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# Oxford University Hospitals

# Open Access (OA) for Children in Oxfordshire using Local OA-Team Support (OATS) Can PDSA interventions improve the experience for parents and staff?

D Ahmed<sup>1</sup>, D Eapen<sup>1</sup>, B Burmeister<sup>1</sup>, P Parnell<sup>2</sup>, A Brain<sup>2</sup>, R Pal<sup>2</sup>

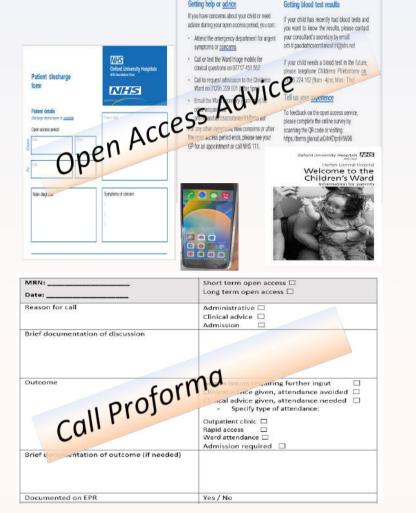
Oxfordshire Deanery GPVT Scheme<sup>1</sup> Oxford University Hospitals NHS Foundation Trust<sup>2</sup>

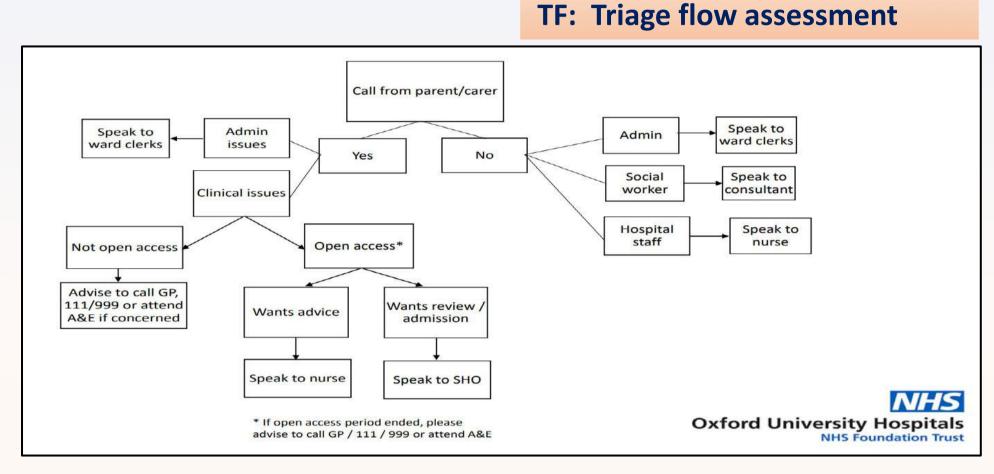
## Objectives

- ➤ Providing remote advice adjusts patterns of paediatric referrals and reduces ED attendances [1, 2]. Open Access (OA) telephone advice from our local hospital has been provided for 15 years (2008-2023) to support parents of children with chronic conditions (Long-Term-OA, 24/7) and those with acute conditions (Short-Term-OA, 24h-several days), permitting early discharge with Local OA-Team-Support (OATS)
- > With added pressures of staffing and complex tasks, we sought to improve local access call-facility for parents, reduce nursing workload and ensure a safe clinical journey

## Methods

Phone call interactions and satisfaction surveys were tested. Two three-month audit cycles were determined using PDSA framework of "Plan, Do, Study, Act" before and after interventions: a dedicated mobile phone number, Triage flow assessment [TF], and a detailed call proforma





Parents (5-Q survey) and Staff (7-Q survey)

