G231(P) THE MEDICAL ASSISTANTSHIP SCHEME: IMPROVING PATIENT CARE AND TRAINING FOR MEDICAL STUDENTS

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Introduction Paediatric Emergency Departments (ED) continue to face increasing pressure to deliver high quality care to patients. Ensuring units are adequately staffed with the correct skill mix is a constant challenge. Newly qualified doctors face the prospect of working and developing in this environment, putting into practice what they learnt at medical school whilst trying to acquire resilience.

This pilot project was designed to help reduce pressures in the paediatric ED and enable students to learn skills by employing them as 'medical assistants' (MA), better preparing them for life as a new doctor.

Methods In collaboration with the local medical school, six MAs were appointed in July 2018 to the emergency department to work alongside a paediatric ED consultant between 6pm and 11pm weekdays and 3pm to 11pm at weekends. They performed a range of clinical, clerical and nursing tasks. Paediatric ED consultants and MAs completed daily surveys as well as a final end-of-pilot survey. Nursing staff and patients were asked to complete a one-off survey. In addition, data looking at attendances, time to see clinician, time in the department and breeches were analysed.

Results From October 2018 to May 2019 there was a statistically significant increase in paediatric ED attendances compared to the same period the year before. Despite this increase, the key metrics for flow in the paediatric ED (i.e. triage times, times to see a clinician and time in the department) did not change significantly.

From a qualitative perspective, the consultants felt that the presence of the MA reduced their stress levels and enabled them to provide a better level of care. Nursing staff found them useful to nursing and medical staff. Parents commented being seen by well-mannered staff in an efficient manner. The MAs found the experience invaluable towards their personal and professional development.

Conclusion This study demonstrates that the MA scheme can be mutually beneficial to paediatric ED and medical students by providing improved patient care as well as preparing medical students for life as new doctors. We believe this scheme could be easily adapted to other clinical settings in the wider NHS.

G232(P) TRANSCUTANEOUS BILIRUBINOMETER AND HOME PHOTOTHERAPY

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Aims To optimise the investigation of neonatal jaundice within the first two weeks of life in the emergency department (ED), through the guideline led use of a transcutaneous bilirubinometer (TCB). To establish and support a pathway led home phototherapy service in the community setting.

Methods 1 year retrospective case note reviews of:

- all jaundiced babies and all bilirubin samples sent to the lab, from infants between 1 and 14 days, from the ED in 2016.

- use of the transcutaneous bilirubinometer (TCB) in 2017
- babies with uncomplicated jaundice admitted for phototherapy in 2016 and 2017.

2 month review of home phototherapy service established end August 2019, including parent feedback.

Results

- In 2016, 433 separate patient visits were identified, 254/433 (59%) patients had a bilirubin less than, or equal to 250.
- Of this 254, the average age was 6 days and average bilirubin 187. 11/254 (4%) patients had to have bloods repeated due to failure of initial bloods. Average wait time until bloods results was 1 hour and 35 minutes and the average length of stay in the department was 4 hr 17 minutes
- 1 year review of established TCB guideline showed a reduction in blood tests by 40%. Wait time from first being seen by a clinician was reduced to 30 min compared to 1 hr 57 min. 70% guidance adherence was noted.
- Around 100 babies per year are admitted for an average of 1–2 days with uncomplicated jaundice for phototherapy only.

4 babies have been successfully managed and discharged after 2 days on home phototherapy with excellent feedback.

Conclusions Use of a TCB is NICE evidence based and non-invasive. It optimises patient journey and reduces harm in a cost effective manner.

Currently well babies presenting to the ED with jaundice and requiring phototherapy are admitted for an average of 1–2 days. The setup of the home phototherapy service allows babies with uncomplicated jaundice to be treated at home with daily visits and blood bilirubin monitoring.

This frees up potential bed spaces, by reducing unnecessary admissions in an infectious environment, whilst minimising parental anxiety.

G233(P) ELECTRONIC PATIENT INFORMATION LEAFLETS: THE FUTURE?

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Aim To improve the number of paediatric patients who receive written discharge advice following discharge from the paediatric emergency department in line with clinical standards as set out in Facing the Future: Standards for children in emergency care settings

Method Patient information is generally regarded as improving patient care as it provides relevant health care information, empowers patients in their healthcare decisions and encourages engagement with healthcare services.

An audit of clinical records showed that less than 10% of patients discharged from the paediatric emergency department received documented written and verbal advice.

Following engagement with clinical staff, steering groups, hospital management and patient information services to investigate the barriers a QR poster was developed.

The poster enables care givers or patients to get electronic versions of patient information leaflets on a mobile device, broadening both information and media available to patients.