Aims The Children’s Hospital Discharge Collaborative (CHDC) team are a multi-disciplinary group of staff members passionate about improving the quality and efficiency of discharge processes. The aim of this project is to increase the number of patients being discharged within working hours in order to facilitate a safe return to routine for families, improve patient flow within the hospital and ultimately improve patient experience.

Method As a collaborative we have trialled interventions in ward areas, learnt what works and what needs improvement, all of which has enabled us to roll out evidence based changes throughout the Children’s Hospital. We have held monthly meetings and received good engagement from ward areas and a broad range of specialties which has meant that we have collaborated and shared ideas. The CHDC team have utilised existing morning huddles to identify potential discharges as early in the day as possible, or even the day before, as well as communicating this by the use of a discharge board visible to all staff members meaning that this information is readily available. We also challenged existing norms, and empowered leadership from within ward areas to drive projects. We have encouraged the early preparation - sometimes overnight - of quality discharge advice notes (eDANs - Easy to read, Drugs, Advice, Next Steps). We have facilitated nurse-led and criteria led discharges as well as increased our safe use of over-labelled discharge packs. Another quality improvement project piloted the process of finalising the discharge medicines before the clinical information was completed enabling earlier dispensing.

Results In the period from October 2020 to July 2021 the median percentage of weekly discharges before 1500 hours has risen from 36% to 49%. In patient terms, this means approximately 18-20 more patients per week being discharged home before 1500 hours.

Conclusion and Future Aspirations The CHDC team have increased discharges before 1500 hours across the Children’s Hospital by 13% over the last 9 months by working collaboratively and enthusiastically to rethink the existing processes used. This also equates to 1 or 2 wards full of patient space that is free for the next family that needs it. We hope to continue this good work and improve on this further by collecting some qualitative data from families to explore their thoughts about the discharge process.

The Trust is now investigating a re-design of the eDAN process to enable a change in discharge process across specialties, meaning that the whole Trust could benefit from this project’s initial work. The CHDC team also plan to continue to collaborate and celebrate our achievements, both locally and nationally by completing positive feedback forms, issuing certificates and ‘Discharge Champion’ badges and sharing our learning by presenting our work.

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Background The incidence of invasive fungal infections in adult and paediatric patients has increased, particularly among immunocompromised patients with mortality in the setting of hematopoietic stem cell transplantation ranging from 30-40% for yeast infections and up to 70% for mould infections. Although many hospitals categorise antifungals as ‘restricted agents’, they are frequently used as part of haematology, oncology and cystic fibrosis protocols. This study was undertaken in an Irish, tertiary paediatric hospital and aimed to record the prevalence and pattern of antifungal prescribing and document indications for use. While there is an Antimicrobial Stewardship Policy in place in this hospital, there is no formal Antifungal Stewardship (AFS) Programme.
Method A prospective, modified single-day point prevalence study of antifungal use over 12 consecutive weeks (July 2020 and October 2020) was conducted. This data was collected as part of a submission to a European-wide study across 23 paediatric/neonatal sites. All inpatients <18 years present at 0800 hours, on the day of survey who were receiving systemic antifungal agents were included. Patient data was recorded, anonymised and entered into a study-specific online portal in adherence to general data protection regulation requirements. Each patient was followed-up weekly and the outcome of each prescribing episode was recorded. Study approval was granted by the hospital’s research ethics committee.

Results 38 patients were included in the study; 60% male (n=23), 40% female (n=15). During the 12 weeks, the overall rate of antifungal use was 6.7%. The main underlying condition recorded was cancer (63%, n=24), 5 of which were post bone marrow transplant.

A total of 56 antifungal prescriptions were recorded; 64.3% (n=36) recorded as prophylaxis and 35.7% (n=20) as treatment. Liposomal amphotericin B accounted for 41% of prescriptions, comprised of: fluconazole 28.6%, voriconazole 14.3%, posaconazole 8.9%, and caspofungin and itraconazole 3.6%. At the end of the study period, 86.7% of the prescriptions were ongoing for either prophylaxis or completion of treatment.

Discussion This is the first Irish paediatric study of antifungal prescribing pattern in tertiary care; the overall rate of antifungal use was consistent with previously reported European data. The main indication for use was prophylaxis, targeted appropriately at immunocompromised patients. Liposomal amphotericin B is the most frequently prescribed antifungal and contributes substantially to the overall annual antifungal spend. The following limitations should be noted: although part of a wider European study, these data reflect antifungal use in a single site; data was collected during the COVID-19 pandemic which may have impacted inpatient numbers.

Conclusion Antifungal prescribing was appropriately focused on high-risk paediatric patients and was consistent with current local guidelines and aligned with European practice. Consideration should be given to substitution of liposomal amphotericin B with more cost-effective antifungals as clinically appropriate, offering significant cost savings. A formal AFS programme offers significant benefit both clinically and financially to the patients and institution, particularly in the empiric use of liposomal amphotericin B. It is anticipated that an AFS programme will be established in 2021.

REFERENCES

Abstracts

P34 MEDICINES OPTIMISATION FOR INFANTS AND CHILDREN ATTENDING A CHILDREN’S CARDIOLOGY WARD FOR DAY CASE DIAGNOSTIC CARDIAC CATHETER PROCEDURES

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Introduction Infants and children with congenital heart defects are reliant on medicines to treat the symptoms of heart failure whilst they wait for corrective or palliative surgery. Medicines optimisation for this group of patients is a complex and challenging concept. This is because there are many factors that need to be considered to ensure the effective and safe use of these medicines.

Infants and children undergo significant physiological and pharmacological changes over a relatively short period of time. In addition, this group of patients also present challenges for the safe administration of these medicines at home. Failure to optimise these medicines may result in reduced symptom control with negative effects on health outcomes for the family and child.

The aim of this service evaluation was to identify whether patients attending for day case diagnostic catheter procedures on the children’s cardiology ward could benefit from having their medicines optimised during their hospital visit.

Method Data was collected prospectively over a period of 7 months from August 2019 to March 2020. Patients were included if they attended the children’s cardiology ward for a day case diagnostic cardiac catheter during the study period.

In addition, they needed to be taking at least one long-term medicine at home.

A pharmacist with experience in children’s medicines conducted a medication review with the family during their attendance. This included a consultation about which medicines were being taken at home, and listening to the experience that the family had from using their medicines. Medicines were then reviewed using up to date information such as weight, test results and medicines information resources. Anonymous data was kept using a Microsoft Excel spreadsheet.

Results In total, 175 patients were assessed for inclusion during the study period. 57 families were found to be administering a long-term medicine at home and had their medicines reviewed. Subsequently, 13 patients had their medicines optimised.

The most common recommendation was to increase the dose of a medicine for an up to date weight or because of failure to control symptoms (n=11). This was frequently seen with medicines such as aspirin, captopril and diuretics.

In addition, more subtle and unexpected interventions regarding medication safety at home were also identified (n=2). For example, one family were found to be ten times under dosing their child due to an unidentified change in strength of liquid medication from primary care. Another family described their difficulty with crushing and dispersing tablets to administer using a nasogastric tube. This resulted in a block tube that required an additional hospital visit to have a new tube inserted. Additional action was taken to report and rectify these medication errors.

Conclusion This project has demonstrated the value that can be gained from a pharmacist providing ongoing reviews of medicines used by families when they attend a children’s cardiology centre. Day case admissions in a specialist hospital may be seen as low priority to professionals. However, this is an ideal opportunity to provide support to families who use medicines at home.

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