

Improving patient safety and care through implementation ***RCPCH** of weekly complex inpatient meetings



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Objectives

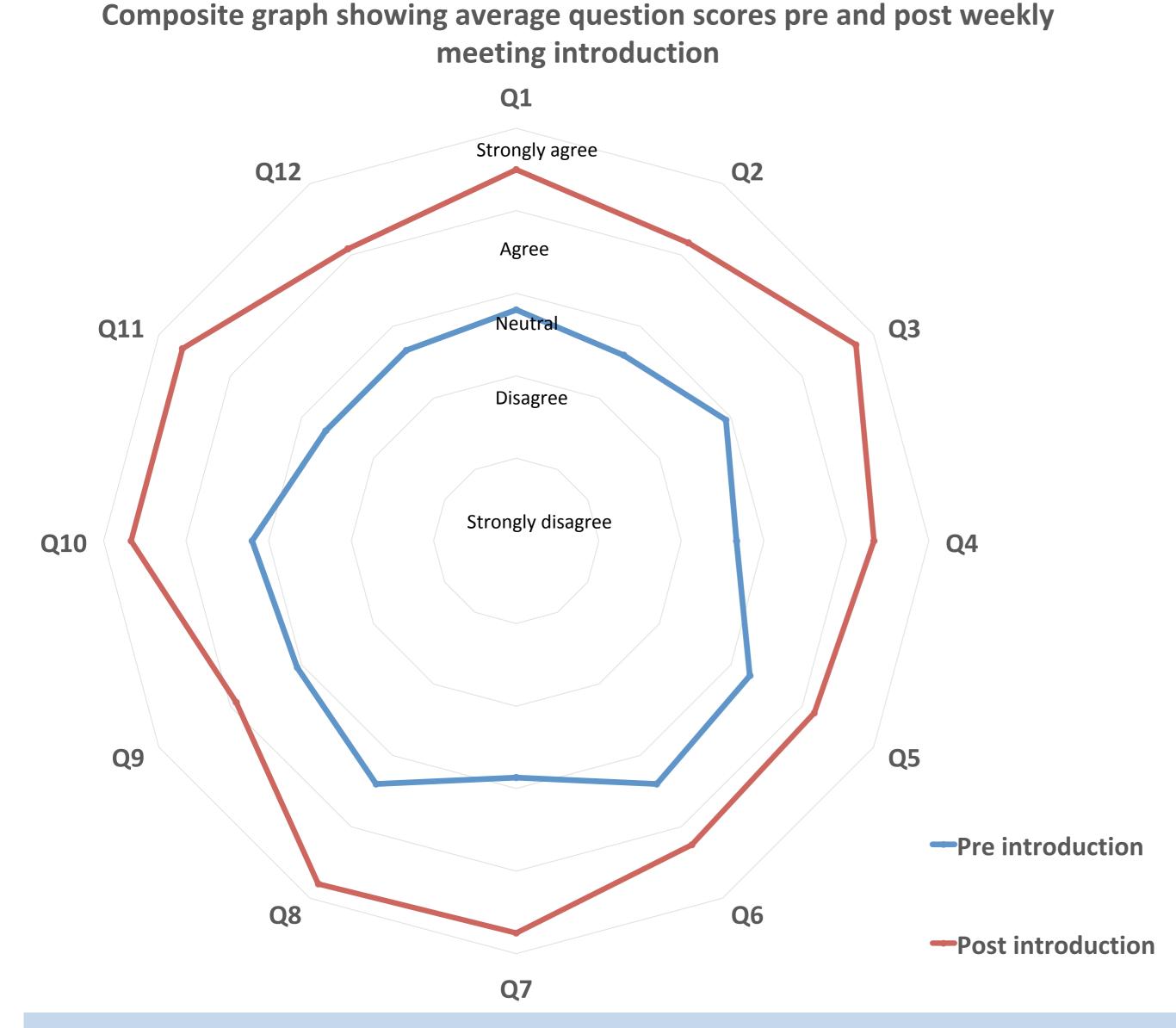
- Paediatric inpatients with complex medical and social needs often require overarching review and individualised care from numerous teams
- Involvement of multiple teams may bring communication and collaborative challenges, which can result in delayed decision making and discharge planning, impacting patient care and experience
- The value of non-clinical ward rounds in improving patient safety, enhancing quality of care and refining clinical practice is widely recognised*. It can also foster improved training and educational opportunities for health professionals
- We introduced weekly complex patients' meetings in an effort to improve patient safety and quality of care for complex inpatients

Methods

- Inclusion criteria for meeting: Patients with > 1 week stay, or care involving > 2 paediatric subspecialties, or with diagnostic dilemma
- Qualitative surveys were sent out to paediatric doctors before and three months after the implementation of weekly complex patients' meetings
- Four main aspects were studied by 12 questions included in the surveys by MS form:
 - -Confidence and knowledge in managing complex inpatients (Q1-2)
 - -Patient safety and quality of care (Q3-7)
 - -Communication, partnership and teamwork (Q8-10)
 - -Education and training (Q11-12)
- Participants were asked to rate these aspects on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree), with score of 5 represented ideal care and learning

Results

- 15 and 12 doctors comprising mainly of paediatric trainees responded to the survey before and after complex patients' meeting implementation
- A significant improvement was seen in the scores of all aspects Confidence and knowledge, patient safety and quality of care, communication, partnership, teamwork, as well as education and training of paediatric doctors



- Q1. Confidence in managing complex inpatients
- Q2. Knowledge of the complex inpatients
- Q3. Quality of complex inpatients' care and management
- Q4. Flow and discharge planning of complex inpatients
- Q5. Timely Initiation of referrals
- Q6. Prevention of adverse events with better communication
- Q7. Continuity and coordination of care for complex inpatients
- Q8. Communication within general paediatric team
- Q9. Communication between paediatric subspecialties team
- Q10. Communication strategies with patients and families
- Q11. Training and learning opportunities for trainees
- Q12. Effective sharing of knowledge between trainees and subspecialties

Conclusion

- Weekly complex patients' meetings have proven to be beneficial in many aspects of patient care
- Pre and post introduction surveys of weekly meetings revealed that doctors experienced improvements in their confidence, communication skills, education and training, as well as improved quality of care and safety for inpatients
- A standardised electronic proforma on patients' records have now been introduced. This is to improve documentation, and to document the discussions from these meetings for future reference and use, and improve communication throughout the MDT
- Following this initiative, a complex patients' model is currently in development, aiming for a more consistent and positive impact on patient safety and experience for this cohort of patients