

trainees and Foundation doctors. This project considered how to provide safe patient care and a supported training experience through optimising medical productivity.

**Problem** In light of reconfiguration of paediatric services, there is a need to make efficient use of medical staff as a resource, at the same time as providing quality training. Junior staff noted that time was spent on activities other than patient contact. End of placement and GMC surveys identified that trainees failed to attend the recommended number of study days and clinics due to service demands. This project was undertaken to identify inefficiencies in the working patterns of general paediatric juniors, measure the impact on patient care and training, and highlight opportunities for quality improvement.

**Assessment of problem and analysis of its causes** In an 8 h shift, trainees spent 48 min on average directly interacting with patients and 25 min in teaching. This lack of patient contact time could not only result in poor patient care but could also impact on the skills and knowledge of trainees. This may effect quality of care in the future. A multidisciplinary focus group and anonymous interviews were held to establish staff views about the causes of these problems. These issues could be resolved by implementing non-urgent jobs books on wards and redesigning rotas.

**Intervention** New rotas were designed aiming to prioritise patient contact time, protect training opportunities and match staffing patterns to the clinical needs of the children. Full entitlement of study leave was also allocated. Attention was brought to the topic of interruptions with ward staff, and non-urgent jobs books introduced to maximise medical productivity.

**Study design** Ethnographic data was collected by shadowing 10 trainees over 5 weeks, verbal consent was obtained. Their intended and actual tasks were recorded each minute, as well as the number of times they were interrupted. Over 5000 min of data was collected.

**Strategy for change** Results of the shadowing data were presented at a clinical governance meeting (those who could not attend were provided information by email). New rotas underwent a formal consultation process with trainees, as well as Wales Deanery and the Welsh Assembly Government. The jobs book will be introduced at the same time as new rotas are implemented in March 2015.

**Measurement of improvement** The same method of data collection will be used to collect ethnographics following implementation of changes. Mean time spent on each activity will be compared. Number of interruptions and the extent to which actual versus intended task is affected will be analysed. Time spent training will also be recorded. The improvement cycle can then be repeated.

**Effects of changes** The new rota has been designed but not yet implemented, therefore the effects at the point of abstract submission are not yet known. However it is anticipated that the effects will be more patient contact, less frequent interruptions and greater opportunities for training. These results will be available by April 2015.

**Lessons learnt** Large scale service improvements require careful consideration of human factors and engagement from all stakeholders involved to successfully overcome barriers to change.

**Message for others** Rotas not designed around patients or trainees lead to low levels of patient contact, an inefficient service, and fewer opportunities for training. Consult staff widely and early in a quality improvement process.

## G563(P) IMPROVING THE EFFICIENT COMPLETION OF ELECTRONIC DISCHARGE SUMMARIES

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**Context** Electronic discharge summaries from the general paediatric ward were audited on delay in completion and adequacy of content.

**Problem** Discharge summaries are essential for ensuring safe discharge from hospital. They should be completed efficiently and adequately to ensure relevant parties e.g. GPs, can follow up patients effectively.

**Assessment of problem and analysis of its causes** Initial audit showed 55% of discharge summaries were published within 7 days, and had many incomplete elements.

It was felt omissions were due to lack of familiarity with the computer system used.

By introducing new doctors to the discharge summary format, and highlighting the importance of timely discharge summaries at induction, we aimed to improve their efficient completion.

**Intervention** At the departmental induction, new doctos were familiarised with the discharge summary program and where to find the specific elements we aimed to improve on, highlighted by Figure 1. We emphasised the previous audit findings, and encouraged the team to be timelier.

**Study design** The proforma was based on the standard template of discharge summaries used on the hospital's computer system. 40 randomly selected paediatric discharge summaries were audited initially to quantify the problem. After induction, a further audit of 40 discharge summaries was conducted.

**Strategy for change** We aimed to improve the efficiency and completeness of discharge summaries. A rolling audit programme was implemented to compare results monthly and individuals completing the summaries were noted, enabling us to highlight problems to specific individuals if necessary.

**Measurement of improvement** Following the induction, 40 discharge summaries were audited. They were analysed against the predesigned proforma. Results were summarised and fed back to the paediatric team on a monthly basis, as a rolling audit, to measure ongoing improvement.

**Effects of changes** Results are shown in Table 1.

**Abstract G563(P) Table 1** Effects of changes

% of Times info included in:		
- 1st audit:	- Repeat audit	
Diagnosis	67.5	100.
Procedure	27.5	33
Weight	17.5	38.
Drugs started	0	40
Drugs stopped/altered	0	30
Allergies	10	33
History	67.5	100
Results	25	45
Allied health care info	12.5	33
Social worker	12.5	30
Planned management	47.5	58
GP request	7.5	38
Pt/carer info	17.5	28

On re-audit 32.5% more of discharge summaries were completed within 7 days of discharge. This enables GPs to carry out requests made e.g. repeat prescriptions, thus ensuring a safer discharge process.

