Tiny pills, BIG wins - A Kidz med approach

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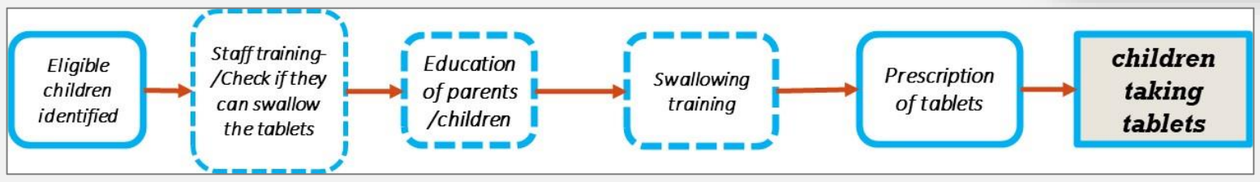
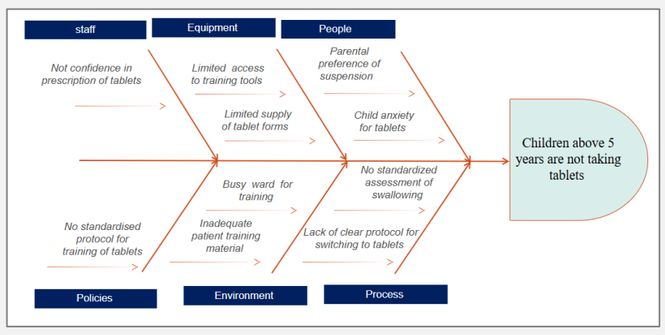
PROBLEM

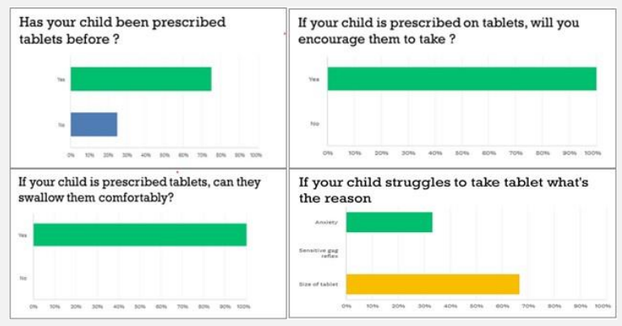
Liquid medications are commonly prescribed to children due to swallowing difficulties or prescribing habits. This approach poses challenges such as dosing errors, higher costs, and environmental concerns. Safer and more reliable alternatives should be considered.

Children are often prescribed liquid medications due to swallowing difficulties or established prescribing habits; however, this approach presents several challenges in treatment delivery.

DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

AIM: Increase the number of children over 5 year old receiving tablet instead of liquid medication from 1 in 4 to at least 2 in 4 by 31st of August 2025

MEASURE: Children discharged with tablets (not liquid medication)

Inclusion criteria
Children >5yrs of age
Children admitted to woodland ward /PAU/clinic
Children on Liquid medications
Exclusion criteria
PEG fed children / children who could not take medications orally <5yrs of age
Neuro disability / learning disability

CHANGE IDEAS

1. To conduct a survey from parents asking for their preference of liquid VS tablet medication
2. Communication with the staff nurses, resident doctors and consultant about the prescription of tablet formulation
3. Creation of a card with QR code for parent education regarding Kidz med.
4. Making a poster to remind staff nurses and doctors about Kidz med .
5. Lais on with the pharmacy team about the unavailability of tablets in TTO cupboard for certain medication.
6. Reminding colleagues on daily hand over about prescription of the tablet formulation.

PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Gather information from parents about intake of tablets in children	Survey created and shared with 4 parents. Results presented as graphs.	Graphs showed that most of the parents were open to the prescription of tablets .	Extend - share results with team
1.2	Communication with staff regarding Kidz med .Presentation in the departmental teaching .	Deliver the presentation at the planned teaching session	Reviewed positive feedback from the attendees regarding presentation	Successful
1.3	Sending email to the relevant staff including consultants and resident doctors .Draft and send a concise, well-structured email with key information	Sent the email to the relevant staff	Received positive Feedback as reply to the email	Successful , send a similar email to wider audience
2.1	Daily reminders at the morning handover. Deliver a 1–2 min reminder at each handover as a part of safety briefing	deliver the daily reminders during handover for the planned period.	Get feedback from staff weather the reminders were useful	Continue to remind people

