

The Royal College of
Emergency Medicine

CARE OF CHILDREN

QUALITY IMPROVEMENT PROJECT 2019/20

National Results



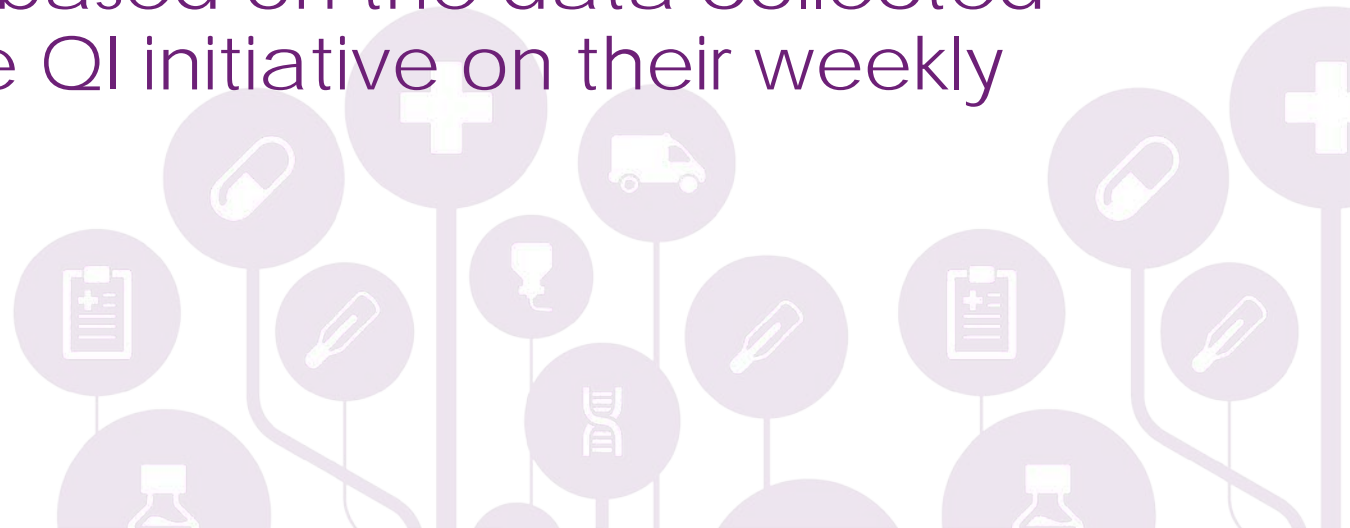
Contents

- This presentation shows how EDs are performing against the standards and variation over the QIP period.
- For further information please see the national report at www.rcem.ac.uk/audits.



Audit objectives

- To identify current performance in EDs against clinical standards and show the results in comparison with performance nationally and in the ED's country in order to facilitate quality improvement.
- To empower and encourage EDs to run quality improvement (QI) initiatives based on the data collected and assess the impact of the QI initiative on their weekly performance data.



Standards

Standard	Standard type
<p>1. Infants at high risk of potential safeguarding presentations* are reviewed by a senior (ST4+) clinician whilst in the ED.</p> <p>*For the purpose of this project we are focussing on children aged 12 months and under presenting with an injury only.</p>	Developmental
<p>2. A review of the notes is undertaken by a senior clinician when an infant, child or adolescent leaves or is removed from the department without being seen.</p>	Fundamental
<p>3. Older child and adolescent psychosocial risk is assessed using a national or locally developed risk assessment tool suitable for use with children or adolescents (e.g. headss/heedsss or similar)</p>	Aspirational

Performance summary

- This section shows the national performance against standards for this QIP
- You will see the mean for the QIP period, as well as the variation each week on an SPC chart.
- ↑ Higher scores (e.g. 100%) indicate higher compliance with the standards and better performance.