**Lessons learnt** The whole departmental staff wasn't present at the induction session; those who weren't tended to make more omissions from their summaries, and were less efficient. We shall therefore run a session at the departmental teaching, as well as at induction, as part of the rolling audit.

**Message for others** We audited elements of the discharged summaries we felt necessary for a smooth and safe discharge from hospital to community care. By instructing new doctors on how to use the local computer program, we improved on the efficiency and degree of completion. A rolling audit has been started and further interventions will be made.

#### G564(P) PRE-OPERATIVE SCREENING FOR SICKLE CELL DISEASE: IMPROVING PARENT AND CARER EXPERIENCES

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**Context** As part of hospital policy, all children deemed high risk for the carriage of sickle cell disease presenting to the paediatric pre-operative assessment clinic are to be tested for the condition. This involves well children undergoing a blood test.

**Problem** It was found that considerable parental/carer anxiety was produced by this testing and much time was spent in a busy clinic counselling parents about the condition and the need for testing. Through the production of an information leaflet explaining sickle cell disease and the reason behind testing children prior to an operation, it was hoped parents/carers would feel more informed and thus more willing for their children to testing.

**Assessment of problem and analysis of its causes** Prior to implementation of the leaflet, of 21 parents/carers only two thirds (14) felt they fully understood the reason for testing (5/5 on qualitative scale) and only two thirds (14) felt fully happy for their child to have the blood test (5/5). 71% of parents/carers (15) thought an information leaflet would be useful.

**Intervention** An information leaflet was written by the authors, with expert review from a consultant paediatric haematologist. This passed the local procedure for patient information and was introduced to the clinic. Nursing staff handed out the leaflet to parents of children from at-risk ethnicities on arrival, giving parents time to read it before their consultation with the doctor.

**Study design** Over four weeks all parents/carers of children requiring sickle cell screening presenting to the clinic completed a qualitative questionnaire about their attitude to screening. An information leaflet was subsequently designed aimed at improving parent/carer's knowledge about sickle cell disease prior to consenting for the test. Following implementation of the leaflet a repeat qualitative questionnaire was carried out to assess the leaflet's impact.

**Strategy for change** Collaboration and education with nursing staff played a vital role in integrating the leaflet into the standard practice of the clinic.

**Measurement of improvement** A repeat questionnaire was carried out after introduction of the leaflet. Unfortunately there were relatively few children requiring screening during this month (total 9). Of those screened, 100% of parents felt that the reason for testing was completely clear (5/5 on quantitative

scale). 89% were fully willing for their child to have the blood test. 89% reported that they found the leaflet useful.

**Effects of changes** Subjectively, we have found that the consultations with parents are quicker and easier due to reduced parental anxiety.

**Lessons learnt** Patient information leaflets are a useful method of improving communication with families and improving families' experience of the service in pre-operative assessment.

**Message for others** This was a small project but was successful and we hope that our experience will encourage others to develop patient information when screening policies are in place as this is an area where medical concerns may not line up with parents' concerns.

#### G565(P) MULTI-PROFESSIONAL WORKFORCE TASK MAPPING IN GENERAL PAEDIATRICS

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**Context** Task mapping exercises have a valuable part in shaping future workforces. Our project examined the tasks undertaken by a multi-professional, non-consultant workforce in a large, busy general paediatric department, which provides secondary level paediatric care and also assists in the care of tertiary subspecialty patients, providing a total of 12000 inpatient episodes of care per year.

**Problem** Uncertainties around numbers of doctors in training allocated to the department in the future and the anticipated contraction of the junior medical workforce had led to new models of care provision. Introduction of international fellows and non-medical practitioners such as advanced nurse practitioners and physician associates into the team are seen as a way of developing a resilient and future-proof workforce.

**Assessment of problem and analysis of its causes** There was a perception of mismatched distribution of competencies within our team, with an assumed deficiency in middle grade level skills. Therefore, we embarked on a task mapping project to examine the spectrum of everyday tasks undertaken by the team in order to ensure that the non-consultant workforce had the right competencies to deliver safe and timely patient care.

**Intervention** A series of initial stakeholder meetings were held, and a task mapping sheet developed which coded all clinical and non clinical tasks that could be anticipated to be performed over the working day. Each team member was required to enter a code at 15 min intervals, as well as a code for any pending tasks, daily for 3 weeks. A pilot was run with senior trainees in the department following which amendments were made. Champions for the project were identified, and educational sessions with power point presentations were given prior to commencing the project.

**Study design** The study used a Plan-Do-Study-Act model as a framework. The data collection sheet was partially anonymised, requiring the individual to complete only their clinical grade and location of work.

**Strategy for change** Data analysed shows the amount of time each team-member group spent on each coded task. There is a reliance on middle grade staff for practical procedures – 66% of lumbar punctures are first attempted by registrars, and 40% of intravenous access. Attendance rates at educational sessions are highest by FY trainees, with lowest rates by registrars. There needs to be a cultural change, with reallocation of tasks from