PILOT STUDY OF THE IMPLEMENTATION OF CARE MAPS FOR FAMILIES WITH A CHILD WHO HAS COMPLEX HEALTH NEEDS

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Aims

Background Complex health needs refers to the unique multidisciplinary health and social care needs of an individual. These needs impact on both the patient and their families; this is more apparent in paediatrics, where they must adjust their care duties.1,2

Boston Children’s Hospital designed a tool called: The Paediatric Integrated Care Survey, and made use of care maps to help better coordinate care.3,4

This pilot study was designed with the aim to assess whether:
• The questionnaire was appropriate for use in the Sheffield Children’s Hospital
• Care maps showed promise as a useful tool for both families and those involved in the child’s wellbeing.

Methods

Method The Paediatric Integrated Care Survey was used to interview a parent of a child with complex needs. A medical student undertook three on inpatient wards, and two were recorded and transcribed. They were also asked if the questionnaire felt appropriate.

Care maps were then discussed, using the self-produced example attached (see figure 1):
• The purpose of them
• How it feels to complete one
• If they would be helpful.

Results

Results Using the questionnaire appears to be appropriate in this setting. Transcripts from the interview provided the following themes:
• The difficulties for the child
• The difficulties for the parent
• The family unit
• Their service providers

They found care maps:
• Easy to produce alone
• Provide a better understanding of their child’s priorities

• Display who is involved in their care
• Were a digestible form to inform care providers of the complexity of their child.

Conclusion

Conclusion Implementing a way for this map to be accessible would allow better integration of care. It should also be possible to update it when priorities of needs change.

A larger study should be conducted in order to see the full impact care maps could have with the coordination of care and how this helps their family.

REFERENCES

for the detection and treatment of babies having exaggerated physiological Jaundice in term and preterm neonates in the past, however since Mid-November 2021 using gas bilirubin alone has been as a standard practice to aim for improved patient care, rapid turn over and quick decision making.

Methods retrospective analysis of the investigations and care provided to neonates comparing the serum (Laboratory bilirubin) vs gas analysis for the months of October 2021 till end of Jan 2022.

Analysing patient data on ICE, CITO and medical notes, we will be able to collect and analyse the data to see if any improvements have been noted in the quality of care.

Results results will be available once data collection process has been completed and will be shared.

Conclusion Data collection in progress- however It has been agreed by the children’s Hospital children hospital emergency departments and admission teams (General Paediatrics team for the wards) to replace the use of Lab Bilirubin measurements with the Blood gas Bilirubin measurement for this will prove to be more cost effective, timely and robust measures for quick decision making and initiation of treatment and monitoring of the treatment response.

We recommend staff to consider VR as an adjunct when treating an anxious child or a child undergoing painful procedures.

Based on the above findings, our Hospital Charity has now agreed to fund 3 further VR headsets to be used in paediatric pre-operative ward, Paediatric emergency Department and for the community nursing team.

REFERENCES

531 SAFETY AND EFFICACY OF KAISER PERMANENTE SEPSIS RISK CALCULATOR AT RATIONALISING ANTIBIOTIC USE IN BABIES AT RISK OF EARLY ONSET NEONATAL SEPSIS IN A LOCAL NEONATAL UNIT
1Hanshini Naidu, Nicola Yang, Shangshekarie Luvena Anthony, Rebecca Gaunt, Daniel Gee, Nilmi Ekanyake, Sara Farhat Dominguez, Lukas Huhn, Rita Marciano, Devangi Thakkar. The Hillingdon Hospitals NHS Foundation Trust, 2Great Ormond Street Hospital for Children, 3Imperial College Healthcare NHS Trust, 4Northwick Park, London North West University Healthcare Trust

Aims To assess the safety and efficacy of the Kaiser Permanente sepsis risk calculator (SRC) for babies at risk of early onset neonatal sepsis (EONS), compared with the National Institute for Health and Care Excellence (NICE) guidelines at a local neonatal unit.

Methods From September 2020, babies ≥34 weeks gestational age at risk of EONS at Hillingdon Hospital were assessed using the SRC rather than NICE guidelines. A predicted incidence of EONS of 0.8/1000 was applied and all babies who were recommended to have a blood culture were started on intravenous antibiotics immediately.

Demographic data was collected for babies ≥34 weeks gestational who had blood cultures taken and received antibiotics between September 2020-August 2021 at Hillingdon Hospital after SRC was introduced (SRC group). Cases of babies who received antibiotics after 24 hours of age and required at least 5 days of antibiotics (missed cases) and those who had positive blood cultures were investigated for objective evidence of sepsis.

The number of babies receiving antibiotics September 2019-August 2021 was identified from Badgernet (NICE group).

Results 428/3959 of live births ≥34 weeks (10.8%) received antibiotics in the SRC group. 585/3923 of live births ≥34 weeks (14.9%) received antibiotics in the NICE group. The relative risk of receiving antibiotics in the SRC versus NICE group was 0.72 (95% confidence interval 0.65-0.81, P<0.0001).

13/428 (3%) of SRC cases had positive blood cultures, 7 of which were likely contaminants. 19/428 (4.4%) were defined as missed cases. 3/19 missed cases had positive blood cultures, none of these cases would have been identified for