Clinical findings

STANDARD 1:

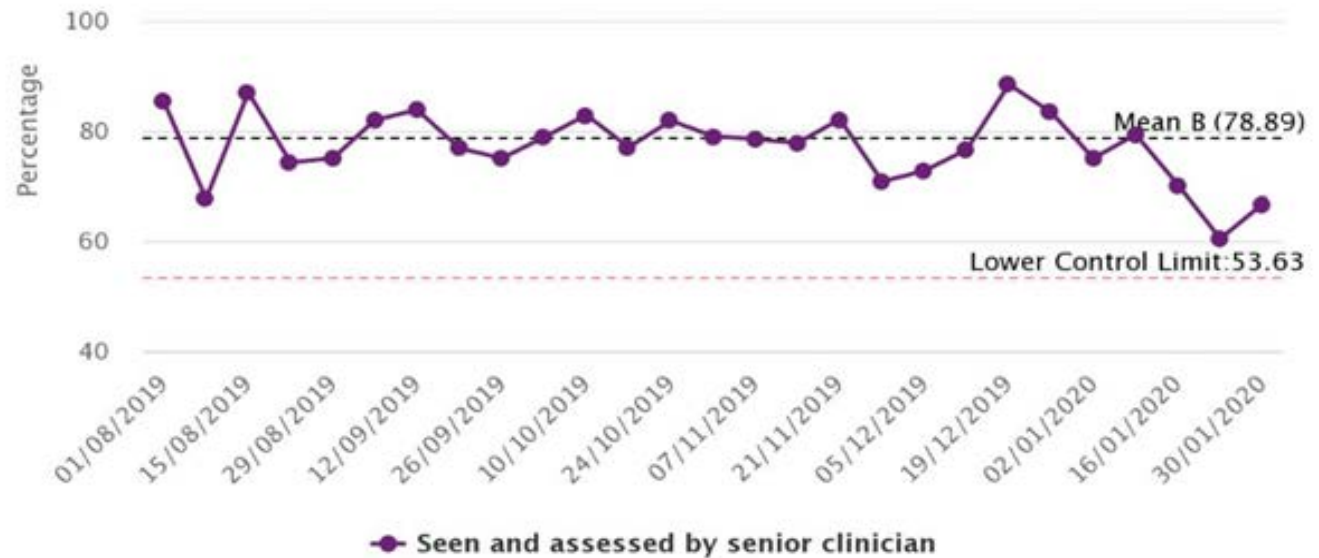
Infants at high risk of potential safeguarding presentations* are reviewed by a senior (ST4+) clinician whilst in the ED.

*For the purpose of this project we are focussing on children aged 12 months and under presenting with an injury only.

Standard 1: Infants presenting with injury reviewed by a senior clinician whilst in the ED



For the time period: 1421 of 1818 (78%) infants with an injury had a senior review

