British Association of General Paediatrics and Paediatric Mental Health Association

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THE COLLABORATIVE DEVELOPMENT OF A REGIONAL PAEDIATRIC SEPSIS SCREENING TOOL

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Aims Our Paediatric Sepsis Working Group was formed as a result of a number of timely drivers: local learning from clinical cases, the Government Sepsis CQUIN and imminent publication of NICE guidance on sepsis. Our local Academic Health Sciences Network held a sepsis-focussed breakthrough Collaborative and we agreed to join as a regional group. This was based on our assumption that the well-established Regional Paediatric Critical Care Network would be in an excellent position to successfully deliver regional system change.

Method Over 14 PDSA cycles, a regional Paediatric Sepsis Screening Tool was developed and tested by members of the multi-professional team across the region, gaining point-of-care feedback at each stage and analysing collective data. The Tool was piloted in 5 hospitals within the network before being rolled out region-wide. The tool has also been through two large audits, comprising of the study of 930 acute admission records. User feedback was collected throughout.

Results Our newly developed Regional Paediatric Sepsis Screening Tool (RPSST) reliably detected all blood culture positive septic patients and those with severe bacterial infections causing physical compromise. User feedback has proven that it is quick and easy to use. The RPSST was also shown to trigger 50% less patients than the current NICE guidance recommends for immediate senior review. There was concern that the introduction of a trigger tool may adversely affect our antibiotic prescribing. Analysis of our local antibiotic prescribing data has not shown an increase in Ceftriaxone prescribing since the Tool's introduction (static at 6%), demonstrating that the new RPSST is being used effectively within the clinical context.

Conclusions This Tool has been successfully incorporated into our acute paperwork across the region, enabling Trusts to address the CQUIN targets whilst highlighting this important clinical problem. The Regional PSST compares favourably with the NICE guidance. Collaborative working has reduced the burden of individual working and enabled wider regional engagement, sharing knowledge and expertise and reducing variation in practice. This is supported by the PIER network locally (www.piernetwork.org). We would encourage other regions to explore collaborative working to improve outcomes for patients.

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MENTAL HEALTH ADMISSIONS TO AN ACUTE PAEDIATRIC WARD

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Aims 10% of children and young people in the UK have a diagnosable mental health problem. NICE Guidelines recommend that Acute Paediatric Services provide a place of safety for young people who present to A and E, while a mental health assessment takes place. The aim of this study was to evaluate the service and safety of children and young people with mental health problems admitted to our acute paediatric ward.

Methods We carried out a retrospective analysis of all CAMHS patients admitted to our acute paediatric ward, over a 3 month period. The study looked at reasons for presentation and admission, demographics, documentation of risk assessment, waiting time for an initial CAMHS assessment, presence of a one to one Registered Mental Health Nurse (RMN), documentation of observations, recurrence of admission for similar problem, length of stay, and outcome/follow up at discharge.

Results Patients were aged 11 to 17 years with 82% being female. Less than 30% had risk assessments and none had RMNs. 85% were admitted awaiting CAMHS assessment, of which 79% were previously known to CAMHS and 50% had previous mental health admissions to our paediatric ward. Not all patients had regular observations, with 33% having only an initial set of observations carried out. All except one had a CAMHS assessment within 24 hours of presentation and 74% of these were discharged within 24 hours. Three patients were transferred to an inpatient mental health unit.

Conclusions Children and young people with mental health problems constitute a significant percentage of admissions to paediatrics. Many of them are recurrent attenders known to CAMHS. Most of the patients were seen by CAMHS within 24 hours as per NICE guidelines. However, with poor documentation of risk assessments, no RMN presence, and scattered observations, there is a need for improvement to the safety of mental health admissions to acute paediatric wards.

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HOW DO COMMUNITY PHARMACIES SUPPORT CHILDREN WITH MINOR ILLNESS?

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Background Many parents are using ED services as a first point of contact. A large proportion of the attendances are low acuity. Greater use of community pharmacy services for minor ailments could help relieve pressure on healthcare