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IMPROVING PATIENT CARE AND SAVING CLINICIAN TIME WITH A NEW ELECTRONIC NICU PROFORMA

Freja Mahler, Nils Wijtzes, Sina Durani.

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Background

Objectives Documentation is crucial for communication and patient safety. A major role of neonatal doctors during the night shift is to prepare daily ward round sheets for the next morning. We noted that this was time consuming, especially when preparing for the weekly multidisciplinary team (MDT) meeting. Moreover, patient data often was incomplete, most notably with regards to the documentation of parental communications in the first 24 hours after admission. That first encounter with parents is crucial as it usually captures the reason for admission and the projected course, including anticipated complications. Our aim, therefore, was to create a new daily ward round sheet which could address all these problems.

Methods We carried out an initial audit and two user surveys regarding the existing proforma.

1. A retrospective audit of the notes of 13 babies recently admitted to the neonatal ITU. We examined completion of the information recorded in the first 24 hours of life including parental communication.
2. A survey looking at time spent during the night by doctors filling in the existing proforma.
3. An opinion survey on the current proforma.

The results were presented at a departmental teaching session. Incorporating peer feedback, we created a new proforma using excel. Peers were trained to use the new proforma, which was instated for a period of three weeks. An initial follow up questionnaire was sent, focusing on any potential and immediate safety concerns.

Results The initial survey revealed that the mean time to complete the existing proforma was 31 minutes during normal nights and 158 minutes on the night prior to the MDT. Our initial opinion survey showed a varied response to the question whether filling in time during a regular night shift was acceptable. A majority, however, thought it took too long to complete the existing proforma on the night shift prior to the MDT.

Moreover our audit demonstrated that most babies had key information missing, for instance hospital number was documented in 62% of the cases and in only 23% of the cases the proforma was signed. Parental communication was recorded in 23% of the cases. Following the introduction of the new proforma, 86% of doctors felt the new proforma was better, 14% did not have a preference (n=13). Most of the feedback stated that it saved time and made information easier to read. 29% of respondents identified potential safety concerns mainly regarding team members copying and not checking information accuracy. No immediate safety concerns were raised.

Conclusions The initial feedback on the new proforma shows that it is more user friendly, saves time and only has minor flaws. We are in the process of re-surveying time taken to fill in the new proforma as well as re-auditing the recording of important information and parental communication. Following this, we will adjust the new proforma and start the next PDSA cycle.

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ONLINE LISTENING AND SHARING SESSIONS AS A TOOL TO AID RAPID INTERNATIONAL KNOWLEDGE TRANSFER DURING THE COVID-19 PANDEMIC

Jenny Carroll, Alicia Spittle, Gillian Saloojee, Johannes Verheijden, Laura Yeo, Guorong Wei. UK

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Background The global Covid-19 pandemic disrupted services for children with disabilities and their families, leading families, clinicians, and researchers working in the field of childhood disability, to rapidly re-evaluate and adapt interventions. To understand the impact of Covid-19 on children and families across the globe, and assist clinicians around the world in adapting and adjusting to new ways of delivering services which would continue to meet families' need in local contexts, the Global Professional Education Committee of the International Alliance of Academies of Childhood Disability (IAACD) established a Covid-19 Task force. The task force comprised three subgroups, one of which was responsible for collecting and disseminating relevant service innovation and information via webinars. The subgroup represented 7 academies and 14 countries.

Objectives

- To understand the impact of COVID-19 on service delivery from clinicians', researchers', and families' perspectives
- To provide a mechanism for rapid sharing of useful multidisciplinary knowledge and practice across the globe
- To understand how shared learning could be adapted to local contexts
- To build a global network of professionals supporting children with disability able to rapidly share knowledge and practice

Methods Recognising that there was no experience or established best practice in a pandemic, the group decided the appropriate mechanism for sharing and collating knowledge and experience was the development of a Listening and Sharing platform, rather than merely disseminating knowledge via webinars. The group produced guidelines on how member countries/academies could organise online Listening and Sharing sessions for their regions. These were shared on the IAACD website. Several online Listening and Sharing sessions took place around the world culminating in a 24-hour global Listening and Sharing session on World CP day 2020. Sessions from this 24-hour event were recorded and posted on the IAACD website with open access to facilitate further sharing and to create a freely available resource.

Results

- The work of the Listening and Sharing subgroup culminated in

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Question-Satisfaction with:	Responses (multiple choice-Excellent, Satisfactory, Neutral, Bit disappointing, Poor)
Session format	Excellent(71%) Satisfactory(24%) Neutral(5%)
Overall content	Excellent(71%) Satisfactory 24%) Neutral(5%)
Content relevance of (5=most relevant=1 least)	5(57%) 4(29%) 3(5%) 3(5%) 1(5%)

- The creation of a freely available online resource
- 2204 people registered for Listening and Sharing sessions
- 19 sessions held in 6 languages
- 45 countries
- 18 disciplines attended

Feedback forms were sent after the 24h event and responses analysed (n=21). Responses covered 5 continents and 12 countries (limited by only being available in English and sent out some time after the event).