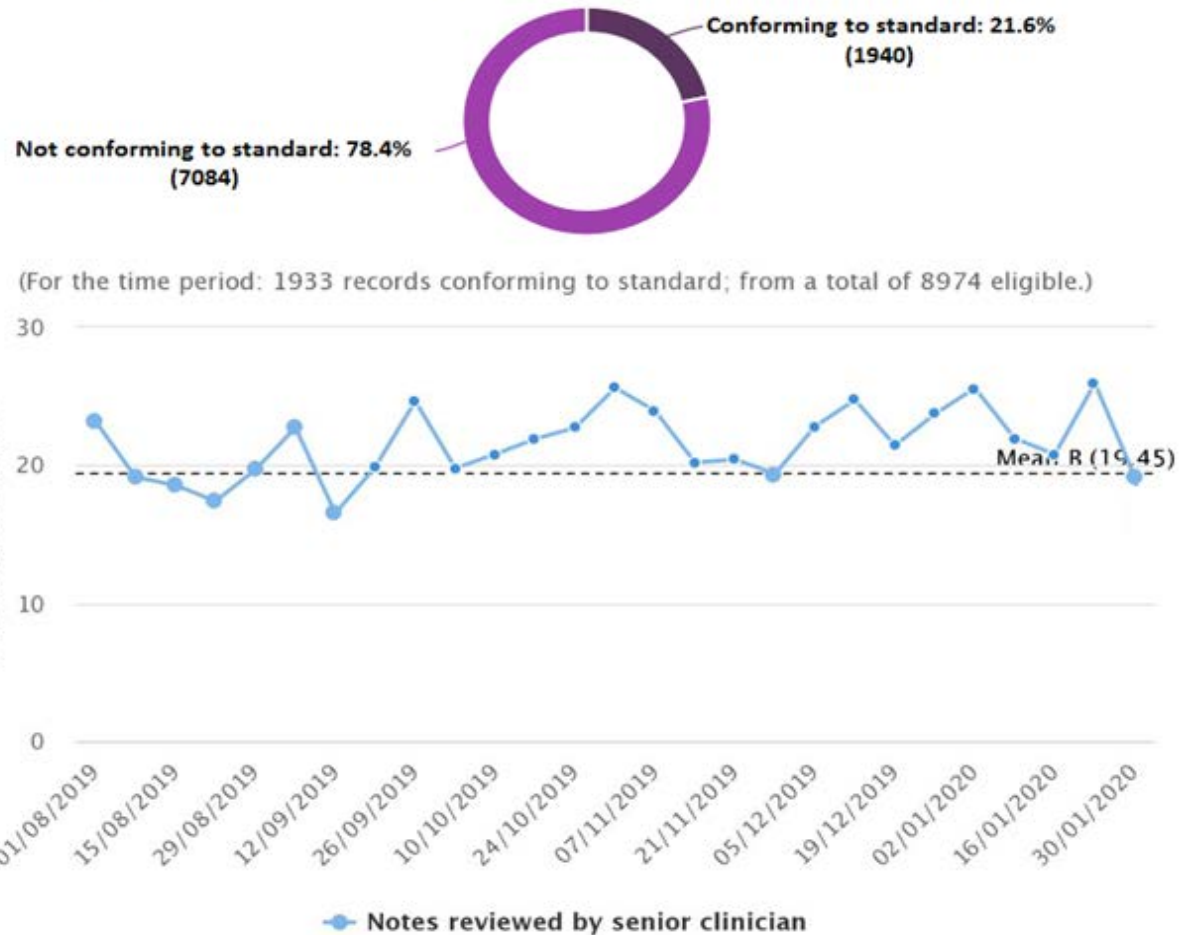


Clinical findings

STANDARD 2:

A review of the notes is undertaken by a senior clinician when an infant, child or adolescent leaves or is removed from the department without being seen

Standard 2: Senior clinician review of the notes when patient leaves or is removed from the department without being seen



