G113(P) INNOVATIVE QUALITY IMPROVEMENT PROJECT TO IMPROVE ORAL HEALTH KNOWLEDGE AND PRACTICES OF CHILDREN WITH DIABETES

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Aims Patients with diabetes are at a higher risk of developing a number of oral health (OH) conditions, most notably periodontal disease. This project sets out to assess and increase patient knowledge about OH in a paediatric diabetic outpatient clinic.

Methods Using a Plan-Do-Study-Act (PDSA) methodology, children being seen for diabetic outpatient review were given the opportunity to see a dentist in addition to their regular team. Families who accepted this offer were given oral health education, toothbrushing instruction and advice about how to tackle risks specific to them. For each patient seen between September and October 2019, the dentist completed an oral health recording tool (OHRT). This provided the opportunity to study the patient's current practices and knowledge about diabetes and OH. In future reviews, the OHRT will be repeated to assess improvement in patient's knowledge following our intervention. This is a Trust approved quality improvement project.

Results The results of the completed pre-intervention OHRTs are presented here. Out of the 28 children seen, 89% visit a dentist regularly. However, most of the families (61%) had no knowledge that diabetes had any impact on oral health and just 7% were aware of the specific risks to gingival health. 57% were unaware of risk reducing strategies and 14% were brushing their teeth less than once a day.

Conclusion This project aligns with the Making Every Contact Count initiative and is the first of its kind to our knowledge. The majority of families from our initial cohort lacked awareness about the risks of diabetes to OH and about different preventative strategies, justifying the need for further education in this high risk patient group. We have demonstrated that giving this preventive advice is possible without the need for additional appointments for children with diabetes. In addition, undergraduate dental students are now part of the OH education team thereby increasing the number of patients that can be seen on any one clinic and expanding the students' clinical experience.

G114(P) REDUCING FASTING TIMES IN PAEDIATRIC SURGICAL PATIENTS: 'THE TICKING CLOCK'

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Aims To reduce the time paediatric surgical patients spent fasted unnecessarily through a quality improvement initiative that provided healthcare staff with a tool to review fasting times regularly.

Methods After nursing staff frequently highlighted concerns that patients were fasted longer than necessary at a district general hospital, often without regular review of this decision, a new proforma entitled 'The Ticking Clock' was introduced.

It provided nurses with a tool, to re-evaluate and re-assess a patient's fasting status every two hours with the surgical team. Introduction of the 'Ticking Clock' was the primary intervention, however highlighting the issue at hand to both the paediatrics and surgical departments, as well as engaging the Practice Development Nurse to help with educating nurses about the new intervention were also undertaken to help implement the change. Data was collected over a two week period prior to our intervention, with data collection being repeated six months later. Our primary outcome was the average time paediatric surgical patients spent fasted in total, with a focus on emergency surgical patients.

Results The preliminary study collected data for 14 patients in total. These were predominantly admitted under General Surgery but also included those admitted under Orthopaedics, Urology and Gynaecology. The re-auditing process collected data for a total of ten patients, six months after the intervention was implemented. On comparing the two data sets, there was a notable reduction in time patients spent fasted. On average post implementation, patients spent 7 hours 13 minutes in total fasting compared to 14 hours 48 minutes prior to introduction of 'The Ticking Clock'.

Conclusion The implementation of 'The Ticking Clock' significantly reduced the average time paediatric surgical patients spent fasted by 50% over the course of 6 months in a district general hospital. Further studies to investigate its improvement on patient experience directly can be built from this.

G115(P) A DISCHARGE SUMMARY ON DISCHARGE

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Children attending the paediatrics assessment unit (PAU) for less than 4 hours were not receiving a copy of their discharge summary (DS) before going home. This meant that most of the time information was passed verbally to the patient and their family, with no written support to prevent misunderstanding and consolidate information. There were also significant delays in getting important information sent to GP surgeries. Our project's aim was to provide a copy of the DS for all patients with a <4 h stay. This was more ambitious than the original organisational target, but more in keeping with patients' needs and those of GPs.

One of the contributing factors was the complicated process of completing a DS: there were two paper forms, both handwritten, one for the doctors and one for the nurses, each taking 3–5 minutes to complete and containing duplicated information. Another inconvenience was that DS' were often completed by doctors who had not seen the patient.

We proceeded to facilitate the process by devising a new form which unified the nurses' and doctors' discharge form into a single page paper form. This was refined over several PDSA cycles to reflect feedback from all stakeholders. It was eventually replaced by an identical PDF digital form. Adjustment to PAU equipment had to be done.

Baseline data collection showed that 0% of patients were going home with a DS on discharge. In the first two weeks after implementing the unified form we have achieved levels of 60–100% and afterwards levels of 96–100% have been constantly maintained. Self-reported completion times reduced from 6–10 minutes to 3–6 minutes.

