

**P033 IMPROVING PAEDIATRIC PRACTICE THROUGH MULTIDISCIPLINARY SAFETY HUDDLES**

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10.1136/archdischild-2019-nppc.43

**Background** Medication is the most prevalent therapeutic intervention in patient management.<sup>1</sup> Medication errors are incidents that have occurred in the medication cycle of prescribing, dispensing, administering, monitoring, or providing medicines advice, regardless of whether they caused harm.<sup>1</sup> In a hospital setting, medication error rates are similar amongst adults and children but there is three times the potential to cause harm in the latter. Due to the complexities that are associated with prescribing for children and the potential for the lack of necessary metabolic reserves to buffer any consequences,<sup>2</sup> ensuring high quality prescribing in paediatrics is paramount and this requires multidisciplinary team (MDT) collaboration. Pharmacy contributions: The introduction of weekly Safety Huddles was started on the Paediatric Intensive Care Unit (PICU) in March 2017 – led by the PICU consultant, paediatric risk nurse and pharmacist. Safety Huddles are short MDT briefings, involving the ward-based medical, nursing & pharmacy teams, providing a platform for all staff to understand things that are happening within the ward and anticipate further risks to improve patient safety and care. The aim is to create an open environment where staff regularly communicate and feel safe to raise concerns about patient safety. The Safety Huddle comprises of three main aspects: pharmacy updates as ‘top tips’; Datix incident reports and issues/concerns of the week. Pharmacy interventions are collected on a daily basis and fed back to the individual prescriber immediately where possible as the exchange of information must be rapid to optimise engagement. These then form the weekly ‘top tips’ which are shared with the whole MDT, along with Datix reports and any particular concerns where learning and action points are developed and agreed through contribution by all.

**Outcome** The concept of Safety Huddles has been adapted and fully established throughout all paediatric and neonatal specialities at the Trust. There has been an increase in the number of incidents reported since the implementation of the Safety Huddles. Error themes and their impact are looked at so the team learn from improvement and harm occurrence or near misses. The measurement of interventions provides a weekly update to the individual team to see if these are being carried out effectively and to improve where necessary. It allows identification of triggers and incorporates problem solving through the involvement of all members of the team, improving staff, patient and family experience and communication in addition to reducing harm, allowing Trust values to be met. Lessons learned: Safety Huddles are held in the spirit of learning and improvement. It allows integration with the wider team, empowering the team to work unanimously towards the ultimate goal of delivering the best patient care.

#### REFERENCES

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**P034 MANAGEMENT OF CHRONIC ILLNESS IN YOUNG PEOPLE AGED 10-24 YEARS: A SYSTEMATIC REVIEW TO EXPLORE THE ROLE OF PRIMARY CARE PHARMACISTS**

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10.1136/archdischild-2019-nppc.44

**Aim** To explore the role of primary care pharmacists in the management of chronic illnesses in young people aged 10–24 years.

**Methods** Systematic search of four databases: MEDLINE, EMBASE, Cochrane Library and CINAHL using MeSH (Medical Subject Heading) and Emtree terms covering three main themes, namely, pharmacist, young people and chronic illnesses. Inclusion criteria: articles identifying the role of primary care pharmacists in the management of chronic illness and its acute manifestations in young people aged 10–24 years. Exclusion criteria: articles referring to the hospital, secondary care setting. Chronic conditions such as disability. Acute disease. Conference abstracts, letters and case studies.

**Results** Eight relevant articles were identified from different countries UK(3), USA(3), Netherlands(1) and Chile(1). All of the articles made reference to community pharmacists only and did not include information on pharmacists working in any other area of primary care (e.g. general practice). Seven of the articles identified included original research studies (1 observational, 2 survey, 2 qualitative interview, 2 intervention). The remaining article was a literature review. The interventional studies utilised pharmacists to manage specific chronic illnesses (i.e. asthma and metabolic disease). Both showed significant results in terms of improvement of a young person’s quality of life and improvement in their knowledge about their disease and its treatment. The research studies gathered the opinions of pharmacists (3) and young people (1) based on their experiences. The most prominent issue arising from the research into pharmacist opinion was the lack of direct communication with the young person because of parents collecting prescription items. In one study,<sup>1</sup> around half of participants stated this to be the main cause of medication-related problems, which in the main were non-adherence, in young people. Community pharmacists identified many roles that they felt were of high priority to their practice when dealing with young people. These included supporting young people to develop generic health care skills, build trusting relationships directly with young people, counselling with affirmation on the necessity and benefits of adhering to their medicine regimens, helping young people to find credible online health information and use digital media for educational or reminder purposes, transferring information effectively across care interfaces and provision of specialist services.<sup>1 2</sup>

**Conclusion** There is a lack of published literature regarding the role of pharmacists in the management of chronic illness in young people. Where primary care pharmacists have managed chronic illnesses in this patient population, they have been community-based and have had a positive impact on patient outcomes. Pharmacists feel that they have a role to play in supporting young people with chronic illness and have identified many areas where they can provide additional services and support. However, many pharmacists perceive a fundamental communication barrier which hinders provision of this support i.e. lack of access to the patient. This suggests that given the appropriate training and access to these patients pharmacists could have a positive impact on patient outcomes.

