co-design of local solutions to problems of healthcare accessibility and confidence in self-management. Local CCG commissioners are now funding a wider local tour and we are working on next steps to broaden reach of the events.

**G322(P) THE DEVELOPMENT OF A PAEDIATRIC SHORT STAY UNIT**

RC Mitchell, L Watt, S Beadle, S Harris, M Bearsmore-Rust, O Akindolie. Department of Ambulatory Paediatrics, Kings College Hospital NHS Foundation Trust, London, UK

10.1136/archdischild-2015-308599.299

**Aims** There has been pioneering reshaping of our hospital's ambulatory paediatric services over the last year. In line with the RCPCH report ‘Short Stay Paediatric Assessment Units’, published in 2009, a paediatric short stay unit (PSSU) opened in July 2014, for children needing admission for less than 48 h. It is a consultant delivered service, which aims to meet and exceed the RCPCH ‘Facing the Future’ standards of care.

**Methods** Activity data for the first 5 months has been analysed and the impact upon other paediatric services assessed. Patient experience has also been evaluated.

**Results** To date, 466 patients have been admitted to PSSU with a median length of stay of 18 h. Elsewhere in the trust, there have been fewer general paediatric bed days (1233) since PSSU opening, compared to 1548 for the same period last year. Since PSSU opening, only 1 patient has been 'treated and transferred' to another hospital from PED due to lack of capacity, compared to 10 for the same period last year. Patient satisfaction questionnaires have reported that 76% of families would recommend PSSU to friends and family if they needed similar care or treatment. The comments from patients and their families about PSSU have been overwhelmingly positive (Figure 1).

**Conclusion** PSSU has been phenomenally successful in streamlining the patient journey for children requiring hospital admission for less than 48 h. There have been significant secondary gains elsewhere, with reduced numbers of patients needing transfer to other hospitals from PED due to lack of capacity, and increased numbers of inpatient beds for speciality patients. The model of a paediatric short stay unit is here to stay; as was highlighted by ‘Facing the Future’ publication, acute paediatric care should be delivered in a specialised setting, fronted by senior staff who truly believe in the service. This PSSU is one example of this, as a successful expansion of our ambulatory paediatrics service.

**G323(P) TRANS CUTANEOUS BILIRUBIN MEASUREMENT IN NEONATES WITH JAUNDICE REQUIRING PHOTOTHERAPY**

BG Fisher, R Lakshman. Department of Paediatrics, West Suffolk NHS Foundation Trust, Bury St Edmunds, UK

10.1136/archdischild-2015-308599.300

**Background** UK guidelines advocate the use of transcutaneous bilirubin (TCBR) estimation in neonates with jaundice aged >24 h with a gestational age of ≥35 weeks, but not in neonates who have had phototherapy, as there is a more rapid fall in dermal vs. serum bilirubin with phototherapy. A recent study demonstrated that whilst TCBR underestimated SBR within the first 8 h after phototherapy, its accuracy returned to pre-treatment values after 24 h. This suggests a possible role for TCBR monitoring in infants who have had phototherapy >24 h ago, reducing the number of both blood tests and hospital visits.

**Aim** To compare TCBR and SBR measurements before, during and after phototherapy in neonates.

**Methods** This was a prospective observational study at a UK district general hospital. Participants were all neonates admitted to the neonatal unit or postnatal ward who required an SBR measurement for jaundice monitoring as per UK guidelines. TBCR measurement was performed using a Dräger Jaundice Metre JM-103 within 10 min of the SBR sampling. SBR was determined by blood gas analysis. Safety margins (mean difference – 2.33 × SD – 50) were calculated for TCBR readings during phototherapy to correctly assign 99% of neonates to stop receiving phototherapy, i.e. SBR >50 μmol/l below the treatment threshold.

**Results** Pilot data: 8 neonates (gestation 34 + 4 to 42 + 0, 4 male) had a total of 11 simultaneous measurements. Measuring TCBR on the forehead, the mean (SD) difference (TCBR - SBR) before phototherapy was -45 μmol/l (17 μmol/l), during phototherapy was -102 μmol/l (8 μmol/l), and at >16 h after phototherapy was -48 μmol/l (6 μmol/l). Values were similar measuring TCBR on the sternum. During phototherapy, TCBR levels of -171 μmol/l below the treatment threshold allowed safe cessation of phototherapy without confirmatory SBR testing.

**Conclusion** TCBR measurements >16 h after phototherapy appear to be equally as accurate as before phototherapy, which could obviate the need for SBR measurement when checking for a rebound rise in bilirubin after stopping phototherapy. More comprehensive data will be collected in time for presentation at the RCPCH Conference.
G324(P) 
ABSTRACT WITHDRAWN

G325(P) 
TO ERR IS HUMAN: THEMATIC CHARACTERISATION OF PAEDIATRIC CLINICAL INCIDENTS WITHIN A LARGE DISTRICT GENERAL HOSPITAL
S Li, H Sadreddini, J Surridge. Derby Children’s Hospital, Royal Derby Hospital, Derby, UK
10.1136/archdischild-2015-308599.301

Aims Our children’s hospital encompasses several acute clinical areas. These include paediatric medical and surgical inpatient wards (including the children’s high dependency ward), the children’s emergency department and the neonatal intensive care unit. Collectively these are busy and challenging environments where the provision of care is increasingly complex. These provide opportunities for errors to occur making unintended consequences to harm more likely. The Francis report published in February 2013 highlighted the need for openness and transparency in regards to patient safety. We reviewed clinical incidents reported within all acute clinical paediatric areas in order to characterise commonly recurring themes.

Method Clinical incident forms from all acute paediatric clinical areas from 1 September 2012 until 31 August 2014 were retrospectively reviewed. Incidents were assessed for the degree of actual harm caused to patients. They were subsequently categorised according to the National Reporting and Learning System incident types for each clinical area. Medications incidents were further sub-classified by type.

Results 872 incident forms involving all acute paediatric clinical areas were submitted over a 24 month period. 67% of all clinical incidents were reported as having insignificant harm to patients and only 2% as catastrophic. The types of incidents reported are shown in Figure 1. Medication errors accounted for a significant percentage of reported incidents within each clinical area (19% children’s emergency department; 30% children’s wards; 26% neonatal intensive care unit). Other commonly reported incidents were infrastructure problems and patient

Abstract G325(P) Figure 1 Percentage of reported incident types

Abstract G325(P) Figure 2 Percentage of medication incidents by specified types
G323(P) Transcutaneous bilirubin measurement in neonates with jaundice requiring phototherapy
BG Fisher and R Lakshman

Arch Dis Child 2015 100: A139-A140
doi: 10.1136/archdischild-2015-308599.300

Updated information and services can be found at:
http://adc.bmj.com/content/100/Suppl_3/A139.2

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections
Physiotherapy (104)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/