Abstract 1304 Figure 2  The most common parts of the newborn examination that were not completed within 72 Hours

Conclusion NIPE is incomplete at 72 hours of life in 77% of babies. A Wales Neonatal Network Audit is proposed to determine adjusted performance thresholds for NIPEs conducted on NICU in advance to the proposed Newborn and Infant Physical Examination Cymru (NIPEC).

Abstract 778 Figure 1

Conclusion  • Changes have been made 3 times to reach the final proforma (every 2 weeks) and everyone’s feedback has been taken into consideration (figure 2).
  • Final proforma was agreed with the governance team in the hospital then it was discussed in the hospital governance meeting to be approved (figure 1).
  The sheet has been used since May 2021 across ULHT and is due for review in March 2022.

WARD ROUND SHEET
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Aims Morning ward round is very important to set the pace for the day. If it is done in an organized and timely managed way, it will help with delivering optimum and safe service to all patients.
  My aim from doing a ward round proforma was:
  • Creating a comprehensive ward round sheet.
  • Ensuring patient safety.
  • Improve communication.
  • Create uniformity and avoid subjectivity.
  • Clear documentation of management plan.
  • Time-saving.

Methods Retrospective data collection over a period of more than 6 weeks using more than 50 different patients’ clinical notes on different days.
  Feedback was taken from doctors and nurses every 2 weeks and points of improvement were discussed in every JDF. The proforma was changed 3 times to get the final sheet.
  Meanwhile, as we are introducing a new idea, applying Kurt Lewin’s steps for change management were extremely useful.
  Starting with focusing on the problem, proposing the solution, and getting everyone involved in the decision-making so that they feel that they are part of the improvement process (de-freeze). Then, introduce the change and ensure that everyone is familiar with it(Change). Last but not least, continue taking feedback to make sure that the team is familiar with the change and part of it(re-freeze).

Abstract 778 Figure 2

Conclusion  • The introduction of a ward round template significantly improved the documentation of important clinical information that has impacted directly on patient safety.
  • Communication between doctors and nurses has improved, and plans made on the ward round are clear for everyone.
  • Enhanced patient safety measures. (SG concerns and PRP plan sections on the sheet)
  • Ensured timely and safe discharges. (MFFD section on the sheet).

IMPLEMENTATION OF WITHDRAWAL ASSESSMENT TOOL AND WEANING PROTOCOL TO REDUCE IATROGENIC WITHDRAWAL SYNDROME IN PEDIATRIC CARDIAC ICU: A QUALITY IMPROVEMENT PROJECT
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Aims In the clinical practice of PICU, the most used pharmacological agents are opioids and benzodiazepines. Prolonged use of these medications can lead to iatrogenic withdrawal symptoms upon discontinuation.

We observed variability in opioid and benzodiazepine dosing, length of withdrawal tapers and appearance of withdrawal symptoms with the potential for increased length of hospital stay.

We aim to evaluate the effect of:

- **Introduction of Withdrawal Assessment Tool-1 (WAT-1).** (figure 1) It values the presence and severity of the manifestations of deprivation in general. It is preferred because of its strong psychometric properties and ease of use at the patient’s bedside. The use of validated iatrogenic withdrawal syndrome assessment scales in pediatrics clinical practice facilitates assessment and have a high diagnostic quality.

- **Implementation of Standardized Weaning Protocol.** (figure 2) Potential advantages include:
  - Consistency in calculating dosages
  - Increased awareness of withdrawal symptoms
  - Fewer days of opiate exposure
  - Reduced iatrogenic withdrawal syndrome.

Methods We included all patients receiving continuous opioid and/or benzodiazepine infusions greater than 24 hours in the Post-operative pediatric cardiac intensive care unit, Aswan heart centre over 6 months.

- **Low risk:** <5 days of infusion
- **Moderate risk:** 5-9 days of infusion
- **High risk:** ≥10 days or cumulative fentanyl dose of 1500-2499 μg/kg or opioid equivalent.

Results **First Audit (Jan to March 2021)** assess the routine PICU process of sedation, weaning and incidence of withdrawal symptoms.