Further research is necessary to provide more evidence that primary care pharmacists could be further utilised in supporting young people with their medications.

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P035

### PATIENT FACING PHARMACIST REDUCES LENGTH OF STAY FOR PAEDIATRIC SHORT STAY PATIENTS

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10.1136/archdischild-2019-nppc.45

**Aim** To reduce the average length of stay (LoS) of paediatric inpatients requiring discharge medication (TTO's) on the short stay pathway (Comet).

**Methods** A paediatric multi-disciplinary team (MDT) used the model for improvement to identify stakeholders and key drivers for change. The Comet patient journey was mapped from A&E to discharge. Plan-Do-Study-Act (PDSA) cycles were used to reduce LoS, targeting the addition of a paediatric pharmacist to the morning ward round and use of over-label packs to facilitate nurse-led discharge for simple TTO's required within 2 hours. Data was collected over a two week period in summer; PDSA 1 baseline data, one week prior to change; PDSA 2, one week after implementation. Baseline measurements included time taken to write, screen and dispense TTO and the average LoS. Data was collected via the electronic prescribing system (Lastword). Patients eligible for the Comet pathway were included for analysis. Results were analysed using Microsoft Excel. Ethics approval was not required for this study.

**Results** PDSA one; 15 patients admitted onto the Comet pathway. 67% patients were admitted outside working hours. Six patients needed TTOs, 33% were written out of hours and all dispensed by pharmacy. Average time to writing TTO 14.6 hours (16minutes-44hours); time to pharmacist clinical screen 19.4 hours (6 minutes – 21 hours); average time for pharmacy to dispense TTO after screening 2 hours (69–203 minutes); average LoS for all Comet patients 17.6 hours (8–44) and 26 hours (14–44) for those needing TTO's. Post implementation 12 patients were eligible for the Comet pathway. 83% patients were admitted outside of hours. Six patients needed TTO's, 16% were written out of hours and 33% were dispensed by the nursing team. Average time to writing TTO increased to 20.2 hours (14–26), average time to pharmacist clinical screen was reduced to 10 minutes (1–98) and average time for pharmacy to dispense TTO reduced to 57 minutes (47–74). Average LoS for Comet patients was similar to PDSA 1 at 17.7 hours (3–27) but reduced to 20.8 hours (5–27) for those needing TTO's.

**Conclusion** Increasing patient-facing time of pharmacists to improve outcomes is recommended by the Carter report.

(1) Pressures in emergency-care to free up beds for patients means we need to look for creative solutions. (2) This study found the addition of a paediatric pharmacist to the ward round increased efficiency of writing, screening and dispensing TTO's - dramatically reducing time to screening TTO's; and the average LoS by 5 hours. The pharmacist was aware of Comet discharges at the time of decision to discharge and

was on hand to resolve medication related issues. New doctors in August could explain the increased time to writing TTO's in the second week. Promotion of nurse-led discharge via over-label packs reduced the number of TTO's sent to pharmacy. Limitations include 2 weeks of data over summer were analysed and non-paediatric hospital activity would impact pharmacy dispensing time. Future work will test how pharmacist transcribing TTO's on the ward round affect LoS and to review pharmacist clinical interventions to assess impact on outcomes.

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P036

### PATIENTS WITH LEARNING DISABILITY, VIEWS ON THE USE OF A PATIENT-HELD MEDICATION PASSPORT

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10.1136/archdischild-2019-nppc.46

**Aim** To establish the views of adolescent patients with learning disabilities and their carers, of the patient-held medication passport (My Medication Passport-MMP).

**Methods** A questionnaire was devised to find out if patients/carers thought a patient-held record of their medications (the MMP) was useful and to suggest improvements as appropriate. The MMP is a patient-held record of medicines use available as a passport sized booklet.<sup>1</sup> MMPs were distributed to patients and carers for them to read and review at a patient focus group. Ethics approval was not required for this study.

**Results** 20 questionnaires were sent and a total of 17 completed questionnaires were returned (85% response rate). 70% (n=12) of the questionnaires were completed by carers, 24% (n=4) by family members and 1% (n=1) by a patient. 100% (n=17) of carers/patients who reviewed the MMP found it useful. When asked about features they liked about MMP; Seven carers noted the MMP was easy to use; four carers felt MMP was a good way to keep (personal) medicines information up to date; with three further clarifying that it could be used as a 'concise way of keep track (of medicines)' and two specified they liked that 'all the information is in one book'. When Patients/carers were asked for ways MMP could be improved; two carers asked for more space to document past medication, including an area to 'keep track of the behaviours and how it is exhibited because of the medication'; one carer noted that 'some youngsters would benefit from more visual learning' and one asked for a version to be made available via app on smart phone. Limitations included a small sample with limited exposure to MMP. The patient group sampled may not be representative.

**Conclusion** Passports as tools aim to help patients better manage their medicines and have been successfully used in a patient with learning disability.<sup>2</sup> It is encouraging to see that this small group of patients with learning disability find the MMP useful. Suggested adaptations to MMP for this patient group included it being more visual, and having areas for past medication. Other trials of MMP have suggested that it may require a section surrounding medicines administration. Patients have since been directed to the MMP app which can