LEARNING SESSION ONE

PAEDIATRIC QUALITY IMPROVEMENT

27TH NOVEMBER 2013

FORMAT FOR TODAY

09:15 - 09:25 – Setting the Scene – Dr Gavin Lavery

09.25 – 09.40 – Mrs Jacqueline Fearon – A parent's perspective

09:40 – 11:00 – Dr Peter Lachman – Paediatric QI

11.00 – 11:15 – Tea/coffee

11.15 – 12.30 – Dr Peter Lachman – Paediatric QI
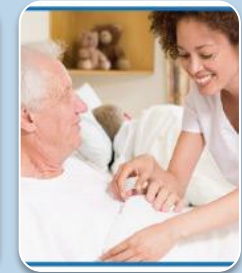
12.30– 13. 15– LUNCH

13.15 – 14.55 – Trust Presentations

14.55 – 15.10– Tea/coffee

15.10– 16.00 – Team time and action planning

16.00 – 16.30 – Feedback and next steps

HSC SAFETY FORUM WORK PROGRAMME

Unscheduled Care	Community Care	Maternity Care	Paediatric Care	Mental Health	Primary Care	Scheduled Care
ED Collaborative	Nursing Home collaborative	Maternity Collaborative	Paediatric Collaborative	Mental Health collaborative	Engagement with Primary care	VTE
Deteriorating patients	Social Care					Handovers
						Delirium

Patient/Public involvement → Communication → Human factors → Under/post graduate programmes → Building capacity → Sharing/ networking

Approach to Paediatric Improvement Work

DEFINE

IMPLEMENT

SUSTAIN

Phase 1 – Analysis & Recommendations

Phase 2 – Change Implementation

Phase 3 – Sustaining Change

ACTIVITIES
- Visits to trusts
- Paediatric seminar
- Collation of information
- Establish advisory group
- Develop draft driver diagram

ACTIVITIES
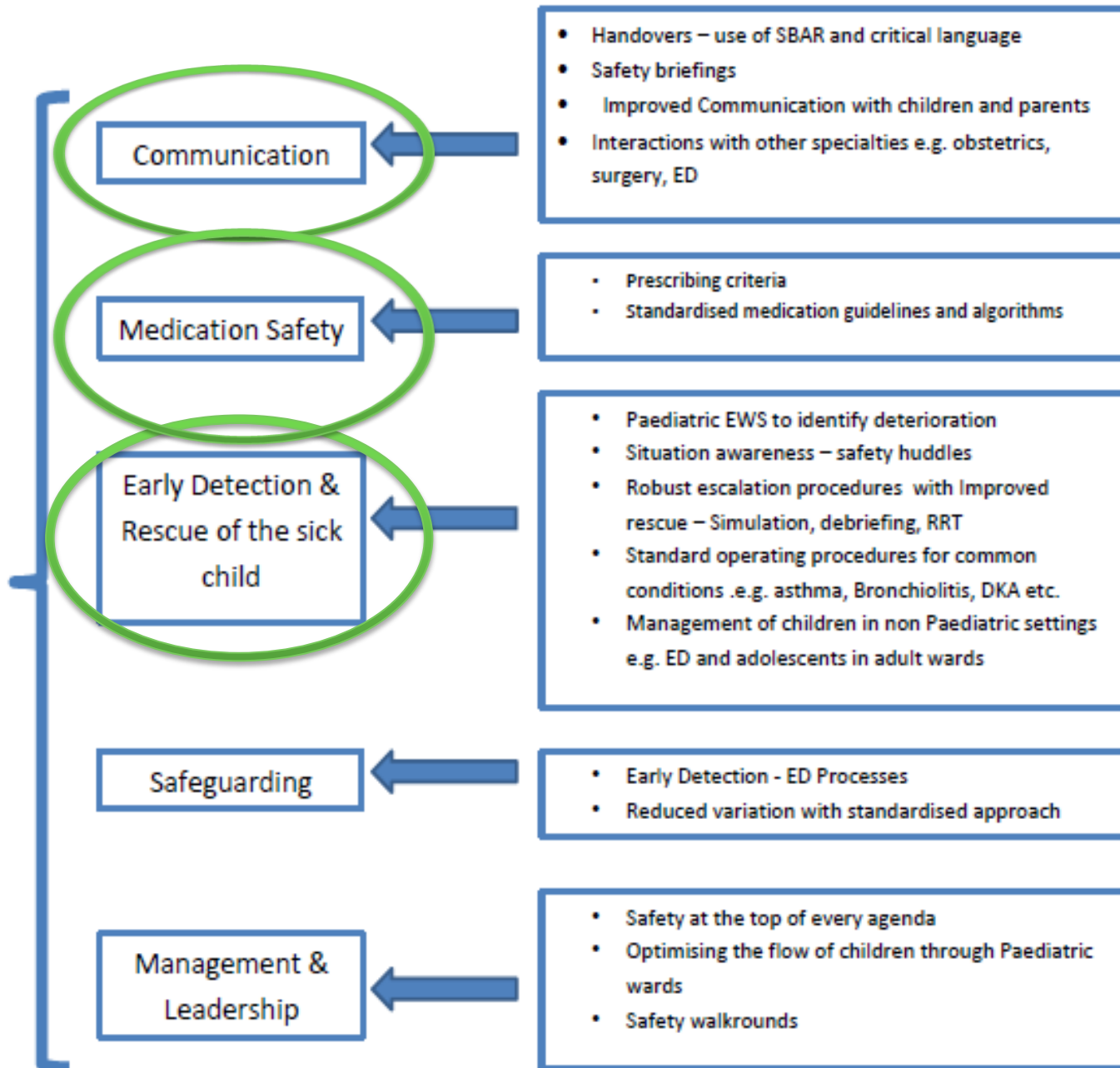- Define measures
- Form improvement teams
- Small cycles of change
- Monitoring progress