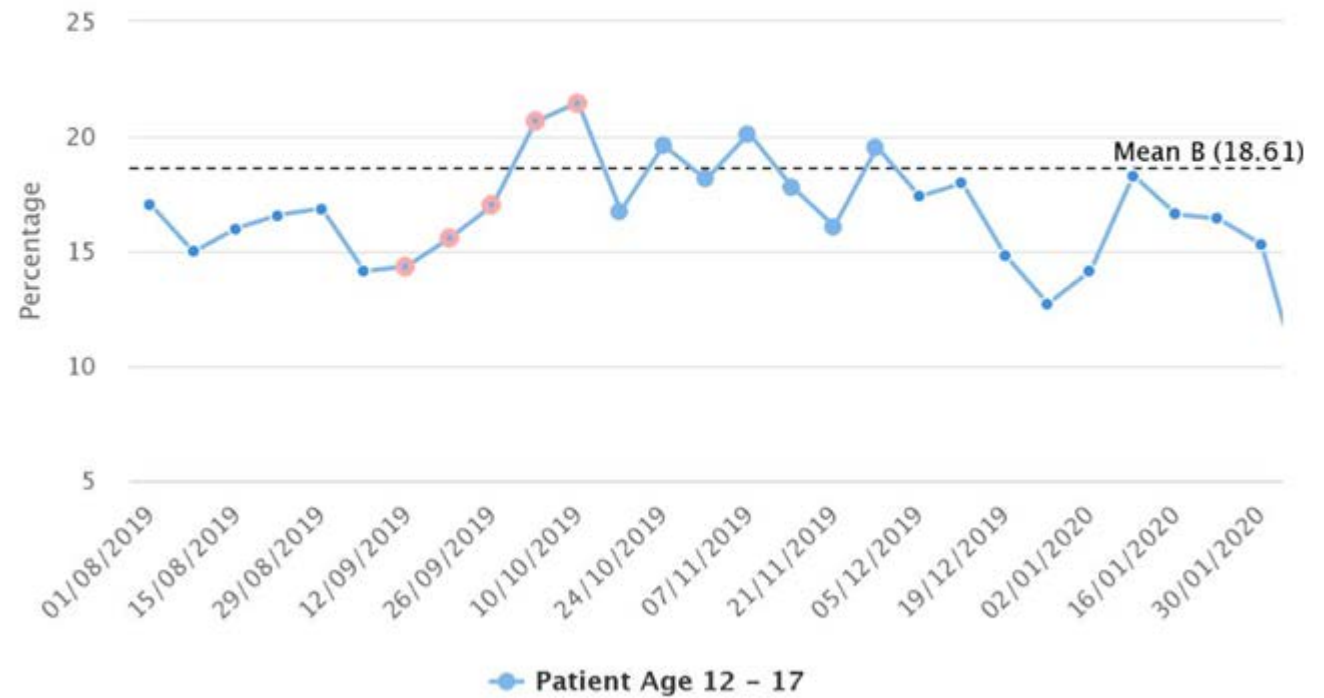
Clinical findings

STANDARD 3:

Older child and adolescent psychosocial risk is assessed using a national or locally developed risk assessment tool suitable for use with children or adolescents (e.g. headss/heeaddss or similar)

Standard 3: Psychosocial risk is assessed using a national or locally developed risk assessment tool

(For the time period: 1625 records conforming to standard; from a total of 9529 eligible.)



Organisational Standards

Standard	Standard type
4. Policies are in place to review cases where an infant, child or adolescent either leaves or absconds from a department unexpectedly prior to discharge, or when they do not attend for planned follow up.	Developmental
5. Systems are in place to identify children and young people who attend frequently	Fundamental
6. Policies are in place to identify and review children at high risk of potential safeguarding	Fundamental

Organisational findings



94.3%
(99/106 EDs)

STANDARD 4:

Policies are in place to review cases where an infant, child or adolescent either leaves or absconds from a department unexpectedly prior to discharge, or when they do not attend for planned follow up.

Organisational findings



97.1%

(102/106

EDs)

STANDARD 5:

Systems are in place to identify children and young people who attend frequently.

Organisational findings



99%

(104/106

EDs)

STANDARD 4:

Policies are in place to review cases where an infant, child or adolescent either leaves or absconds from a department unexpectedly prior to discharge, or when they do not attend for planned follow up.

Recommendations

Redesign of services or, radical intervention, to improve the response to children who have left the ED without a review.

Reduce variations in care of infants by further improving the consistency of senior review and consider a deeper dive into the quality of this input.

All departments need to create and update policies for both absconding children and failure to follow up.

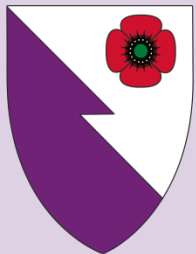


Recommendations

Enforce implemented policies and monitor compliance.

Educate staff on the need for ALL adolescents to be opportunistically risk assessed using appropriate psychometric tools and the required actions to be taken.





Next steps

- Read the full report at www.rcem.ac.uk/audits
- Action planning
- Rapid cycle quality improvement
- Contact other EDs for tips & solutions

