Paediatric Emergencies: We're All Over the Place!

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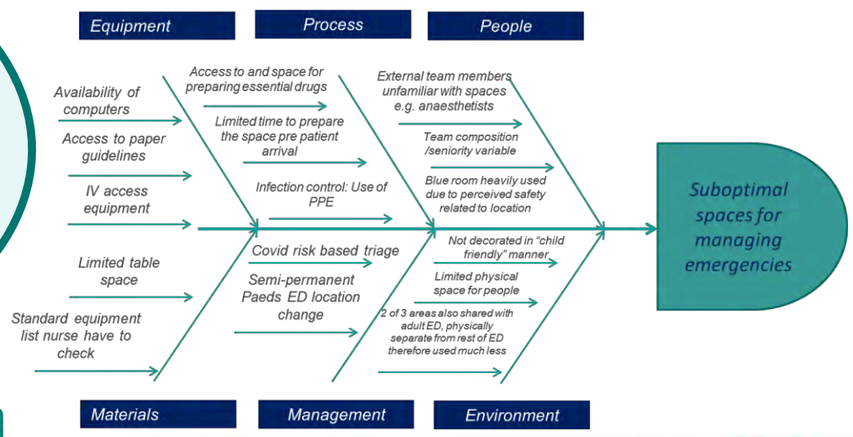
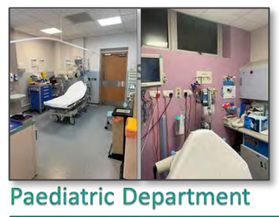
The 3 different emergency areas for sick children lack essential resources. They're all organised differently and are in different locations. Emergencies can feel chaotic for staff. How must this feel for distressed families?





Paediatric Department

- Paediatric department - formerly Urgent Care Centre
- Paediatric ED moved here temporarily in March 2020 due to adult services needing more space due to Covid 1st wave
- Paediatrics now due to stay here for up to 2 additional years
- Blue HDU room chosen for the majority of emergencies, including AGPs in practice, due to co-location in the current main paeds department

Blue HDU

Blue HDU – for any potential Covid/infectious cases

Resus

- Bay within Resus dept
- Full PPE required for entering area
- Adult seriously ill Covid cases in other bays
- "Paeds bay" – frequently in use for adult cases
- No paediatric equipment stored in this location, not included in daily checks

Resus – bay E

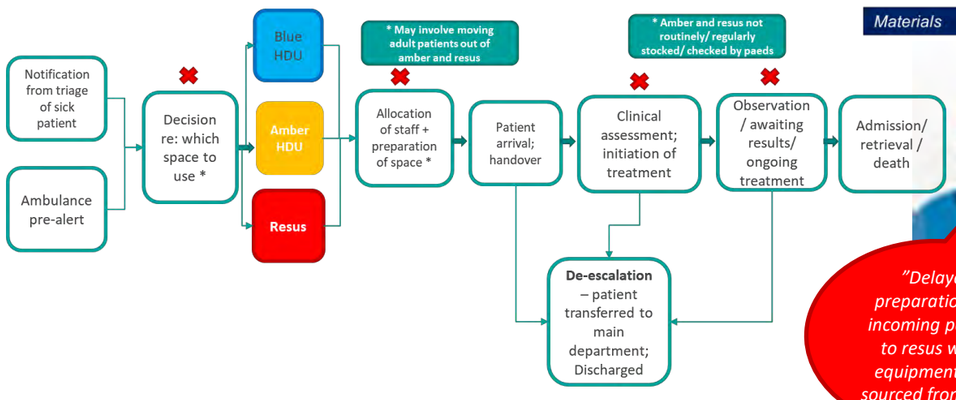
Resus – for any cardiac arrest cases & any aerosol generating procedures (AGPs)

Urgent Care Centre (UCC)

- This area was the main Paediatric emergency department until March 2020
- Amber HDU room – prior to Covid, this room was used for all critically unwell emergency paediatric cases
- Now also used for adult minor cases when needed

