• Improved parental/patient understanding of diabetes management: Promoting autonomy
• Improve quality of service by increasing efficiency and efficacy.

Methods Discussion in diabetes multidisciplinary team meeting. Process mapping of patient journey and ways to improve upload at home
Collected baseline data of number of patients/families uploading their metres and pumps at home in all three hospitals across the trust.
Multi-facetted approach was implemented to achieve our aim.
• Did home visits to understand the issue more closely.
• Preparation of flyers and leaflets to help parents open their Diasend account and link with the clinic.
• Contacted parent support groups and sent flyers and leaflets to parents via email.
• Encouraged team members to discuss the issue with the parents in clinic.
• Provided a Tablet for the clinic to open Diasend account and link with the clinic.
• Organised a family evening to run 2 Diasend workshops for the parents to open Diasend account and link with the clinic.

Result All three units recorded an increase in the number of patients/parents uploading at home. Over the period of 6 months we recorded an increase from 8% to 30%, 35% to 47% and 41% to 62% respectively in diabetes clinics at Princess of Wales Hospital, Morriston Hospital, and Neath Port Talbot Hospital.

Conclusion Downloading at home:
• Enables more efficient use of clinic time and reduces waiting time in outpatient department.
• Has the potential to help improve the patient/patient understanding of diabetes management leading to improved clinical outcomes.
• Motivated healthcare professionals to discuss this issue on every contact.

G372 RAPID CYCLE AUDIT – EMBEDDING MULTIDISCIPLINARY QUALITY IMPROVEMENT IN THE CHILDREN’S EMERGENCY DEPARTMENT

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10.1136/archdischild-2018-rcpch.362

Aims Quality Improvement is central to the development of any successful department and individual involvement can lead to an increased sense of ownership and potentially improved morale. We set out to design a programme that would involve all members of the Children’s Emergency Department (CED) team in measuring performance, designing innovation and monitoring change.

Methods 4 important targets were identified amongst the CED senior team: Pain management; Observation frequency; Sepsis screening and handover. An excel proforma was built allowing different team members to collect data on a rotating weekly basis using the ‘Medway’ computer system. The proforma auto-populated run charts to measure change which were then posted in a central space within the CED with key messages shared amongst the multidisciplinary team and discussed at handover.

Results Collection of data took place on 82% and 75% of potential weeks for pain management and observation frequency respectively over 10 months. Of the four initial projects the biggest improvement in care came in the recording of pain scoring at triage from 12% to 75% after introducing mandatory scoring at triage and using a ‘pain sticker’. Observation frequency was more problematic with no improvement seen over the time despite increased education. Sepsis was abandoned as the small number of potential patients made the methodology unsuitable. Handover was swapped to safeguarding when local practice was reviewed and is ongoing.

Conclusion This work demonstrated success in embedding data measurement as part of the regular weekly timetable for the department. This first iteration however, failed to make significant improvements in the majority of areas studied and showed the need for both individual project ownership and also time for the team to meet and potentially co-design change. Going forward the programme has been adjusted to study one area for a month at a time with an individual champion for each project.
Results There was an improvement in prescribing errors following introduction of Druggles in week 3 and a prescribing checklist in week 7, illustrated on annotated run charts for 20 weeks with 7 consecutive points below the median of 17.9%. Incorrect prescribing of Ibuprofen was responsible for 58% of wrong dose calculations in the first 12 weeks. Interventions to improve this (dedicated Druggle, email to junior doctors, nurse education), resulted in a drop to 0% in the subsequent 7 weeks.

Conclusion Identification of common prescribing errors, weekly Druggles, and empowering nursing staff to identify errors have all contributed to improved prescribing. The project is ongoing, with plans to give individual feedback on errors along with shared learning, to broaden interventions to include other specialties, and to ensure the improvements are sustained.

Abstract G375 Table 1 Hypothermic range before and after implementation of Get SET

<table>
<thead>
<tr>
<th>Temperature range</th>
<th>Pre Get SET project</th>
<th>Post Get SET project</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;35°C</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>35.1°C–35.5°C</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>35.6°C–36°C</td>
<td>7 (9%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>36.1°C–36.4°C</td>
<td>16 (20%)</td>
<td>3 (9%)</td>
</tr>
</tbody>
</table>

G376 REDUCING PRESCRIBING ERRORS: MAKING ELECTRONIC PRESCRIBING WORK FOR OUR CHILDREN WITH CYSTIC FIBROSIS, WITH MULTI-DISCIPLINE COLLABORATION

Aim To design and implement a quality improvement project to optimise normothermia (36.5°C–37.5°C) in preterm infants on admission to neonatal intensive care (NICU).

Methods A prospective audit of admission temperatures over a 12 month period from 01/01/2016 to 31/12/2016 revealed 25 (10.1%) infants<32 weeks gestation were hypothermic on admission despite routine use of plastic bags and radiant heaters at delivery. A bundle of evidence based processes was compiled. These were based on NLS guidance of optimal process measures were recorded by questionnaire following each delivery and admission axillary temperature recorded. Compliance with the number of process measures were recorded by questionnaire following each delivery and admission axillary temperature recorded.

Results Since implementation of Get SET in June 2017, 32 preterm infants<32 weeks have been admitted to NICU. 26 (81%) were normothermic, 4 (13%) were hypothermic and 2 (6%) were hyperthermic. 75% of the hypothermic infants had an admission temperature >36°C and no infant had an admission temperature <35.9°C (table 1). Bundle compliance was not followed in 3 out of the 4 cases of hyperthermic admissions, the remaining case was a prolonged breech delivery. Bundle compliance overall was 82%.

Conclusion Quality improvement measures implemented to actively monitor and maintain temperatures in the normothermic range during stabilisation increased the proportion of preterm infants admitted with temperatures in the optimal range.