IMPLEMENTATION OF UPDATED NEW-BORN LIFE SUPPORT GUIDANCE 2021: A QUALITY IMPROVEMENT PROJECT

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Aims Newborn Life Support (NLS) guidelines emphasise the supported transition of infants at birth, and benchmark the standards for resuscitation of the new-born baby. The Resuscitation Council (U.K) have recently updated and published these guidelines in May 2021. These revisions have been implemented in NLS courses, and individual trusts in the U.K are adapting their protocols to align with these changes. We used the PDSA outline to guide the implementation of these changes in our trust. In this quality improvement project, we describe the process and challenges faced, emphasising the importance of collaborative work when implementing these updated recommendations in our department and the trust.

Methods Prior to implementation, a GAP analysis was performed comparing current practice to the new guidance issued by the resuscitation council. This highlighted several areas that would need addressing if these guidelines were to be adopted.

A survey of all practitioners involved in the new-born resuscitation was undertaken to identify awareness and understanding of the updated NLS guidelines. A total of 94 responses were collected and analysed.

Results Of our 94 respondents, we found 60% had knowledge of the updated NLS guidance, however, only 49% implement this in practice. Furthermore, 58% were unsure if the trust had tailored local guidelines to be in line with the resuscitation council recommendations.

Figure 1 summarises the results of the GAP analysis, and steps taken to address each area in the PDSA framework.

Conclusion With input from the junior doctor team, we implemented several changes based on the above results.

1) we created a single page crib sheet that has been stored on the intranet and displayed in the junior doctors’ office

2) we wrote a teaching package, in conjunction with the ImmBMT pharmacy team, that would be available on the intranet and would also be delivered at induction

3) we worked with the team behind the electronic prescribing portal to increase the usability and safety netting built in for ciclosporin prescribing. This included making percentage changes in doses trackable and highlighting relevant interactions with increased pop-ups.

We hope that the interventions in place will increase junior doctor confidence and patient safety around ciclosporin prescribing. We will follow-up by reviewing the prescribing trends and incident reports in the period following their implementation.

1411 IMPLEMENTATION OF UPDATED NEW-BORN LIFE SUPPORT GUIDANCE 2021: A QUALITY IMPROVEMENT PROJECT


REFERENCE


REVITALISING TRAINING DAYS FOR VIRTUAL DELIVERY

Elizabeth Simmie, Charlotte Holland, Chris Bakewell, Nicola Smith, Rebecca Puddifoot. NHS Helen and Douglas House Children’s Hospice

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Aims To increase trainee participation in online teaching days within our deanery

To match training day content and delivery to the specific learning needs of our trainees

Methods Data was collected from upper school paediatric trainees in PDSA cycles over the course of 6 months during the introduction of a new online teaching platform incorporating the new curriculum and peer support groups. Information was gathered through a comprehensive online feedback form after monthly training sessions. After each training day, this feedback was analysed and changes were made to both teaching day structure, delivery and the online learning management system itself. Data was also collected on viewing figures of recordings of training sessions.
Abstracts

Improving Training for Grid Trainees: How to Gain Enough Exposure by Getting the Rota Right?

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Aims Background
RCPCH guidelines for Grid trainees recommend at least 70% of actual time worked to be spent in the chosen subspecialty (https://www.rcpch.ac.uk/resources/training-guide). This is essential to gain enough exposure and learning opportunities, so that by completion of training the trainee is fully equipped to become a competent Consultant.

However, many Grid trainees struggle to get the necessary time in their subspecialty because of the time they are rostered to on-call duties in General Paediatrics. It is particularly true for some subspecialties, such as Community Child Health. In the past some posts had to be revoked because of inadequate time allowance for the subspecialty. By sharing my journey of designing and securing a compliant rota I aim to help my fellow trainees to enhance their subspecialty training.

Objectives To develop a tool for determining percentage of time dedicated to subspecialty by the rota, and to outline the framework of support available to ensure adequate exposure.


This was achieved using Excel software (Microsoft Office, 2003). Input included rota in hours, annual and study leave allowances and bank holidays. It permits calculations for those working less than full time, adjusting leave allowances accordingly.

2. Identifying support available to implement RCPCH compliant rota (figure 1).

Results Using the GRID Calculator I was able to accurately determine the percentage of work time spent in my chosen subspecialty (community child health) offered to me by the proposed rota, which was 38.8%. Following discussions with the acute consultant body, my Educational Supervisor, local lead for GRID training and CSAC it became possible to increase my time in Community Child Health to 70.2%. As a result I was able to gain significantly more exposure, gain experience and skills and get involved in a number of projects, such as shaping local services and research, which should put me in good stead as a Community Consultant. Following my success in gaining the required time for GRID training, two other trainees have already been helped by the Calculator to achieve compliant rota. On a broader scale this work helped to raise awareness of GRID requirements at the acute paediatric department and within HR in a DGH with limited experience of GRID trainees, and set a precedent to help others achieve their training aims.

Conclusion Having GRID Calculator and support from senior colleagues made it possible to dramatically improve quality of training by increasing exposure and gain competences and skills as a result. Sharing experience and tools with other trainees could help them enhance their training, too.

GRID Calculator could also be used routinely to ensure compliance with the College requirements before trainees start a rotation. This would reassure both trainees and the GRID leads that the programme in their area provides adequate exposure and experience, and prevent any issues before they arise.

Finally, clarity in the rota requirements could ensure better communication between subspecialty and the general paediatric departments, and improve workforce and roster planning.