Abstracts

-Variable level of prescriptions completed each week, each week eligible infants were assessed as well.
-Noted zero prescription completed while QIP leads off site due sickness (so previous result still showed lack of sustainability).
-Challenges remain in lack of compliance of staff with prescribing and documentation of administration.
-The next step in the next PDSA cycle is preprint sucrose in the drug chart so staff would have to prescribe dose and date/time only and it would act for reminder. Along with increasing nursing staff engagement with project and encourage them being advocate for sucrose use for pain relief for their eligible infants (This is currently work in progress).

Abstract 1277 Figure 1  Results of GAP Analysis and Outcome of PDSA Framework

Conclusion For all infants regardless their gestation but mainly preterm infants, pain among other noxious stimuli can cause long term adverse impact on their neurodevelopmental development.
Neonatal staff should be equipped with the knowledge and skill to recognize signs of neonatal pain and how to manage and minimize it appropriately.

REFERENCE
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1277 'PN FOR PN': PARENTERAL NUTRITION FOR PRETERM NEONATES: PERSPECTIVES OF A DISTRICT GENERAL HOSPITAL IN IMPLEMENTATION OF NICE GUIDELINES – A QUALITY IMPROVEMENT PROJECT

Aims Early administration of parenteral nutrition in preterm infants is recommended with regional guidelines using absolute criterion based around gestation or birthweight to determine the need for this form of nutrition. In 2020, NICE updated their guidance for administration of parenteral nutrition in preterm neonates, advocating a gestational cut-off of less than 31 weeks and introducing an 8 hour administration window. We used the PDSA framework to guide the implementation of these changes. In this quality improvement project, we describe the process and challenges of implementing these recommendations in our level two unit, which admits babies with a gestation greater than 27 weeks.

Methods Prior to implementation, a GAP analysis was performed comparing local practice to the new NICE recommendations. This highlighted several areas that would need addressing if these guidelines were to be adopted.

Results Figure 1 summarises the results of the GAP analysis, and steps taken to address each area in the PDSA framework. Following collaboration with multiple teams from trust governance, to pharmacy and infection control, a new standard operating procedure was created for the safe preparation and administration of neonatal parenteral nutrition.

Table 1 compares the management of these preterm neonates before and after the implementation of this operating procedure.

Abstract 1277 Table 1  Comparison of Management of Preterm Neonates receiving TPN before and after the implementation of NICE Neonatal Parental Nutrition Guidelines

Conclusion The results highlight the feasibility of application and adherence to the updated guidelines in a level two neonatal unit. Practical challenges from safe storage to prescription were addressed through collaborative working with the trust pharmacy committee allowing for a cost-effective, safe and successful protocol to be implemented. However, there is still room for improvement, with the average time for PN administration out of hours varying from 8-10 hours. It would be interesting to compare our experiences to similar intensity units across the UK or tertiary neonatal units and share the good practice.
THE HI 5S: AN INTER PROFESSIONAL QUALITY IMPROVEMENT INITIATIVE USING LEAN METHODOLOGY TO IMPROVE STAFF AND PARENTAL EXPERIENCE ON POST NATAAL WARD AND NIPE CLINIC

Teim Jengoa Eyo, Nitesh Singh, Puneet Nath, Heather-Leigh Davies. Department of Paediatrics, University Hospital Coventry and Warwickshire, UHCW NHS Trust

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Aims
Post natal wards are busy and are at a risk of not delivering safe and effective care. As such Junior doctors often dread to cover this shift and midwifery staff can find it difficult to coordinate care thus impacting patient experience.

Consequent to the keen awareness of impact of stress and anxiety on wellbeing, a dedicated team of interdisciplinary professionals set out to improve the postnatal experience for all.

Initial survey prior to onset of the quality improvement project revealed high anxiety levels with 2 in 3 junior doctors having anxiety levels of 5 or more (out of 10) prior to a postnatal ward shift. There was also a common theme of frequent interruptions, heavy workload and late finish.

Our objective was to improve parental and staff experience on postnatal ward and new-born infant physical examination (NIPE) clinic

Methods
Using fishbone cause and effect analysis the team identified the possible causes of the anxiety levels related to the postnatal ward and NIPE clinic shift. Next a driver diagram was used to identify key drivers for change and formulate change ideas. (figure 1)

The team used the lean methodology, 5S process- their task was to:

- **Sort** reviews,
- **Set in order** NIPE clinic by reducing interruptions and last-minute tasks, via a non-urgent jobs book and dedicated team of support staff to man the clinic, called ‘NIPE champions’
- **Shine** at timely discharges,
- **Standardise** process in the clinic via use of ‘NIPE survival booklet’
- **Sustain** the process via education

A resurvey was done following the first intervention which was the introduction of a non-urgent jobs book with the aim of reducing need to interrupt the junior doctors and Advanced Nurse Practitioners in the middle of tasks while still ensuring tasks are not forgotten.

This was done via an anonymously filled semi-structured questionnaire and data was analysed via excel.

Results
A total of 8 respondents filled the resurvey consisting of tier 1 junior doctors and Advanced nurse practitioners (ANNP).

75% of the respondents reported ease of use of the non-urgent jobs book
87.5% of respondents also reported reduced rate of interruptions due to the use of the non-urgent jobs book although some commented that the effect was not consistent. (figure 2)

Conclusion
The non-urgent jobs book has seen reduction in interruptions and helped junior doctors to focus on a single task per time, mitigating the risk of errors.

Next steps include senior review slots and 2 junior doctors assigned to a NIPE clinic with a survey of staff and patient experience afterwards.

The QI has led to better interdisciplinary teamwork to achieve change.

With the next changes, the level of anxiety related to NIPE clinic is expected to be remarkably improved as well as improved staff engagement.

POSTNATAL GENTAMICIN ADMINISTRATION AND PRESCRIPTION: MIND THE GAP!

Kevin Halleron, Mary-Beth Toner, Bharathi Rao. Royal Maternity Hospital, Belfast

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Aims
The administration and prescription of intravenous antibiotics to neonates at risk of Early Onset Neonatal Sepsis (EONS) is common in all postnatal wards across the UK. In most cases, this is performed by junior doctors with midwifery staff support. In the Belfast Trust, a safety checklist was