Our project showed that simplifying the completion process leads to a significantly higher proportion of patients going home with a DS, which we have seen sustained even during times of increasing patient attendances. Moving from a corporate target that imposed compliance to a patient centred one was a key intervention in gaining traction among clinicians. Involving the right people and keeping everyone motivated by presenting the progress played an important role in ensuring the project's success.

G116(P) ABSTRACT WITHDRAWN

G117(P) GETTING HOME IN TIME FOR TEA: STREAMLINING DISCHARGES FROM A GENERAL PAEDIATRIC WARD

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Aims To improve the efficiency of discharges from a paediatric medical ward, ultimately to increase the number of discharges before 4pm.

Methods Data was collected from Patient Administration System (PAS) as part of a Trust wide discharge collaborative. Every two weeks the total number of discharges and the time of discharge for each patient were collated. Fortnightly meetings were held with the collaborative group to evaluate the data and share best practice. The measures which have been put in place to improve efficiency include the introduction of a discharge whiteboard, increasing the number of ward stock medications available for discharge, education around completing discharge letters and prescribing discharge medications, embedding discharge discussions in the twice daily safety huddles and early identification of potential discharges for the following day.

Results In the calendar year of 2018, 1310 patients were discharged from one paediatric medical ward, with 41% being discharged before 4pm. Since joining the discharge collaborative in April 2019, 50–60% of patients are discharged before 4pm. There has been encouraging feedback from the junior-doctor workforce stating they feel empowered to work efficiently with regard to discharges and they feel the collaborative has been instrumental in this. There has been positive feedback from parents in terms of the speed that discharge paperwork is completed and the timing of medication being ready thus enabling families to get home in time to re-establish a normal evening routine.

Conclusion Discharging paediatric patients home before 4pm has a number of benefits; there are more staff around to ensure the paperwork and medications are available for a safe discharge, parents are able to get their children home and back in to a routine, inpatient beds are freed up to allow new patients waiting in the assessment unit and A&E to be admitted into. By sharing ideas across the Trust, interventions which have worked well have been implemented in other speciality wards. Simple changes have improved efficiency, patient flow and reduced waste in line with the changes recommended by the NHS Improvement SAFER patient flow bundle.

G118(P) ARE DIAGNOSTIC-THERAPEUTIC PATHWAYS REALLY EFFECTIVE?

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Introduction Diagnostic-therapeutic pathways (DTP) are evidence based interventions aimed to organize the assistance process for specific groups of patients and to improve quality and efficiency of care, reducing variability in treatment. Gastroenteritis is one of the main causes of access to the emergency room; in most cases they don't require urgent care provoking waste of resources and prolonged waits for all patients.

Aims The aim of the study is to demonstrate the efficacy of the protocol concerning gastroenteritis in terms of diagnosis, administration of the correct therapy and outcome through nursing and medical staff training (that took place in January 2019).

Methods Data were collected from patients with gastroenteritis who arrived at the pediatric emergency room of a third-level hospital in October 2018 (GO) and February 2019 (GF).

A descriptive data analysis was firstly performed; possible association between the onset of gastroenteritis and selected variables were then investigated in terms of presentation and outcome by Fisher's exact test and Wilcoxon test.

Results Total number of patients with gastroenteritis in ER was comparable in October 2018 (GO 55/826, 6.7%) and February 2019 (GF 63/973, 6.5%) [$p = 0.88$] as well as severity of presentation (usually mild: GO 64% vs GR 59%, $p = 0.7$) and need for an intensive short-stay observation (ISO) (GO 21.8% vs GF 23.85, $p = 0.88$).

Increased nurses' responsibilities did not provoke the raise of antiemetic drugs' administration (GO = 27.3% vs GF = 30.2%, $p = 1$) but at the same time oral rehydration was started earlier (before medical examination: GO = 1.8% vs GF 27%, $p < 0.01$) with a lower use of intravenous rehydration (GO = 23.6% vs GF 17.5%, $p = 0.49$). Furthermore, permanence in ER was strongly reduced (GO = 18 hrs vs GF 12.5 hrs, -30%, $p = 0.07$) as well in ISO unit (GO = 18.5 hrs vs GF = 13 hrs, -29%, $p = 0.12$).

Conclusions This study shows that a simple diagnostic-therapeutic pathway can reduce about 3500 hours of ER use annually, which lead to an estimated saving of 30.000–100.00 euros (direct health care cost only).

G119(P) THE PRETERM QUALITY OF CARE (PQOC) GROUP: USING QI INITIATIVES TO IMPROVE PATIENT CARE

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Aim To continuously improve outcomes for preterm babies using the QI approach.

Method The PQoC group is a team of neonatal doctors, ANNs and nurses who audit the care of inborn babies less than 30 weeks gestation.

The audit assesses multiple aspects of care, including:

- Frequency and indication for intubations