Total post operative admissions = 68
Cases on sedation infusion > 24 hr = 30 (44%) Low risk < 5 days = 9 Mod risk 5–9 days = 13 High risk ≥10 days = 8 Cases suffered Withdrawal symptoms = 9 (30%)

**Second Audit (April to June 2021)** evaluate the effect of implementation of (WAT-1) scoring and Standardized weaning protocol.

Total post operative admissions = 70
Cases on sedation infusion > 24 hr = 34 (48%) Low risk < 5 days = 21 Mod risk 5–9 days = 10 High risk ≥10 days = 3 Cases suffered Withdrawal symptoms = 8 (23%)

There is a 7% decrease of cases suffering withdrawal symptoms and 37% decrease of high risk group cases.

Conclusion Our project demonstrates that we can improve care and sedation quality in post operative cardiac patients by applying standardized weaning protocol and following up with (WAT-1) scoring which enables nurse staff to readily recognize withdrawal and therefore quickly manage it with breakthrough medications.
Abstracts

REFERENCES
3. PICU Sedation and analgesia weaning Guideline, St George’s Health care NHS trust 2016.

1335 DATIX TO GREAT X – DE MYSTIFYING THE JOURNEY TOWARDS VISIBLE POSITIVE LEARNING

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Aims Datix systems have a taboo attached to the investigation process. There was need to bridge the gap to ensure Datix review and feedback with learning in the workplace. Multi-disciplinary team (MDT) working groups have always provided greater skill mix and promoted and enhanced any learning strategy. MDT Datix group helped evolve the learning process into system based reviewing, reflecting, learning and responsively changing working environments. Our team wanted to ensure effective Datix MDT system based process review and create a positive and visible learning in an open and transparent way.

Methods A specialist Datix club was started 1/4/2020 as a weekly one-hour MDT based discussion ‘teams’ meeting to review datixes, to help draw in system-based process reviewing strategies in the working environments (figure 1). There was good representation of consultants, junior doctors of all grades, senior nursing members, practice educators, governance, pharmacy, risk nurse and nursing students. Lessons learned was shared in grand rounds the same day. Monthly flyer/poster was introduced and circulated from 1/1/2021 to the entire MDT paediatric team to ensure more visibility (figure 2).

Results • Strategy of Change was to ensure good communications system digitally and flyers visibly, as a measure of quality improvement in dissemination and visibility of the system-based MDT learning process across the wider team.
• The weekly grand round learning meant that the entire team had an opportunity to reflect on events within the week, so the learning was timely and effective with real examples. The Taboo to datix was taken away with the MDT meeting discussions from Datix to Great-X process. The Datix themes fed into the MDT Quality Improvement journey for the team to ensure learning is embedded from August 20 –21 with 26 MDT QI projects.
• Visibility across teams with monthly Datix club themes helped build a positive system based process of learning engagement across the teams towards effective patient safety and ensure transparency of the learning process.
• Next Steps: We have set the scene to ensure a Great-X club with the Datix club so we look at the whole process of learning from experience and sharing the experience as an open journey towards excellence in care and ensuring patient safety as a system MDT.

1350 INCREASING BREASTFEEDING RATES IN INFANTS BY IMPLEMENTING KANGAROO MOTHER CARE IN A PRIMARY HEALTHCARE CENTRE: A QUALITY IMPROVEMENT PROJECT

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Aims Kangaroo mother care (KMC) is an effective way to meet an infant’s needs for warmth, breastfeeding, protection from infection, stimulation, safety and love. There is robust evidence to suggest that KMC can improve exclusive breastfeeding rates in resource-limited settings. The primary aim was to increase the exclusive breastfeeding rate by at least 50% and the duration of Kangaroo Mother Care (KMC) to at least 6 hours/day over eight weeks. The secondary aim was to reduce the family’s monthly expenditure on formula feeds by 50%. This quality improvement study was conducted in a primary healthcare centre serving the Mumbai slums of India.

Methods We used the fish-bone analysis to identify the potential barriers and performed three Plan-Do-Study-Action (PDSA) cycles – (1) Healthcare workers were trained in KMC by the midwives, and paediatric consultant, (2) Mothers were educated about breastfeeding in the KMC position by the midwives, (3) Other family members (fathers, grandparents) were allowed to provide KMC. Nurses recorded the duration of...