Transitioning to tablets

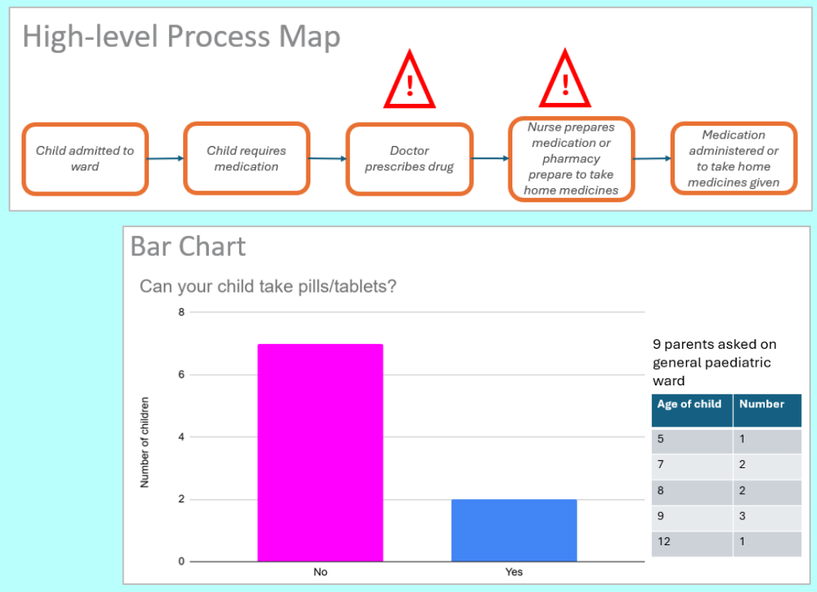
Dr Shefali Patel[1], Dr Georgina Giazla[1] , Dr Sneha Mallya[1]
Hillingdon Hospital NHS Trust

PROBLEM
We give liquid medicines to lots of children who could take tablets. Kids avoid as they taste disgusting. Parents take home heavy loads, and the NHS pays a higher price.

BACKGROUND

There are many parents who still request liquid preparations of medications to be prescribed, despite their child being over the age of 5 and having a safe swallow. There are several benefits of taking tablets as opposed to liquid preparations for the child, parents and the NHS. For patients, the tablets can be more effective and taste better. For parents and organisations, there is a huge cost and storage benefit.

DIAGNOSTICS



AIM & MEASUREMENT DEFINITION

Aim
Increase the number of children on the ward taking tablet medication from 2 in 10 to at least 6 in 10 by March2026

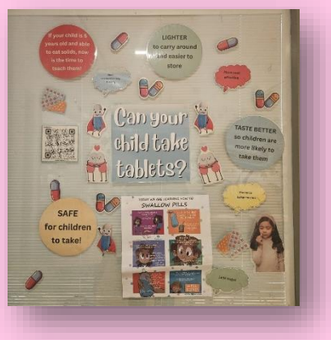
Chosen measure
Measure proportion of suitable medications included in take home medicines that are in tablet form

Inclusions
-Children over 5
-take home medicines from the general paediatric ward

Exclusions
-Children with an unsafe swallow (e.g. PEG fed or on thickened fluids)
-Medications where there are no suitable small tablet forms

Sampling method and frequency
Weekly/fortnightly checks of to take home medicines for patients discharged from the ward

