Quality Improvement and Patient Safety

INTEGRATED SEIZURE CARE PATHWAY- A RCPCH EQIP PROJECT

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Background Our team were part of the EQIP pioneers to participate within the first paediatric epilepsy quality improvement collaborative pilot (RCPCH EQIP) in England and Wales, managed by the Epilepsy 12. The purpose of the pilot was to provide 12 paediatric epilepsy teams with practical training and support, helping them uncover the gaps in service provision and develop interventions that meet their specific needs.

Objectives At the initial EQIP meet, our team chose to develop and implement an integrated care pathway for children admitted to Paediatric ward with epileptic seizures or seizures like events in order to facilitate consistent high quality care for these children.

Methods The project started with short surveys of parents/patients, doctors and nurses. Based on these, three important areas of improvement were identified; namely, history taking, investigations and safe discharge. The existing acute admissions clerking document was improvised to accommodate these changes. For improving seizure history, a box with prompts covering important points in a good seizure history was inserted next to history taking section. For guidance to doctors on appropriate investigations and management, a flow chart was prepared and inserted. To ensure a safe discharge, a safety discharge check list was prepared and inserted at the end of the clerking document. These 3 sections went through several rounds of testing in ward and improvised.

Results After several PDSA cycles, a final clerking document, titled as Integrated seizure care pathway, has been rolled out in the department. We are noticing a much better seizure history and safety advice on discharge as well as improved parent/patient experience.

Conclusions Based on our experience in this RCPCH EQIP project, we recommend initiation of Quality improvement projects in other Epilepsy units to improve team efficiency and quality of patient experience.

Paediatric Critical Care Society

BRINGING PAEDIATRIC ICU PROCEDURAL SKILLS TO THE DGH SETTING

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Background Tertiary intensive care unit (ICU) placements can introduce and teach methods of best practice for procedures. Two examples being, Midlines for long-term peripheral access and Pigtail Catheters for Chest drain insertion.

Pigtail chest drains have superseded traditional Trocar blunt dissection approach, with most tertiary units advocating the pigtail seldinger technique. Studies have shown this to be safer and easier.

Midlines are routinely used in ICU, as long-term peripheral access. This can be inserted using cannulation with a seldinger technique, under direct vision or ultrasound guided. Midlines are a safe, effective option for children who require prolonged antibiotic regimes. It can mean less repetitive cannulation insertion and reduced hospital stay.

Methods The importance of midlines and pigtail chest drains was presented to the paediatric department stakeholders. Following this, funding was allocated to purchase required equipment. Guidelines for each technique was created and received clinical governance approval.

From March 2020 to 2021, small group chest drain and midline sessions were held, offering teaching to both doctors and nurses.

During the chest drain sessions, participants were shown how to insert them on a mannequin and attach it to an underwater seal. Each participant had the opportunity to practice this skill, with individualised feedback. During the Midline sessions, participants were shown how to insert these into a mannequin arm, and each had a turn.

Specific emphasis was given to safety elements, including careful consideration for the guidewire. Participants were encouraged to refer to the unit guidance, to familiarise themselves with the support material.