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

providers in high-cost settings. There are no systematic studies of community pharmacy use by parents in the UK.

Aim To describe the use of community pharmacist minor ailment service (MAS) by parents in a single Borough

Methods A CCG service level agreement was in place for community pharmacists MAS. Mandatory completion of every consultation was carried out over a 12 month period. Age, presenting illness, time to consultation and feedback on the service were collected. Descriptive analysis of data.

Results 6974 consultations by 4174 patients over 12 month period (02/2013 to 02/2014) involving 47 Pharmacies with the provision of 70 over the counter (OTC) medications for 20 ailments. More than half (57%, n=2,379) of the patients below the age of 16 3593. 52% of the consultations occurred in infants of which only 2% (143) were signposted to either the GP or accident and emergency. Fever, Hay fever and sore throat were the 3 most common ailments treated at the pharmacy, and these accounted for 58% of total consultations. In addition, 85% (n=3535) of patients were seen not more than twice with only 19 (0.5%) patients using the scheme more than 10 times within the 12 month period. Notably, 96% of all patients were seen within 10 min (and 69% <5 min) of arrival. Of the 4302 respondents, 99% (4273) fed back they would reuse the service again.

Conclusions Community pharmacists contribute a valuable service for this group of children and may allow for more appropriate demand management in the community for less severe illness. There is potential for further involvement of paediatricians in supporting community pharmacist. This study needs to be repeated in other sites.

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SUDDEN UNEXPECTED DEATH IN INFANCY/CHILDHOOD MULTIDISCIPLINARY SIMULATION STUDY DAY EXPERIENCE

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Introduction Thankfully sudden unexpected death in infancy/childhood (SUDI/C) is rare but a tragedy for parents. Clinicians have often very limited experience in dealing with unexpected death in childhood. We designed a multidisciplinary simulation study day to equip senior paediatric trainees with knowledge and skills required to lead child death review process and support parents.

Method The study day combined interactive lectures from multi-agency experts including police, social services, a community paediatrician and pathologist. This was followed by simulation of resuscitation, communication with parents and police as well as a simulation of a SUDI/C meeting. Actors were used to enhance fidelity. All participants (17) were required to fill in questionnaires pre- and post study day attendance.

Results Evaluation of pre-study day questionnaires confirmed lack of experience and knowledge about SUDI/C process. Post study day feedback was overwhelmingly positive in terms of credibility and usefulness.

Conclusion There is a lack of knowledge and experience regarding SUDI/C amongst senior paediatric trainees. Multidisciplinary simulation is a useful tool to prepare senior trainees

and junior consultants to deal with SUDI/C process effectively and sensitively.

Recommendation We are currently in the process of organising a second study day open to a variety of professionals.

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WITH A LITTLE HELP FROM YOUR FRIENDS – A COLLABORATIVE SIMULATION PROGRAMME IMPROVES PAEDIATRIC TRAINEES' CONFIDENCE IN MANAGING COMPLEX MENTAL HEALTH PRESENTATIONS

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Objectives Paediatric trainees encounter complex acute mental health presentations infrequently. We developed and assessed the impact of a collaborative Paediatric Mental Health simulation training programme for senior paediatric trainees (ST6–8).

Methodology The one day course was designed by a multi-professional and multidisciplinary team comprising: Children and Adolescent Mental Health Consultants and senior trainees

Senior Acute psychiatry liaison nurses

Paediatric Emergency Medicine Consultant

Paediatric Simulation Lead

Educationalists from Northumbria University

Based on curriculum needs and the experience of the faculty we designed three challenging scenarios:

A young person with anorexia nervosa and diabetes refusing treatment

An agitated young person with challenging behaviour

A young person refusing investigation and treatment following a substantial paracetamol overdose

We used medical and nursing students as simulated patients following careful pre-brief.

Using anonymous self-rating questionnaires we assessed the participants' confidence levels before, immediately after and 4 month after the course. We linked the pre and post-course questionnaires using the last three digits of the participants' post-codes.

Results We received 18 pre and immediate post course questionnaires. Of 18 questionnaires 15 were able to be matched immediately after the course. We also received 5 matched questionnaires after 4 months. The differences were calculated and the percentage of the means plotted.

Immediate effects The results showed an improvement in confidence in almost all domains. There was particular improvement in the domains labelled 'clinical patient care' and 'collaborative practice'.

Medium effects (after 4 months):

The results after 4 months showed sustained improvement in learners' confidence in the majority of domains.

Conclusion Our programme has resulted in an immediate and sustained improvement in paediatric trainees' confidence in managing complex acute mental health presentations.

We attribute our success in meeting this crucial yet previously unmet need to collaboration between senior colleagues from paediatrics, psychiatry and education.