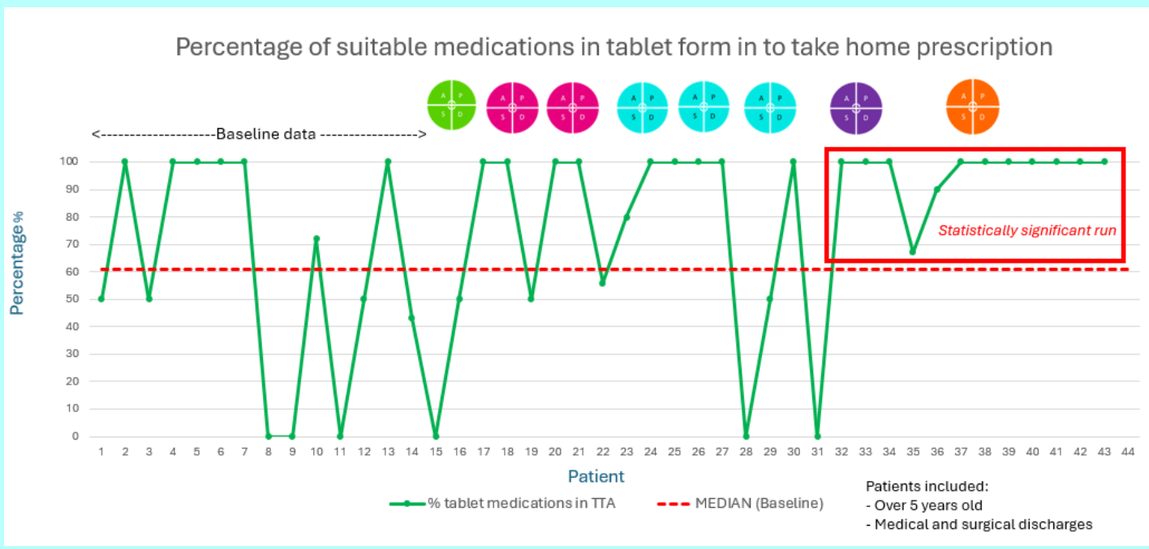
CHANGE IDEAS



PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	To find out more about what work has been done to increase transitioning children from liquid medication to tablets	Teaching attended summer 2025 held by colleague who work on original Kidzmed project in teaching tablet swallowing in a tertiary outpatient department	Felt inspired by the work he had completed, and outcomes achieved to transitioning children from liquid medications	To **extend** this work as a QIP and **adapt** to current hospital settings
1.2	To form a team of clinicians interested in working on this project as a QIP	Meeting with 2 consultants and a registrar colleague about how to approach QIP	Several ideas on how to adapt the Kidzmed project locally. Agreed that involvement of other MDT members would be valuable	To **add-in** ideas to test. For example, tictacs bought which can be used as dummy tablets.
1.3	To spread some awareness to colleagues about our QIP aims, to gauge interest in the benefits of transitioning children to tablets and any potential concerns	General discussion with colleagues opportunistically about the QIP	Unexpected addition of a recruit interested in the project!	**Add-in** colleague to work on QIP
2.1	To involve ward pharmacist in the project as she plays a key role in determining stocks of various medicines as well as occasionally decides what form of medication to give patients in take home prescriptions	Discuss QIP with pharmacist on the ward	Pharmacist provided stock list of ward medications. Difficult to gauge interest in project as appears busy (covering a few wards).	To **extend** this work as by reminding to consider tablet forms for suitable patient take home medications as well as extending formal teaching to the rest of pharmacy team
2.2	To involve the ward play specialist as she can support with engaging children when teaching them how to take tablets	Discuss QIP with play specialist on the ward	She showed interest in helping support	To **extend** this work by informing the wider paediatric team that she can get involved which teaching children
3.1	Search for already available Kidzmed posters online which can be used to raise awareness amongst staff and parents	Look online and ask colleague from		**ABANDON**- plan to create own poster
3.2	To create draft posters – one for clinicians and another for parents	Draft posters made with 2 colleagues using Canva	Two posters created, one for staff and one for parents	**ADAPT** – to gain some feedback from colleagues on how eye-catching
3.3	To gain feedback on the posters	Draft posters shared with a group of 3 nursing colleagues as well as discussed with QIC Learn mentor	Very useful feedback gained on how to make the posters more visually appealing and what information to include	**ADAPT** – feedback used to improve posters
3.4	To finalise posters and find suitable locations to display them so there is a far reach with raising awareness	Final posters decided, printed and laminated. Stuck up in MDT and drug cabinet.	Positive verbal feedback gained from colleagues who saw poster – particular shock about difference in price of liquid vs tablet medicines from example given on poster	**ADAPT** – find other suitable areas to put up posters – such as by nursing station. Posters for parents to be put up in suitable locations also
4.1	Continue raising awareness amongst colleagues opportunistically on shift as repeated reminders and discussions can hopefully create gradual shifts in the culture of prescribing and dispensing medications	Discussion with team of nursing colleagues and doctors in A&E when opportunity arises	Colleagues showed an immediate interest and generated a visual display in the A&E waiting room for parents to see	**ADOPT** – to create a similar visual display for parents/children on the ward
5	To inform all paediatric doctors, including residents and consultants, of the project aims and resources available. Email should hopefully ensure information reaches all clinicians	Email sent out to all paediatric doctors with links to Kidzmed e-learning, leaflets and sign-posting to tictacs available on the ward	Positive reactions thus far to the aims of the project, particularly from some of the consultants	**EXTEND** – send reminder emails and consider WhatsApp reminders
6	Organise formal teaching session for paediatric clinicians to demonstrate 6-step technique for swallowing tablets that can be shown to children	Teaching session planned for April – chance to train GP trainees and new doctors		

RUN CHART



CONCLUSIONS

- There was a statistically significant increase in the number of suitable medications on take home prescriptions prescribed as tablets. This is seen as a shift in the last 10 data points above the median on the run chart. Having achieved my aim of transitioning at least 6 out of 10 children to tablets from liquid medications, I acknowledge that more work is required to sustain this and further improve.
- Using small scale tests helped break down larger change ideas into manageable steps with more opportunities for adapting and improving the change ideas.
- I found engaging suitable stakeholders in the multidisciplinary team challenging and time-consuming initially, but once members were on board, the project has gained momentum.

REFLECTIONS & LEARNING

- Using the Model for Improvement has provided a clear, structured approach to designing and running an effective QIP. I will continue building on this project as long as I can, by continuing to use small scale tests.
- However, for this project to be sustainable, there needs to be a change in culture. This depends on recruiting long-term staff who can continually raise awareness around the topic, as well as working towards implementing automated prompts on the ICT system.

| qiclearn.com | londonpaediatrics.co.uk
| @qiclearn | Contact: shefali.patel4@nhs.net

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