

0481: WHY ARE PATIENTS NOT COMPLIANT TO CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) TREATMENT FOR SLEEP APNOEA?

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Introduction: Obstructive sleep apnoea/hypopnoea syndrome (OSAHS) is a common condition affecting up to 4% of middle-aged men. CPAP is an effective treatment for this condition but compliance to therapy remains a challenge.

Aim: To investigate why OSAHS patients are not compliant to CPAP therapy.

Methods: Retrospective notes review of patients under the care of an Otolaryngologist in a district general hospital using Phillips Respirotronics Database.

Results: 131 (39.5%) of patients were not compliant to CPAP therapy with a mean age of 54.1 years old (range 21–82 years). Mask problems were the commonest complaint at 30% (n=45) followed by patients who offered no reasons (22%, n=33) and patients who were hindered by other medical conditions at 20.7% (n=31). For patients who reported mask problems, 40.0% (n=18) were non-compliant because of mask leaks, followed by 24.4% (n=11) of patients who had fitting problems. More than half of the non-compliant patients (n=73, 55.7%) did not adhere to treatment consistently since the start of therapy.

Conclusion: The compliance rate to CPAP therapy is 60.5% with mask problems being the commonest complaint. This study reinforces the importance of regular patient centered follow-up to identify and solve problems early to improve long-term compliance to treatment.

0510: AVAILABILITY OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING ENT EMERGENCIES: AN AUDIT OF NATIONAL GUIDELINES

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Aim: Health care-associated infections (HCAIs) remain a major cause of morbidity, mortality and excess cost despite concerted infection control efforts. We evaluated personal protective equipment (PPE) availability in clinical areas where high-risk emergency ENT care is provided.

Methods: Audit against regional NHS Trust policies and national guidance. Availability of four key pieces of PPE audited in two designated clinical; a ward-based treatment room, and ENT cubicle of A&E. PPE for the purpose of this audit included disposable gloves (G), aprons (A), face masks (M) and eye protection (E) located at/close to the point of use. We also identified the current systems of stock replenishment and points of system failure to address/change.

Results: Both clinical areas were initially found to be non-compliant. Disposable gloves and plastic aprons were universally available in both clinical areas, however, eye protection and face masks were largely unavailable. After instigating a raising awareness campaign and implementing changes, compliance improved to almost 100% in both clinical areas.

Conclusion: Poor PPE availability at point-of-contact exposes healthcare professionals to increase risk of HCAIs and delays patients' management. Our "It's not a G.A.M.E." campaign presents a novel, clear, and effective initiative which improves PPE availability/compliance and could be adopted nationally.

0534: CONNECTING PATIENTS TO HEALTHCARE BY ONLINE AND ELECTRONIC MEANS: A SURVEY OF 201 PATIENTS

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The internet is an increasingly important means of communication and information. However, the NHS still largely relies on traditional communication methods. Utilising the internet to engage patients could enhance patient access and information delivery. To assess patterns of internet use and attitudes towards electronic means of information and communication, we conducted a survey of patients attending an adult ENT outpatient clinic. A questionnaire was designed to explore attitudes regarding electronic means of information and communication. Every patient attending ENT outpatients in December 2010 over 2 weeks was asked to complete the questionnaire.

201 patients completed the questionnaire. 77% had easy access to the internet. 51% used the internet for health related information. 25% researched their symptoms online. Regarding appointments, 66% preferred to receive them by SMS compared to 50% by email over

traditional methods. Test results by email showed 45% interest. Virtual appointments yielded 35% interest.

Internet use is widespread and there is corresponding enthusiasm for electronic means of communication in NHS services, particularly in younger patients. There are obvious financial incentives to improve appointment attendance. Our study demonstrates support for SMS and email reminders for NHS appointments, correlating with the popularity of online services in private sectors.

0567: ESTABLISHING DAYCASE PAEDIATRIC COCHLEAR IMPLANT SURGERY: A TWO CYCLE AUDIT

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Aims: Most patients who undergo cochlear implant surgery in the UK stay in hospital overnight. This audit sought to establish daycase cochlear implant surgery for paediatric cases.

Method: First cycle: In a retrospective review of paediatric patients undergoing cochlear implant surgery 2010–2011, cases were reviewed against daycase surgery criteria to identify any that would have been suitable for daycase surgery.

Second cycle: Following the results of the first cycle, daycase surgery was implemented, initially for patients of a single surgeon. Cases were reviewed to evaluate the success of implementing daycase surgery.

Results: Having established in the first audit cycle that daycase surgery could be possible in 20% of patients, daycase cochlear implant surgery was introduced. In 2012, a second cycle found 18/29 patients who underwent cochlear implantation by a single surgeon were daycase procedures and none of these patients were re-admitted.

Conclusion: This audit demonstrates the safe and successful implementation of daycase paediatric cochlear implant surgery. In addition to direct patient benefits, this saved the Trust £5'400 (18 patients at £300 per night). There is potential for further saving once implementation is expanded to include all surgeons in the Trust.

0620: COMPARING TWO MODELS FOR RIGID BRONCHOSCOPY AND FOREIGN BODY RETRIEVAL TRAINING

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Background: Foreign bodies lodged in the airway represent a rare yet life-threatening emergency. Trainees' exposure to such procedures is limited and simulation models have been used to enhance training.

Methods: 10 otolaryngology trainees (ST3–5) and 4 experts assessed a pig torso model compared to a manikin tertiary bronchi model in teaching rigid bronchoscopy and foreign body retrieval skills. The models were assessed for face and content validity using a Likert scale across a 15-item questionnaire (benchmark score of 4). Participants also evaluated the models in teaching tasks individually and globally.

Results: The porcine model achieved face validity of 4.1 with agreement between experts and trainees. Content and task validity scores were 4.0 and 4.3 respectively. Recommendation for curriculum incorporation and transferability was 4.4. The manikin did not achieve face and content validity and scored 2.8 and 3.1 respectively. Task-specific and curriculum validity scored 3.4 and 3.2. The manikin only achieved the benchmark score in teaching bronchoscopy assembly.

Conclusion: The Pig torso model is significantly more useful than the manikin for teaching bronchoscopy and foreign body retrieval. It achieved an average score of 4.2 (CI:0.1) versus 3.1 (CI:0.15), $p < 0.001$. The manikin still carries the advantage of reusability against the pig model.

0654: IMAGING IN OESOPHAGEAL FOREIGN BODIES: A REVIEW OF 11 YEARS' OF PATIENTS AT A LARGE TEACHING HOSPITAL

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Aim: To review the imaging used in patients who were taken to theatre and had a foreign body removed.

Method: Retrospective cohort study looking at all patients who had an oesophageal foreign body removed using a rigid oesophagoscope over the last 11 years in University Hospital of Wales. The hospital imaging database was used to view their radiographs and the radiologist's report.