British Association of General Paediatrics and Paediatric Mental Health Association

**G67 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.