Amber HDU – for any Trauma/non-infectious cases

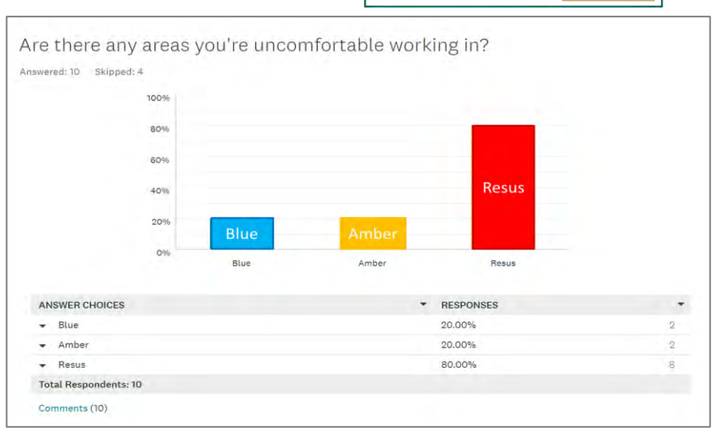
Amber HDU



"Delayed preparation for incoming patient to resus while equipment was sourced from PED"

"Attempting to care for patients in resus bay or in amber HDU is a challenge as it is far away from main paeds are. This is particularly a problem at night and at times it feels unsafe as they may get less frequent reviews"

"I have done blue and amber resus/blue calls all in the one HDU room (BLUE) as all out of hours and nurse in charge felt safest. This seemed to work fine but I'm aware might not be the recommendation. I can't see how it would have worked safely if we had been using the resus bay."



AIM & MEASUREMENT DEFINITION

Aim

By March 2021, improve staff confidence in using the different areas designated for managing emergencies within the paediatric emergency department

Chosen measure

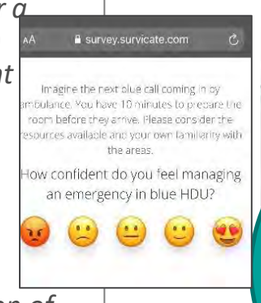
Self-rated confidence levels in managing an emergency case - short survey asking for a "confidence" on smiley faces scale when considering working in each environment

Inclusions

All medical and nursing staff who work within paediatric ED

Sampling method & frequency

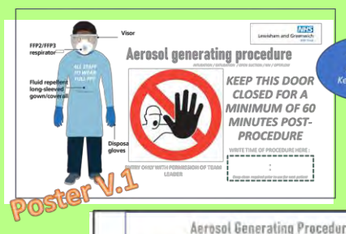
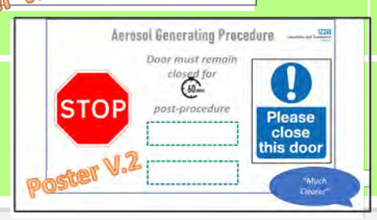
Survey distributed to staff members at baseline, then repeated after introduction of any significant changes



