Abstracts

outpatient department (11%) with the use of GP hotline. Feeding (n = 38) and gastroenterology (n = 53) were the most common category of problem discussed.

Conclusion The service has proven to be effective with a diverse range of clinical problems discussed. There has been increasing uptake to the service with positive feedback and a reduction in the reported rate of referral secondary to the use of the GP hotline.

G354(P) ‘BRIDGES AND BARRIERS’: MIDDLE GRADE PERSPECTIVES ABOUT CONTACTING ON-CALL GENERAL PAEDIATRIC CONSULTANTS

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Background Effective communication is recognised as a cornerstone of good medical practice and is key to maintaining patient safety. Poor communication is often highlighted as a factor in medical errors. Despite structured communication tools (e.g. SBAR) and guidelines to encourage collaborative working between middle grade trainees (MGT) and on-call consultants (OCC) in many trusts, there is a paucity of information about this communication pathway and specifically which positive (bridges) and negative (barriers) factors play an influential role.

Aims
- To explore perceptions of MGT about contacting the OCC.
- To examine factors about MGT, consultants, hospital environment and working structure, which facilitate or obstruct communication.

Methods Following a pilot study, an anonymous on-line questionnaire was distributed to all MGT in a large deanery in 2015. Demographic data, experience regarding bridges and barriers to communication and clinical scenarios were collected in addition to free text comments.

Results To date 61 MGT have responded (25.2% response rate): 72% female, 80% UK-trained, 61% full-time. 56% reported having time out of training.

When presented with 10 scenarios, all respondents would contact the OCC in the case of a child death, most for safeguarding and few in the case of failed practical procedures.

When analysing the statements the strongest was with “I feel able to ask for help when I need it”, “I find it easier to phone for advice when I know the consultant is in the hospital” and “effective communication with the OCC is harder if they have missed handover”.

32 respondents (52%) reported experience of consultants being resident out of hours (OOH). Two-thirds agreed this provided increased learning opportunities, improved patient safety and experience.

Themes identified as bridges included approachability, clear expectations and attending handover. Not knowing the patients and not being readily accessible acted as barriers to communication.

Conclusion This is the first study of its kind. The surveyed MGT were generally confident in their communication with OCC and identified bridges and barriers which may aid more effective communication pathways, improving patient safety and trainee job satisfaction. Consultant presence both at handover and OOH were highlighted as important.

G355(P) COMPLICATIONS OF HOSPITAL ADMISSION FOR INFANTS WITH NEONATAL ABSTINENCE SYNDROME (NAS) OVER AN EIGHT YEAR PERIOD

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Aims To describe the demographics and complications associated with hospitalisation of infants with NAS in a district general hospital.

Methods In this retrospective chart review, infants admitted with NAS from 2006 to 2014 were identified using the HIPE system. Patient records were reviewed for evidence of patient harm using the 28 item NHN Neonatal Trigger Tool (NNTT).

Results 33 infants were identified with NAS and records were available for 31.26 were transferred from Special Care Baby Unit (SCBU) to the paediatric ward. Mean age of admission to SCBU was 12.6 h (range 0.2–61 hrs). Mean gestational age was 39 weeks (32–42 weeks). Mean birth weight was 2.8 kg (1.77 kg – 3.76 kg). Mean length of stay was 37.5 days (SCBU 15 days mean, ward 21 days mean). 27 patients were treated with Oromorph. Mean dose was 0.5 mg/kg/24h (0.3–1.5 mg/kg/day).

Conclusion No patient sustained significant harm during admission but the risk of nosocomial infection is noted to peak after transfer out of SCBU. This raises questions as where best to manage this cohort of patients during their prolonged hospital stay.

G356(P) PAEDIATRIC MUSCULOSKELETAL MATTERS (PMM) – AN ONLINE EVIDENCE BASED INFORMATION RESOURCE FOR PAEDIATRIC MUSCULOSKELETAL MEDICINE

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Aim The diagnosis of musculoskeletal conditions (such as juvenile idiopathic arthritis, malignancy, infection and muscular dystrophies) continues to present a diagnostic challenge due to lack of awareness of these conditions and insufficient experience of health professionals in examining bones, joints and muscles. Consequently the diagnosis and access to treatments is often delayed, with negative impact on clinical outcome. We have therefore developed a web-based educational resource focused on