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BACKGROUND:

We **fail** over *half* of children who need oral sedation for MRIs. This **delays** scans, diagnosis and medication. It adds **uncertainty** for parents and **wastes** doctor and nursing time. It also adds **cost** in repeating MRI's.

Delays in diagnosis affects **patient care** and failed attempts affects **patient experience**

AIM AND MEASUREMENT:

By March 2024 the percentage of children achieving successful painless sedation will be more than 60%.

Chosen measure:

Percentage of successful painless sedations on the children's MRI lists
Parental satisfaction surveys

Inclusions:

All children undergoing sedation for MRI scans on Acorn ward at Whipps Cross Hospital
All parents offered a satisfaction survey by the play therapists

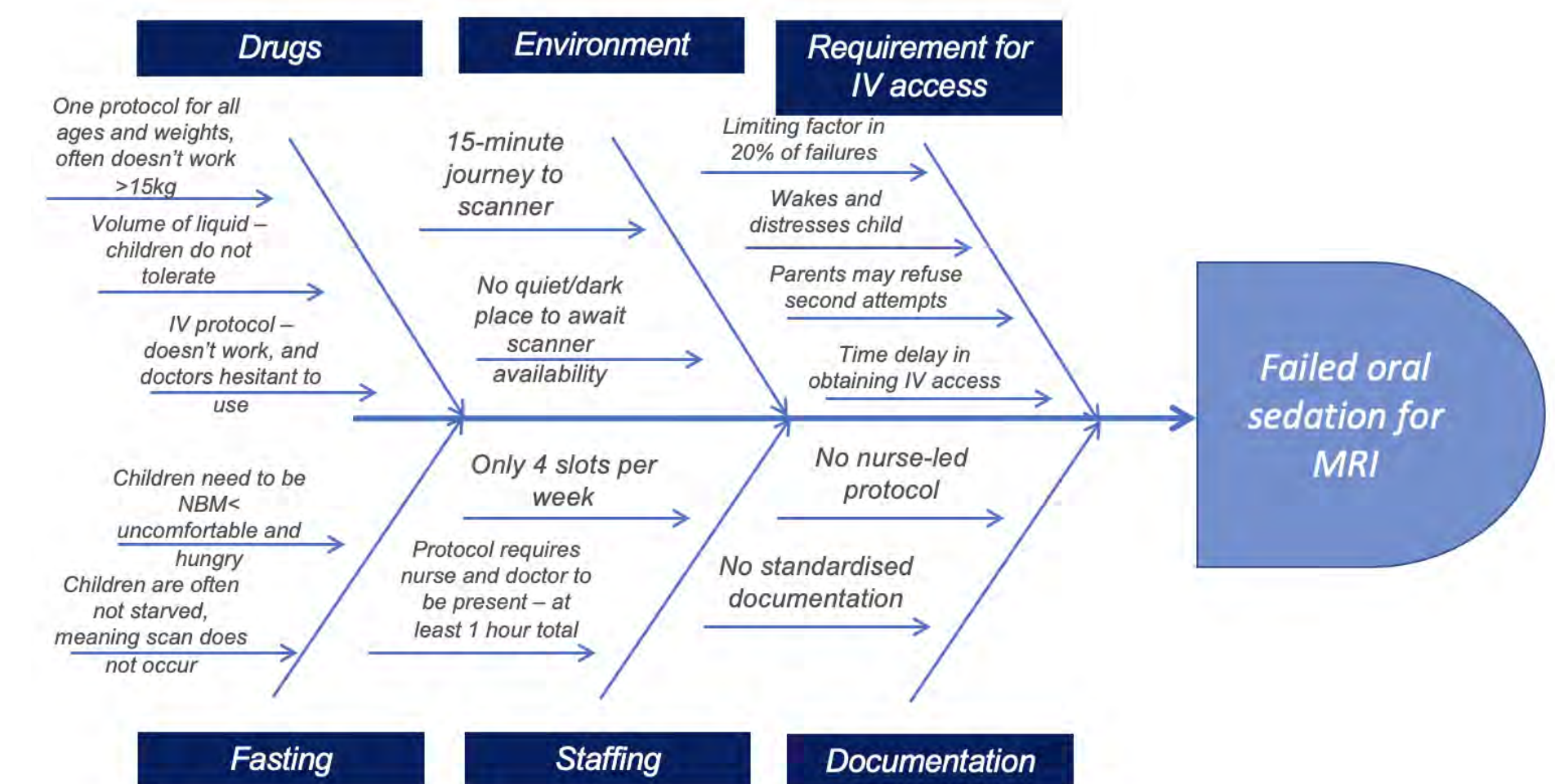
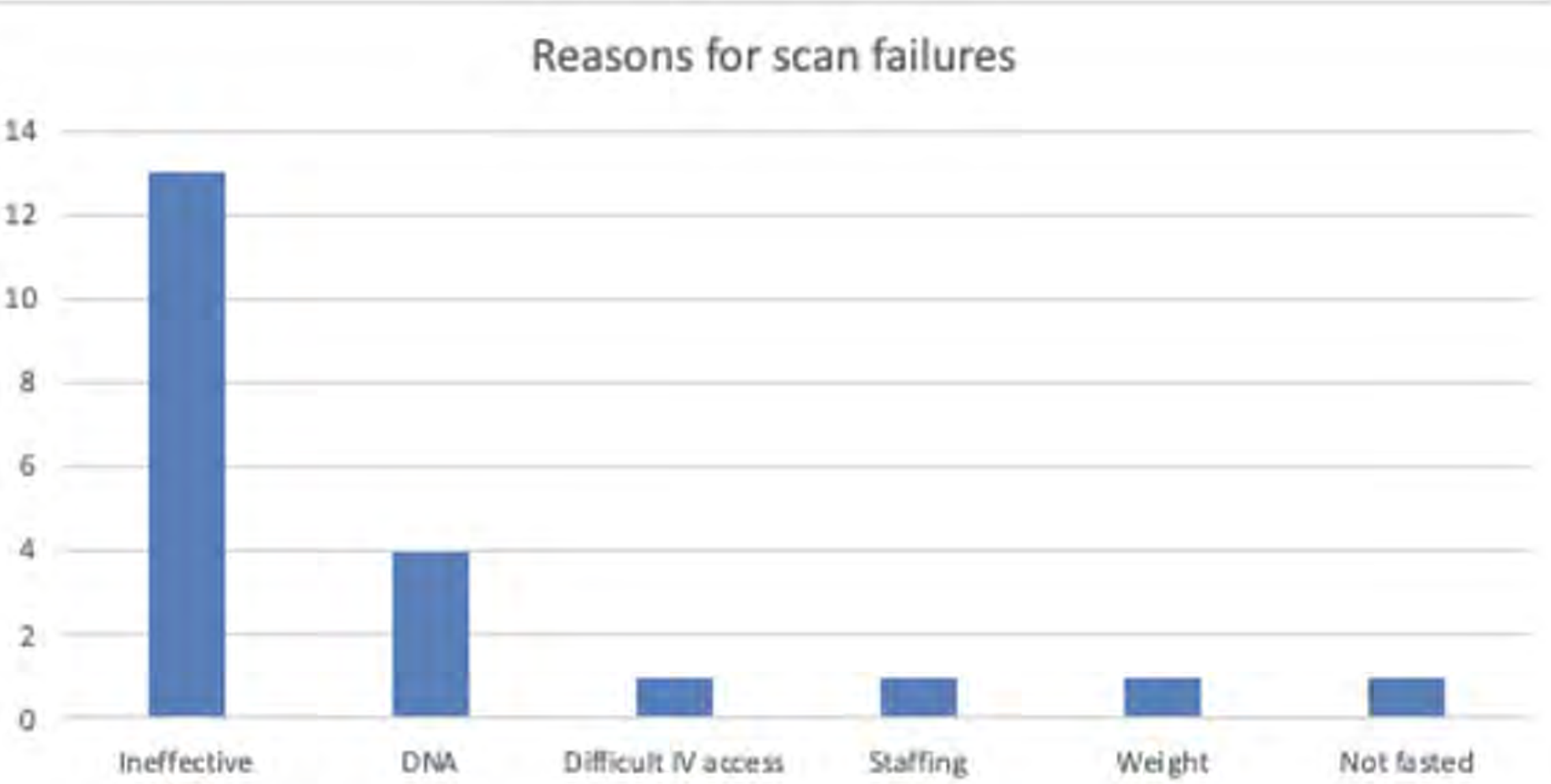
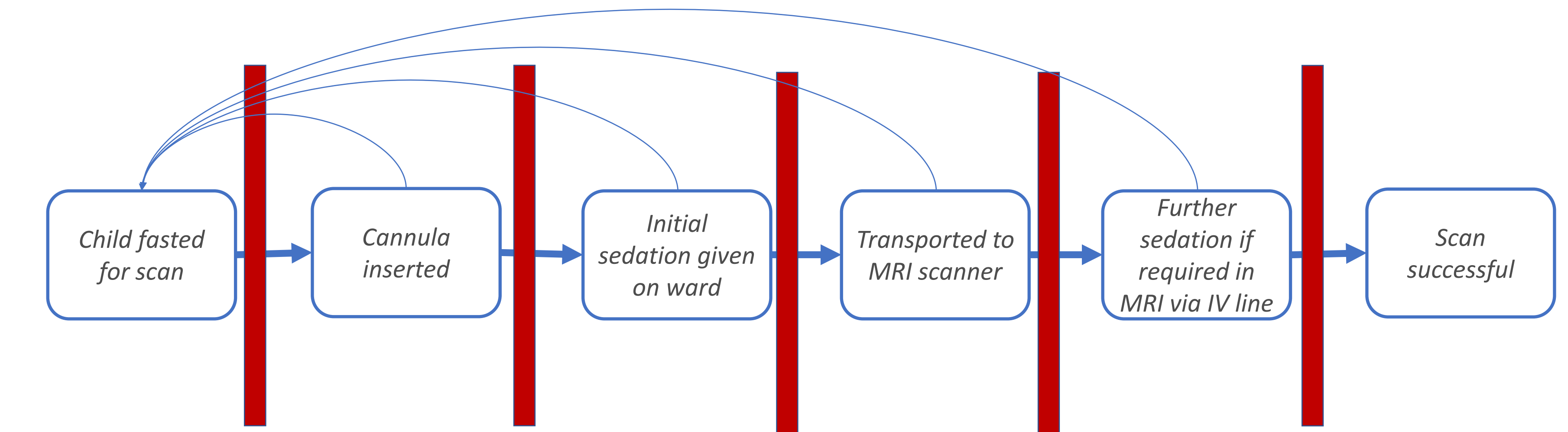
Exclusions:

Children NOT undergoing sedation for MRI scans
Parents refusing consent to participate in the survey

Sampling method and frequency:

There are at least 4 sedations per week, so I anticipate data collection will take 5 weeks

DIAGNOSTICS:



CHANGE IDEAS:

Printed patient leaflets so parents/children know what to expect on the day, with child friendly workbooks

Porter availability and timely arrival to the ward through a reminder system to book early via a proforma

Ensuring fasting times are sent to patients, and understood, well ahead of time with a renewed leaflet/letter and track the number of patients that have adhered to this

Leaflet/admin team to phone and confirm MRI slots (MDU admin staff)

RUN CHART:

Pre and Post PDSA cycles of outcomes of MRIs after sedation



PDSA CYCLES:

List your change ideas here	LOGICAL?	QUICK & EASY?	EXCITES ME?	SCORE
Reminder call to parents (reduce DNA)	2	2	1	4
Change medication on protocol	2	0	2	0
New worksheet for children undergoing cannulation	1	2	1	2
New checklist for nursing staff (reminder for porters)	2	2	1	4
Improvement in cannulation skills	1	0	1	0
Change in location for sedation	2	0	2	0
DEFINITELY = 2, MAYBE = 1, NO = 0				

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Ensure parents are given information	MRI letters changed	DNA rate remained similar, noted ineffective	Change method of reminding
1.2	Give information to parents in a different way	Ward clerk phoned parents	DNA rate currently nil	Develop materials for children on ward
2.1	Improve experience of parents/children on the day	Leaflet to be given to parents with play therapist involvement	Successful sedation requiring cannulation	Ongoing
2.2	Improve timing of portering	Changing to a proforma, with reminder regarding sedation timings	Successful sedation rates	Ongoing

REFLECTIONS AND LEARNING:

PROJECT LEARNING AND CONCLUSIONS:

- Small, consecutive changes that are repeatedly tested can make meaningful changes in the long run
- Identifying processes, speaking to colleagues, and exploring user opinions creates drivers for positive outcomes
- There has been a drop in DNAs after the first PDSA cycle, but ineffective sedation still needs to be addressed

SELF LEARNING:

- It is important to engage seniors and members of the wider MDT to help continue to drive new changes and not to be disheartened with delays

