

National Impact of RCPCH Best Practice Guide on Timing of Detection of Cleft Palate - time to adopt successful local quality improvement initiatives



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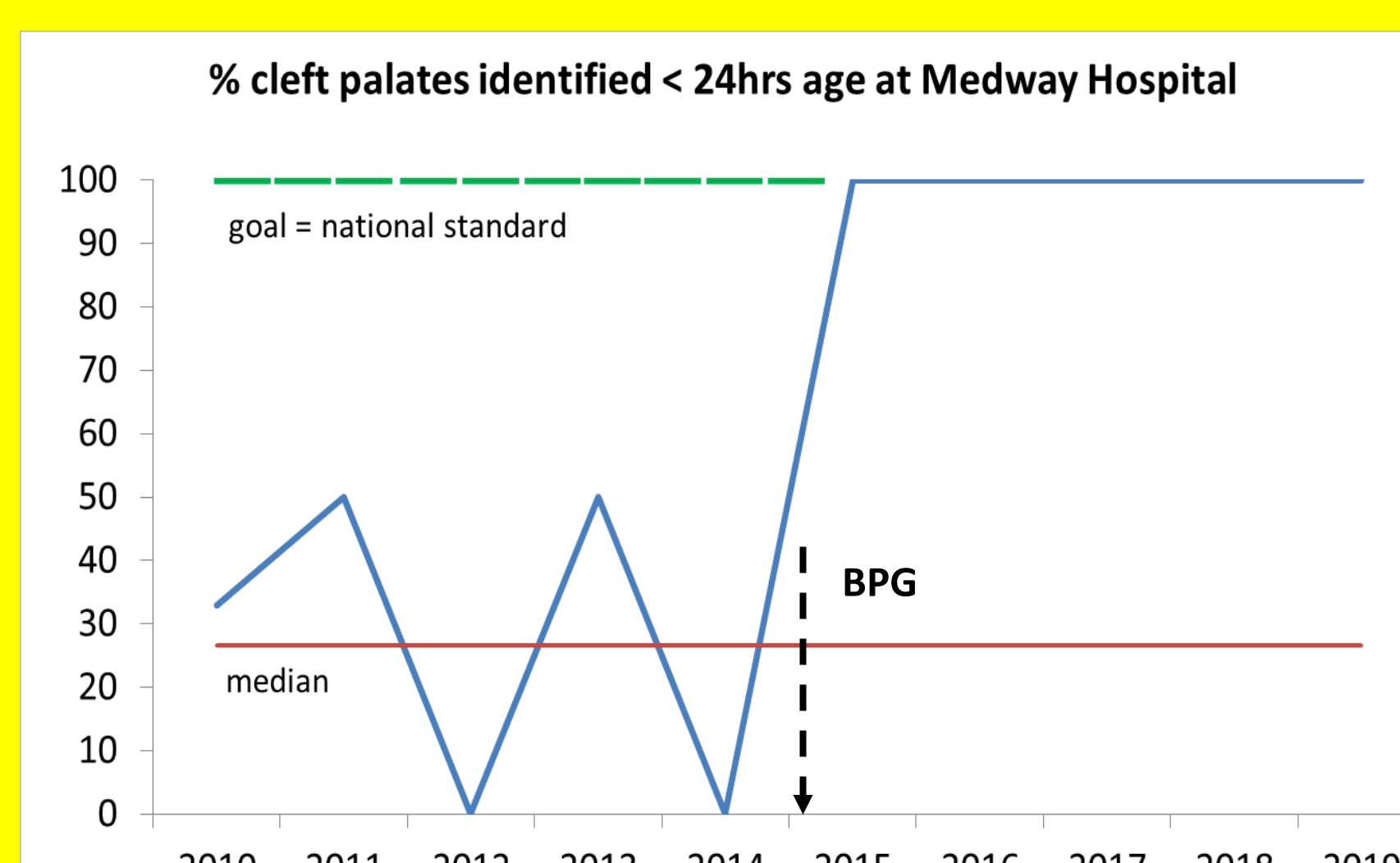
Introduction

Historical data show that 30% of cleft palates (CP) are not identified within 24hrs of birth, the national standard. In 2014 the RCPCH launched a Best Practice Guide (BPG) recommending a change to examination of the palate from digital palpation to visual inspection to improve detection rates.¹ We report the national impact of the BPG, highlighting regional variations, and share solutions from a local quality improvement programme (QIP).