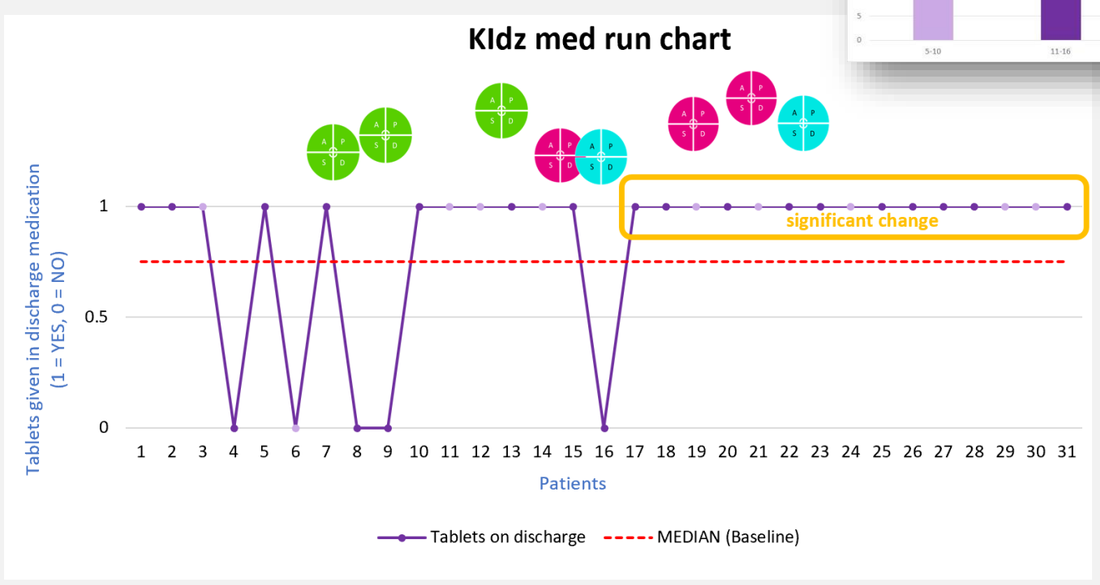
PDSA Test #	PLAN	Do	STUDY	ACT
2.2	Design and distribute a small card featuring a QR code that links to an educational resource.	Distribute the QR card to a small group of parents	Received feedback from parents by the play therapist	Print more cards and distribute more widely (e.g. wards, pharmacies, clinics)
3.	Design a poster for the staff reminder	Display the posters at PAU , ward reception desk and doctors' office	Got good feedback from staff	Print more posters to be displayed at clinics
4.1	Writing email to the charge nurse encouraging nurses' contribution in the project	Send the email to one of the charge nurse	Got feedback from the nurse in charge	staff nurses are inquiring more about the tablet formulation. It also mentions that there is a section in the admission pack that needs to be filled out, asking whether the patient can take tablets or not .
4.2	Contact a pharmacist to request info and advice on selected medications being available as tablets for TTO	Send an email to the pharmacist	Got the feedback	Liaise with colleagues to include other medication in tablet formulation

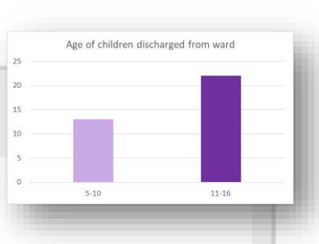
SAVINGS

£1.4k/month

£16.5k/year

RUN CHART





CONCLUSION & LEARNING

I exceed my overall aim of 2 in 4 children aged over 5 years going home on tablets. This is evident in my run chart with a statistically significant run of 15 data points above the median line. However, I encountered challenges due to limited staff involvement. This remained an issue despite implementing several small Plan-Do-Study-Act (PDSA) cycles focused on staff reminders.

I received a generally positive response from parents on most occasions when I engaged with them regarding tablet medication.

What Worked

- The involvement of the play therapist proved to be highly beneficial to the project.
- Implementing small-scale interventions, such as creating a staff reminder poster and providing daily reminders during handover, contributed positively.

What Did Not Work

- One of the reminder posters was too small and went largely unnoticed

REFLECTIONS

The *Kidz Med* project represented a complete Quality Improvement Project (QIP) cycle, through which I gained a clear understanding of how a QIP should be effectively planned and executed to achieve measurable improvement. I learned that small-scale changes, when combined with consistent data collection, are essential components of any successful QIP.

Overall, this experience has been a valuable learning opportunity that will inform and guide my future Quality Improvement work

Acknowledgements:
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