of professionalism and communication similarly, preferred teaching methods, barriers, and promoters differ across cultures. These cultural differences are important considerations in developing the curricula for professionalism and communication.

0-199 EVALUATION OF HOME HEALTH CARE SERVICES

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Objective To evaluate the status and results of home health care services conducted for paediatric patients in our hospital and to identify the medical needs of patients for a better quality of service delivery.

Materials and methods Paediatric patients recorded by our hospital's Home Health Services Unit (HHSU) and followed-up regularly for one year were included. Demographic data like age, gender, diagnosis, number of doctor visits, non-physician health care visits and the reasons of requested visits were collected retrospectively between November 2012–December 2013.

Results A total of 63 patients were included in the study. 54% of patients were male, 46% were female. The mean age of the patients was 8.87 ± 4.6 . Diagnose of the patients was 58.7% of cerebral palsy (CP) and motor mental retardation (MMR) followed by subacute sclerosing panencephalitis (SSPE) in 11% of