Hub was popular with 72% representation from multidisciplinary healthcare professionals. Majority of the participants had no previous experience of QI. 96% reported increased confidence in undertaking QI. Participants described Hub as 'enlightening', 'empowering', and 'feeling valued'.

Hub has supported personal growth and career progression and alumni have taken on senior management roles and led further QI projects. 100% would recommend us to their colleagues.

Feedback using Likert survey revealed that 95% participants reported individual sessions as highly satisfactory, workshops useful and support from faculty was valued. We continued to deliver QI training and support remotely without affecting the quality of training. 96% rated the virtual sessions 'very good' and workshops were deemed valuable.

QI projects have led to improvements in patient safety and outcomes including streamlining of care, medication safety, reduced Los, and better patient experience. These were presented at Trust, national and international meetings.

Conclusions QI Hub has enabled multi-professional staff to undertake high-quality QI projects and empowered them to deliver continuous improvements for patients throughout the pandemic. We have demonstrated that an effective QI programme can be delivered virtually in the current climate to ensure that the improvements and support systems for QI are sustained.

Quality Improvement and Patient Safety

652 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 Epilepsy12. The purpose of the pilot was to provide 12 paediatric epilepsy teams with practical training and support, help 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

655 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 repetitious cannulation insertion and reduced hospital stay.

Objectives In our busy South London DGH, midlines and pigtail chest drains were not available or taught. Using experiences from ICU placements, both were introduced, and observed to see if this improved trainee skill set and patient care.

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.