ACTIVITIES
- Continual measurement
- Clinical leadership
- Develop a plan for spread
- Build the infrastructure
- Share your successes

To improve the quality of care and safety for in patient children as evidenced by:

- Measure
- Measure
- Measure
- Measure

Communication

- Handovers – use of SBAR and critical language
- Safety briefings
- Improved Communication with children and parents
- Interactions with other specialties e.g. obstetrics, surgery, ED

Medication Safety

- Prescribing criteria
- Standardised medication guidelines and algorithms

Early Detection & Rescue of the sick child

- Paediatric EWS to identify deterioration
- Situation awareness – safety huddles
- Robust escalation procedures with Improved rescue – Simulation, debriefing, RRT
- Standard operating procedures for common conditions .e.g. asthma, Bronchiolitis, DKA etc.
- Management of children in non Paediatric settings e.g. ED and adolescents in adult wards

Safeguarding

- Early Detection - ED Processes
- Reduced variation with standardised approach

Management & Leadership

- Safety at the top of every agenda
- Optimising the flow of children through Paediatric wards
- Safety walkrounds

DRAFT REGIONAL PEADIATRIC IMPROVEMENT COLLABORATIVE DRIVER DIAGRAM

OUR IMPROVEMENT FRAMEWORK...

Get a small group of interested people together

Continue to learn and improve

Learn about different contributions to the system or service
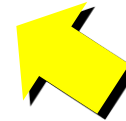
- ♦ **Improved service**
- ♦ **Improved understanding of how things work**
- ♦ **More control over work**
- ♦ **Better outcomes and experience for patients**
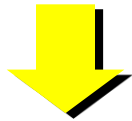
Analyse and understand current system
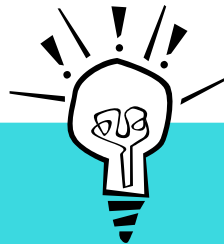
Look at ideas for how things might be different

Test ideas and experiment with different ways of working