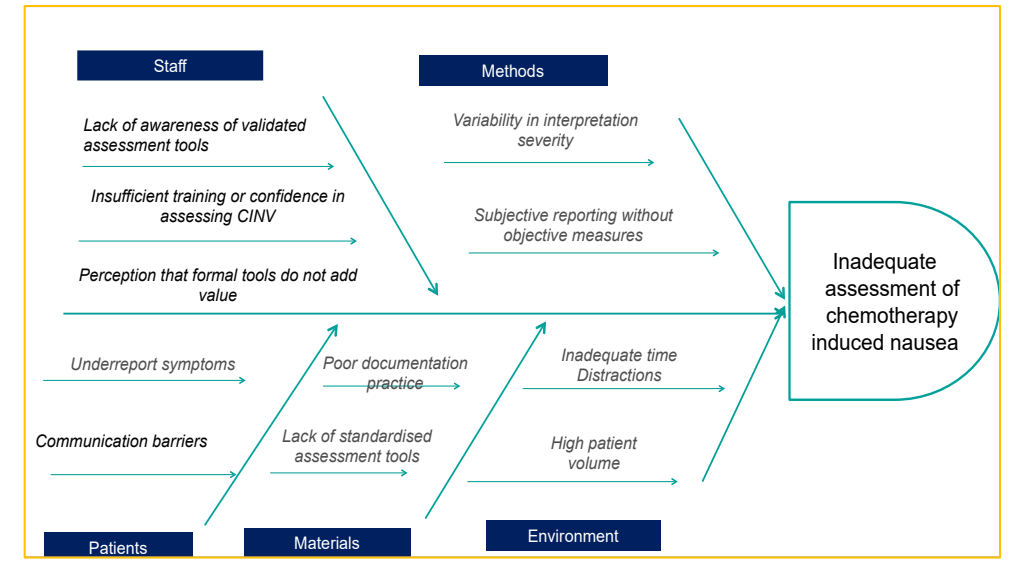
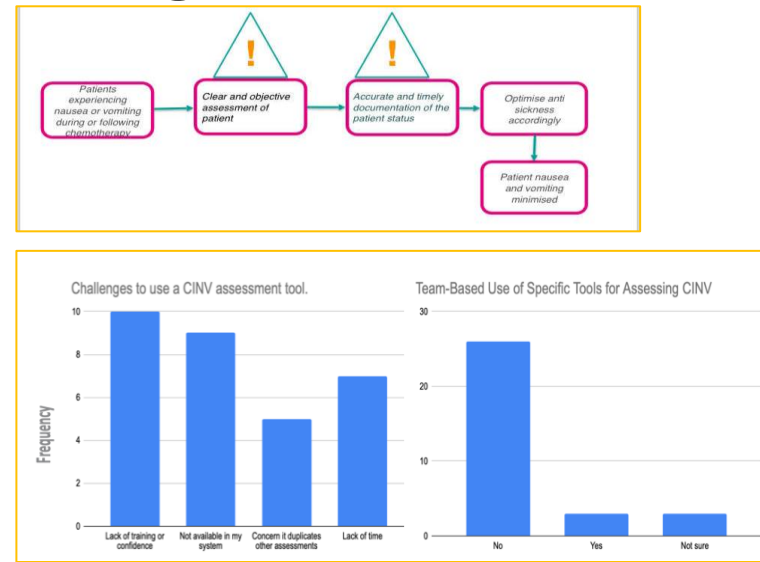


1. Problem

When we fail to assess nausea and vomiting in children undergoing chemotherapy, our treatment decisions may not be optimal. This negatively affecting their comfort, daily functioning, and overall wellbeing.

2. Diagnostics



3. Aim & Measurement

Aim: By September 2025 eight out of ten children on our ward with nausea and vomiting after chemotherapy will have a clear assessment to guide us in optimising their antiemetic treatment.

Chosen measure: Severity of nausea and vomiting clearly documented during first five days of chemotherapy.

This will be using rating scale:

0: I can not tell

1: Mentioned but unclear, insufficient information to assess the severity of nausea/vomiting

2: Clearly documented, detailed description that allows assessment of N/V

Inclusions: All haematology /oncology children and young people receiving chemotherapy.

Exclusions: All children receiving radiotherapy/PBT
Sampling method and frequency: Through weekly reviewing the notes for the first 5 days following chemotherapy.