Method

- Data on diagnosis time of CP for 2013-2018 were identified from CRANE database² (England, Wales, Northern Ireland) and supplemented with data from Scotland and Republic of Ireland to explore regional variations.
- Local data from Medway Hospital, Kent, 2010-2019 were collated for a Quality Improvement Project to improve early detection of cleft palate.³

- Medway Hospital: 30% CP (4/13) were diagnosed within 24hrs of birth between 2010-2014. Since introducing the QIP all cleft palates (n=11) from 2015-2019 have been identified within 24 hrs of birth.

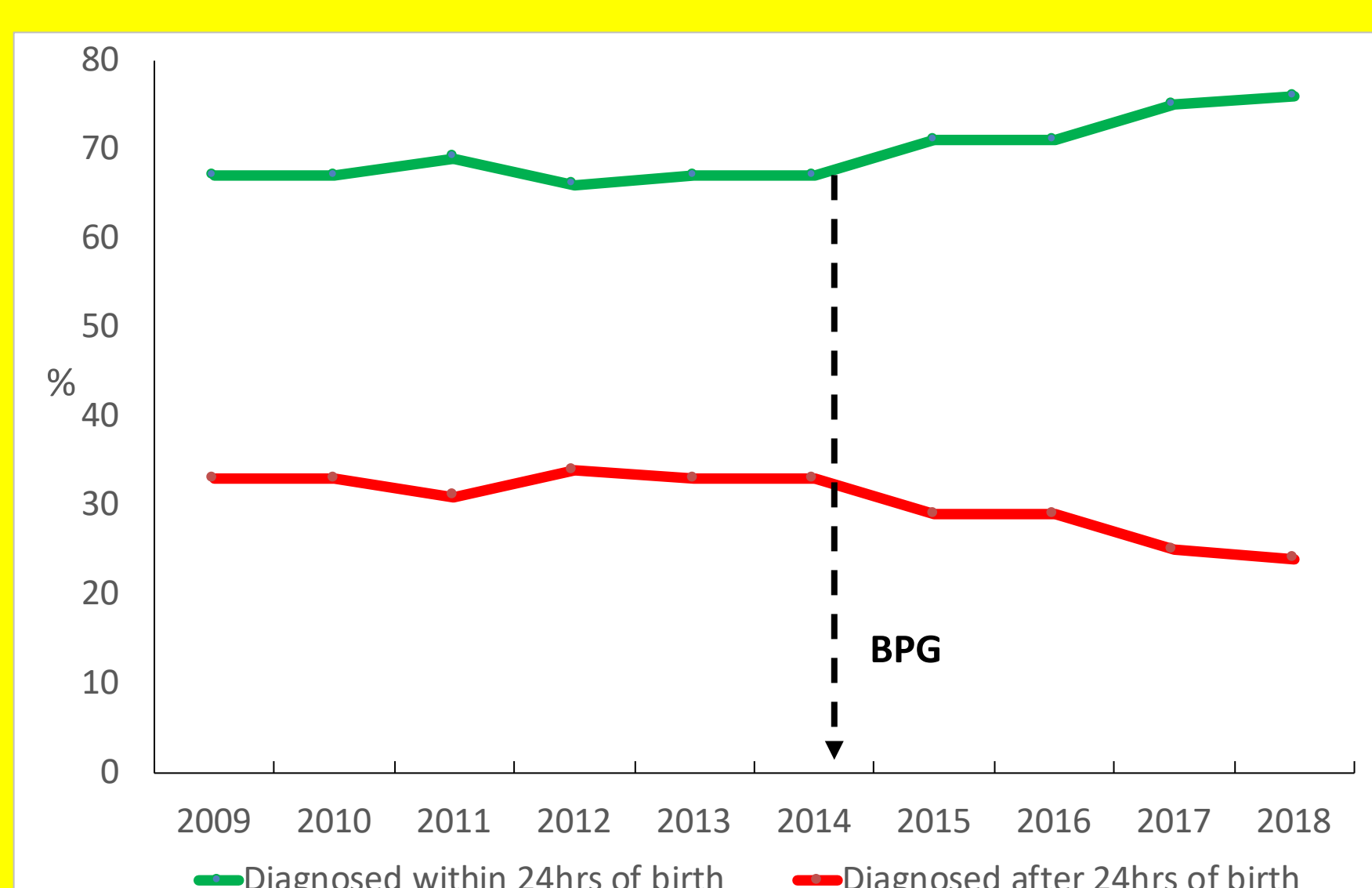


Conclusion

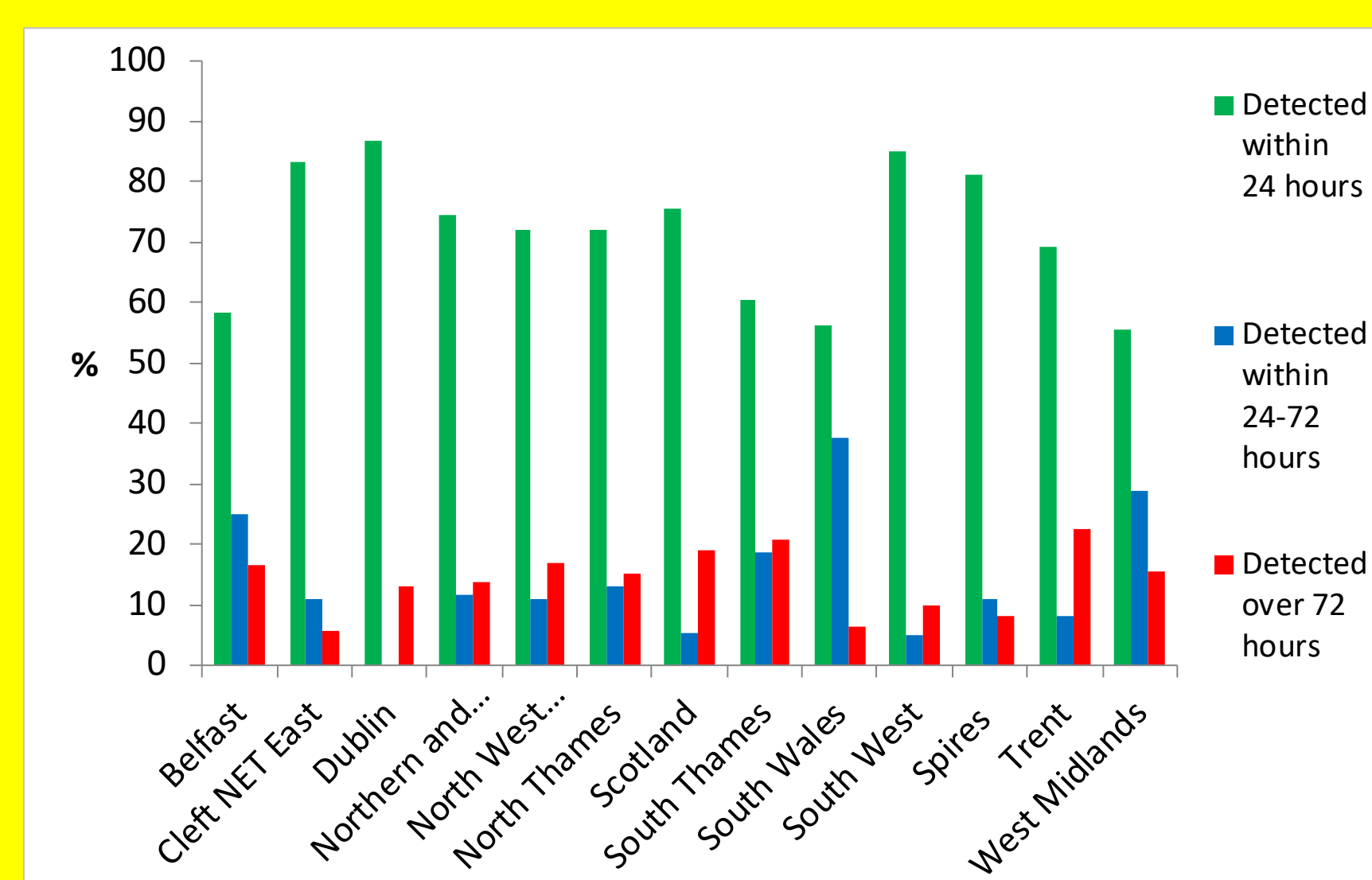
- The timing of detection of cleft palate has improved since publication of the RCPCH Best Practice Guide.
- Late diagnosis remains an issue for quality of care and family experience.
- Local QIP can successfully sustain local detection rates at the national standard.
- We advocate adoption and spread of quality improvement initiatives to complement the BPG.

Results

- National: significant increase in detection CP <24hrs age since the BPG: 2013-14 births (67%) v. 2015-16 births (71%) v. 2017-18 births (75-76%) [$p < 0.001$].



- Regional variations in timing of detection of cleft palate in 2018 for UK and Ireland.



References

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