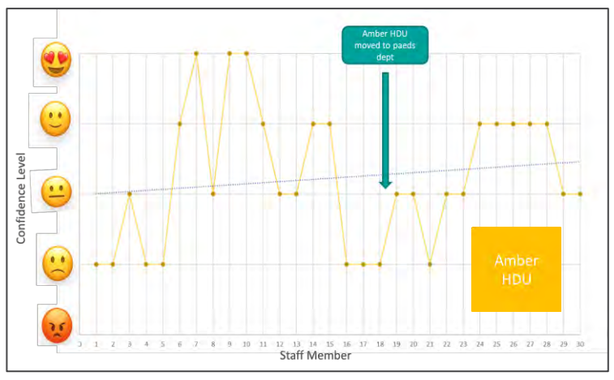
CHANGE IDEAS

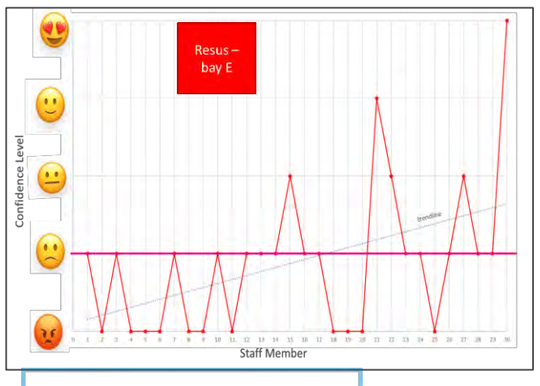
How could we improve any of the HDU areas?"

- Walkie talkie system for nurses who have to go out of the main department to work in resus
- Create a "take to resus" folder/ document
- Produce a consistent guidelines folder for each room
- Create sim scenarios to increase familiarity with resus
- Study day for nurses/ doctors or orientation session
- Standardised induction process for new starters
- Put up guideline posters on the walls
- Stop using resus at all
- Team member IDs vests/badges to help with identification of staff who attend emergencies
- Produce guidance for how to use blue HDU for AGPs at time where this is necessary

PDSA Test #	PLAN	Do	STUDY	ACT
1.	Move Amber HDU from old paediatric department, to a room in current paediatric department	Proposals to senior nursing team –negative response. However, more space needed for adults during Covid-19 2nd wave - Amber room moved as previously proposed	Obstacles considered insurmountable can be reconsidered if circumstances change. Covid may result in more flexibility to try new ideas, from necessity	Continue to collect feedback on staff confidence in Amber location Help HDU lead nurse with organisation and equipping of new Amber HDU area
2.	Improve access to emergency guidelines in all 3 emergency rooms	Add to content of emergency guidelines folder in Blue HDU, create same folders for Amber HDU and Resus	SHOs not aware of current folder, guidelines not frequently used or consulted	Raise awareness of folder availability with colleagues. Print posters with resus information to display in all locations
3.1	Explore infection control barriers to use of Blue HDU instead of Resus for aerosol generating procedures	Explore intranet guidance Liaise with infection control team	Positive response from infection control team. Barriers clearly identified and surmountable	Share infection control opinion with senior leadership team. Design poster summarising infection control guidance to keep doors closed after AGPs
3.2.	Share infection control feedback from staff surveys showing support for proposed change to using Blue HDU. Share poster I designed with governance team and ED consultants	Email sent to all showing infection control opinion, data from staff surveys supporting change and proposed idea for new poster to summarise infection control guidance Email discussed at quality and safety meeting.	Official policy for AGPs to happen in resus will not change as management feel resus is safer. Proposed poster approved for use in emergences where AGPs happen in Blue HDU (a common occurrence).	Share poster with colleagues, trial in the department
3.3	Use AGP poster in a resus situation in Blue HDU  	Put posters up and explain to staff how to use them	Emergency situation arose sooner than expected, No time to explain to everyone present what posters were for or to collect detailed feedback Feedback from one nurse who was aware of poster collected at a later date: Others did not pay attention to instructions on poster Feedback from Nikki: posters overcomplicated	Consider poster re-design Install posters in advance of emergencies to give people a chance to get used to them
3.4	Re-design AGP poster  	Simplify messages and imagery on poster Stick in permanent position on Blue HDU door 	Feedback positive from nursing and medical staff - Ideas for new locations to increase prominence	Display further copies Seek further feedback once poster is used again in emergency situation

RUN CHARTS





REFLECTIONS & LEARNING

1. Colleagues are invaluable fonts of ideas and insights about how a working environment can be optimised; I learned a lot from just asking people for their thoughts
2. It can be really difficult to effect sustainable change without identifying and engaging with key stakeholders early in the process of QI, and directly addressing their perceived barriers to change
3. I will take forward the systematic approach to QI I have learned on this course into my future QI endeavours. and anticipate being more able to effect more wide reaching improvements in future.

QI Change Champion
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