4. Change Ideas



BETTER CARE, LESS NAUSEA



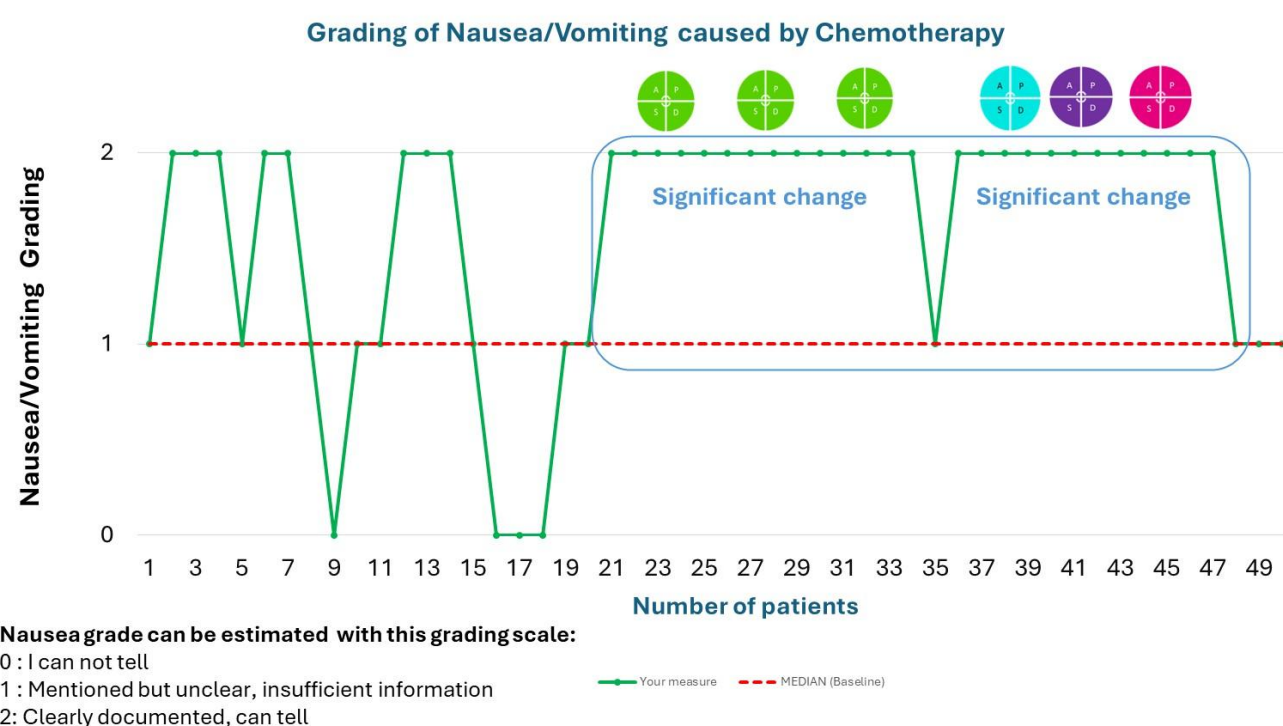
★ TOGETHER WE IMPROVE NAUSEA CARE!

5. PDSA Cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Share and learn	Informally shared baseline bar chart data and project overview with the project's supervising consultant and two colleagues (SHO and ANP registrar) during day shifts on July 3rd and 15th	The supervisor was very supportive, and both colleagues showed strong interest, offering helpful suggestions and expressing willingness to participate in the project	Extend and adapt Share my QI project with the wider Paediatric team
1.2	Project presentation at senior staff meeting	Project presentation at senior staff meeting	There were more than 25 attendees including consultants, resident doctors, nurses, AHP's Positive feedback received	Extend and adapt not all colleagues able to be present
1.3	Email drafted /WhatsApp reminder sent to all paediatric team members(consultant, nurses, doctors)	Messages sent to paediatric team on 3/8/25, providing an overview of the project along with a clear action	WhatsApp message was seen by over 30 colleagues and received six 'love' emoji reactions, along with four pieces of positive feedback. Run chart improvement maintained	Adapt: Continue to send out regular reminder messages /emails to maintain engagement
2.1	QI project posters	Created a summary poster about the project summarising the BARF scale - new tool to implement to assess nausea/vomiting	The poster was initially shared on the WhatsApp group. On 3/8/25. Some spelling mistakes were noticed	Extend and adapt: Poster adapted after fixing mistakes
2.2	Adapted poster displayed in doctors' and nurses' areas	Adapted poster displayed on the whiteboard in the doctors' office and nurses' station on 04/08."	- Positive feedback received - Run chart improvement maintained	Adapt

PDSA Test #	PLAN	Do	STUDY	ACT
3.	Develop smart phrase of BARF scale	Develop a SMART phrase to be integrated into daily oncology ward round electronic documentation, enabling easy tracking of whether the new tool is being used.	Improvement sustained	Extend and adapt Extend use of the SMART phrase to include haematology ward rounds and nursing documentation
4.1	Fun day for parents and patients	A Fun Day was organised with the help of the Play Team on 15/08, featuring colourful and engaging drawings and activities designed to involve patients and parents while educating them about the BARF Scale	Positive feedback received Run chart improvement maintained	Extend and adapt : Continue engaging patients, reinforcing awareness of BARF scale
4.2	Information Card	A simple card was created for staff to share with patients and their families, making it easier to understand and use the new tool. A QR code for feedback was also added.	Positive verbal feedback has been received; written feedback from the questionnaire is still pending	Adapt

6. Run Chart



7. Conclusion and Reflections

Aim and Outcome: By the end of September, 9 out of 10 oncology patients admitted for chemotherapy had a clearly documented and properly graded assessment of chemotherapy-induced nausea, up from 4 out of 10 at the start. The run chart shows a statistically significant and sustained change of 26 consecutive data points above the median baseline.

Key Drivers: this progress was driven by the introduction of the BARF scale - a simple, validated tool for grading nausea - supported by regular team engagement, posters, and patient information cards.

Next Steps: the aim is to expand this improvement to haematology and nursing teams.

Reflections: Learning from the Model for Improvement provided a clear and structured approach to problem-solving. It highlighted the importance of identifying root causes and implementing small, targeted changes. Diagnostics played a key role in focusing efforts on what was effective, and clearly communicating the rationale behind the change helped gain stronger support from colleagues.

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