Conclusions Listening and Sharing sessions provided a useful format to rapidly share issues, ideas, and good practice across disciplines and around the globe. This format proved easy for all to engage with and may be useful as a future tool for rapid communication and sharing of knowledge, experience, and skills. Listening and Sharing sessions may be particularly useful where acquisition and transfer of knowledge is time critical. The Global Task Force was very active during the first phase of the pandemic but not during the second wave which may be an indication of people being better prepared.

289 KNOWLEDGE AND AWARENESS OF MATERNAL CHRONIC HEPATITIS CARRIERS TO PERINATAL ANTIVIRAL USE IN PREVENTION OF MOTHER-TO-CHILD HEPATITIS B VIRUS TRANSMISSION

Jia Ming Low, Guan-Huei Lee. *Singapore*

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Background Antiviral treatment is recommended to reduce the vertical transmission in women with high viral load for mother-to child-transmission (MTCT). However, most women decline treatment.

Objectives We aimed to determine the knowledge and awareness of maternal chronic hepatitis B carriers to antiviral use.

Methods A cross sectional study was carried out in a tertiary hospital in National University Hospital of Singapore. Maternal hepatitis B carriers with children less than 5 years old were surveyed on attitudes and knowledge on hepatitis B virus as well as what their reasons were for taking/not taking antivirals.

Results Fifty-seven were surveyed; 50.9% had a degree, 64.9% worked full time, 47.4% had 1 child or more. Most were risk averse. Many, 78.9% were not aware of the role of antivirals to reduce MTCT. Only 21.1% knew the risk of vertical transmission with/without antiviral. Reasons for not taking antivirals were attributed to a lack of knowledge. Many, 87.7% are willing to take antiviral therapy during their pregnancy to reduce MTCT from 10% to 1% and 45.6% willing to pay at least S\$2 to S\$2.90 daily over 12 weeks for it.

Conclusions It is the practitioner's role to update and improve the quality of education programmes that target women of childbearing age about the benefits of antiviral use to reduce MTCT in mothers with high hepatitis B viral load. Additionally, from a health system perspective, providing subsidies for antiviral treatment to ease the financial concerns of parents, is likely to reduce long-term expenses generated by

chronic hepatitis B virus complications, thus being more cost-effective.

290 PREMFIRST HOUR: ADAPTING THE GOLDEN HOUR TO IMPROVE OUTCOMES

Janlie Banas, Alvin Chang, Bin Huey Quek, Juin Yee Kong, Rajammal Kaliappan, Nordiana Sulaiman. *Singapore*

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Background Despite existing guidelines in the initial management of preterm infants, KK Women's and Children's Hospital Neonatal Unit's 'golden' first hour stabilization rate was only twenty-eight percent (28%) in November 2018. Variations in practices post-resuscitation were observed and this had resulted in non-attainment of stabilization of our infants within the golden hour.

Objectives To increase the number of infants born preterm less than thirty-three (33) weeks gestation stabilized within the golden hour by thirty percent (30%) in six (6) months.

Methods Baseline stabilization time data was collected from eighteen (18) preterm infants less than thirty-three (33) weeks gestation over a one-month period. A questionnaire-based survey was conducted among one hundred six (106) staff to assess their concept of golden hour stabilization, and to recognize the challenges encountered on the ground. We found that only fifty-eight percent (58%) were convinced that one hour is the ideal stabilization time and that the lack of manpower was a major challenge to the achievement of golden hour stabilization. We performed a root cause analysis and mapped out the golden hour stabilization process. The key areas of concern leading to non-attainment of the golden hour goals were not achieving normothermia on admission, placement of intravenous glucose or parenteral nutrition and blood gas sampling. Interventions to address the key areas of concern in the golden hour stabilization process were put in place. These included: (1) Standardizing work processes with time-specific, well-defined roles for all healthcare staff involved in golden hour stabilization. (2) Use of a countdown timer to improve situational awareness during the first hour of stabilization. (3) Improving multi-disciplinary teamwork by encouraging communication and recognizing good team dynamics. (4) Roadshows and educational sessions among neonatal doctors and nurses to promote engagement. (5) Revision of admission criteria to the Neonatal Intensive care Unit (NICU). (6) Continual update of the department's 'Prevention of Hypothermia Workflow'. All interventions were subjected to multiple *Plan-Do-Study-Act* (PDSA) cycles for further refinement. The stabilization time was then tracked over time and compared with baseline.

Results The rates of infants stabilized within the golden hour improved from 28% to 97% after the interventions. Likewise, the mean and standard deviation stabilization time improved from 88 to 45 minutes and 43 to 13 minutes respectively.

Conclusions Streamlining practices and embarking on initiatives addressing hypothermia resulted in more infants stabilized within the golden hour. This had reduced variability in stabilization time, indicating a reduction in varied clinical practices in the unit.