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G116(P) ABSTRACT WITHDRAWN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

A Brookes, E Jones, J Forsaith, E Ross. *General Paediatrics, Leeds Teaching Hospitals NHS Trust, Leeds, UK*

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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?

¹JN Pin, ²P Moras, ²M Minute, ²F Scozzola, ²E Berto, ²R Giancaspro, ²P Crotti, ²S Martelossi. ¹Dipartimento di Salute della Donna e del Bambino, University of Padua, Padua, Italy; ²UOC Pediatria, Ospedale Ca' Foncello, Treviso, Italy

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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 GE = 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

N Crowley, S Jaques, M Grady, N Williams. *Neonatal Unit, Evelina London Children's Hospital, London, UK*

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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

- Frequency and length of time for delayed cord clamping.
- Time for umbilical line placement, colostrum administration, and parent updates.

The team presents the results through multiple forums including biannual 'Awareness days' which are a fun way to update and educate staff using presentations, competitions, simulations and bite-sized teaching. They are a platform for launching new initiatives and equipment and are accompanied by social media updates and emails for staff unable to attend.

In December 2018 the PQoC group produced a lanyard card to help staff deliver more consistent care pre, during and post delivery.

In October 2019, we have launched a re-useable 'Checklist' to be used at delivery with the aim to improve documentation and adherence to the guideline. If the guideline was not adhered to or documentation is incomplete, the care will be discussed with the team involved.

Results The lanyard card was received very positively. 69% of colleagues reported that the lanyard card had changed the care they had provided to a preterm admission. In particular, the medical staff commented on how useful it is to have a prompt card to brief the team pre delivery and use for teaching. The nursing team reported feeling more confident at setting up the bedspace and getting umbilical lines ready. There was an improvement seen in the percentage of babies who received delayed cord clamping from 38% to 55% and the average time from 45 to 53 seconds. However, there were not significant improvements in other audited areas.

We are awaiting results from the introduction of the 'Checklist'.

Conclusion The PQoC group are very passionate about providing preterm babies with optimal care from birth. We continuously strive to improve care through creating and evaluating different initiatives.

G120(P) ABSTRACT WITHDRAWN

G121(P) THINK MAGNESIUM: CONCERTED MULTIDISCIPLINARY IMPROVEMENT INITIATIVE TO INCREASE ANTENATAL MAGNESIUM UPTAKE IN < 30 WEEK PRETERM BIRTHS

¹CS Narayanan, ¹A Katana, ²H Abdulle, ²M Coker, ²D Mitra, ²N Shetty. ¹Department of Neonatology, Watford General Hospital, UK; ²Department of Obstetrics and Gynaecology, Watford General Hospital, UK

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Aim There is compelling evidence that magnesium sulfate (MgSO₄) given antenatally in threatened preterm labour is neuroprotective and reduces risk of cerebral palsy in offspring. National Neonatal Audit Programme (NNAP) in the UK monitors compliance to antenatal magnesium uptake in births < 30 weeks. Our centre was a negative outlier (16% vs 43% national average) for this audit measure in the 2016. Our aim was to improve MgSO₄ compliance by at least 50% within the first year and then to sustain achieved improvement.

Methods A multidisciplinary improvement team comprising of neonatologists, obstetricians and midwives was formed. This team process mapped a preterm mother's admission to understand enablers and barriers to timely MgSO₄ administration.

A driver diagram conceptualised overall aim, primary & secondary drivers to inform change ideas. Change ideas (MgSO₄ awareness sessions, clear guideline, preterm labour proforma, Think Mg posters, ward level champions, daily safety huddles, monthly display of compliance figures) were tested in iterative PDSA cycles. Number of preterm births <30 weeks between a non-compliant episode was plotted on a g chart which displayed performance over time.

Results In 2016, only 3/20 (15%) preterm mothers received antenatal MgSO₄. With improvement efforts and monitoring via PDSA cycles and g charts we saw a steady increase in MgSO₄ uptake. In 2017 10/18 (56%) and in 2018, 14/18 (77%) received antenatal MgSO₄. Opportunities between events 'g' chart tracked number of eligible births between a noncompliant episode. There were a few deliveries with short arrival to delivery intervals in late 2018, with drop in our compliance. Further analysis of these cases highlighted certain delays in triage ward, and they were addressed. Overall, in a 3-year period MgSO₄ compliance rose from 16% to 77%. We also involved service users, by providing a parental information leaflet and including a check box in golden hour care checklist.

Conclusion Using a well-structured quality improvement plan, we were able to understand the barriers to MgSO₄ use and systematically introduce changes that resulted in improved compliance. Collaborative working between multidisciplinary staff across specialties was key to our success and we hope to further scale up and sustain the improvement.

G122(P) ABSTRACT WITHDRAWN

G123(P) REAL TIME RESOURCE LOCATOR FOR ACUTE NEONATAL TRANSFER SERVICE (ANTS): LOCANTS, A COMBINED TOOL AND SYSTEM FOR EFFICIENCY GAINS IN ACUTE NEONATAL TRANSFER

¹A Dhar, ²S Rattigan, ³E Clarke, ²L Barford, ⁴R Chatterjee, ¹S Broster. ¹Neonatal Transfer and NICU, Acute Neonatal Transfer Service and Addenbrookes Hospital, Cambridge, UK; ²Neonatal Transfer, Acute Neonatal Transfer Service, Cambridge, UK; ³Woman and Children's Services, Addenbrookes Hospital, Cambridge, UK; ⁴Cloud Data Specialist, Google, London, UK

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Aims Technological improvement remains a constant need in neonatal transport. ANTS is responsible for a large geographical area (6 counties, 15% of UK) with a large population density (>68,000 deliveries/yr, > 6.168 million people). 13 transfer services out of 14 in UK are unable to meet nationally agreed key performance indicator (KPI) of mobilisation (60 min) for time critical transfers. Time taken to complete the clinical referral, collating and checking all resources (drugs, vehicle etc.), availability of teams are the main contributory factors for this delay. To improve the efficiency of transport service we are developing a tool, LocANTS ; to validate this tool we introduced a small part of this as a manual version (paper/screen) which is updated daily at 08:00 to localise available resources from January, 2019.

Method The paper copy includes on-call team/shift, pending transfers, vehicle, equipment, stock medication related updates, road and weather conditions, regional cot status, review of