Three surveys were sent during each cycle before and after interventions

	VIETHOUS					
		PDSA Cycle 1 Dec 2022- Jan 2023	PDSA Cycle 2 Feb - June 2023	PDSA Cycle 3 July - Sept 2023		
	P	Gather staff and parents' opinion about OA	<ul> <li>Collect data of calls to the Children's ward</li> <li>Send secondary survey</li> </ul>	<ul> <li>Send Surveys to parents after use of OA mobile phones</li> <li>Capture of calls using new proforma</li> </ul>		
	D	Surveys were sent to both groups	<ul><li>Calls documented for 3 months</li><li>Surveys sent</li></ul>	<ul> <li>Calls documented on the proforma and on EPR</li> <li>Surveys to parents</li> </ul>		
	S	Data was analyzed with results presented in Clinical Governance meeting Jan 2023	All call and survey data were analyzed and presented in Clinical Governance meeting	<ul> <li>Analysis of data from 3 months calls</li> <li>Analysis parents survey</li> </ul>		
	Α	Consider ordering OA mobile phone	<ul><li>Mobile phone ordered</li><li>Triage work chart</li><li>Call proforma</li></ul>	Aim to engage H@H service and use patients leaflets in OA service.		

Calls Audit: A total of 163 calls were analysed: Pre-intervention 132 all-calls February-April

#### Results

# Surveys: A total of 111 user-surveys (51 Staff, 60 parents) during winter-summer seasons 2022-2023

Patient survey	Before intervention	After intervention	
Use of OA	Yes 58%	Yes 85%	
	No 42%	No 15%	
Easy access	Strongly agree 38%	Strongly agree 40%	
	Agree 41%	Agree 45%	>
Contact	Ward Line 55%	Ward Line 55%	
preference			
	All other 45%	All other 45%	
Parent	90%	90%	>
satisfaction			
Type of	Breathing 43%	Breathing 27%	
condition			
	All other 67%	All other 73%	
Staff Survey	Winter	Summer	
No. of calls/month	More > 5 - 47%	More > 5- 44%	
Rate	Support 57%	Support 46%	
<b>importance</b>			_
of OA			
Highest	Give advice	Give advice	<i>Y</i>
<b>Outcome</b> of			
OA call			1
Limitation	Yes 30%	⁄es 26%	
of OA to			
24hrs			

# Parents' Views

- Parents' survey (n=60)

  ➤ 2/3 respondents (36, 60%)

  used OA-facility
- ➤ Preferred communication was direct line to 'ward phone' (33,55%)
- Parents supported additional virtual options (mobile or email)

#### Staff Views

#### Staff surveys (n=51)

- ➤ No seasonal impact on callactivity >5 calls/respondent winter 47% vs summer 44%
- Post-intervention survey attitudes improved
- > Better EPR documentation
- ➤ 63.4% would recommend Local OA-Team-Support (OATS) for other Trusts

# All Calls Pre-intervention

**Table: PDSA cycles** 

- ➤ Of 132 all-calls, the majority were non-OA (83, 63%) and one third were OA (48, 36%)
- Duration: median 5 mins (range 1-30mins) Figure 1

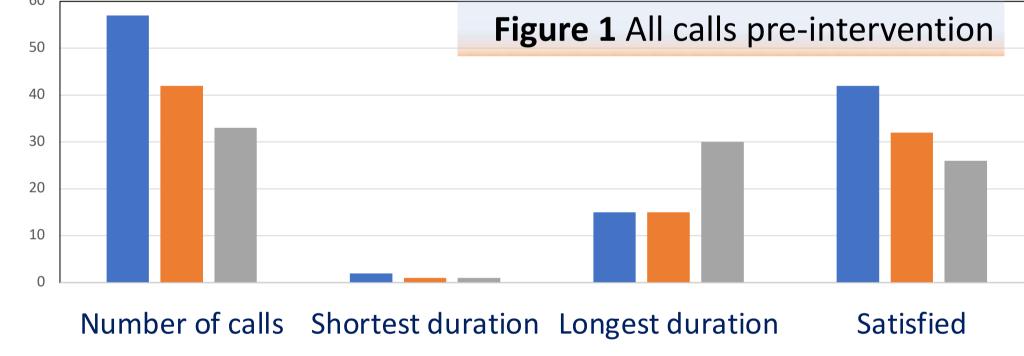
## Outcomes

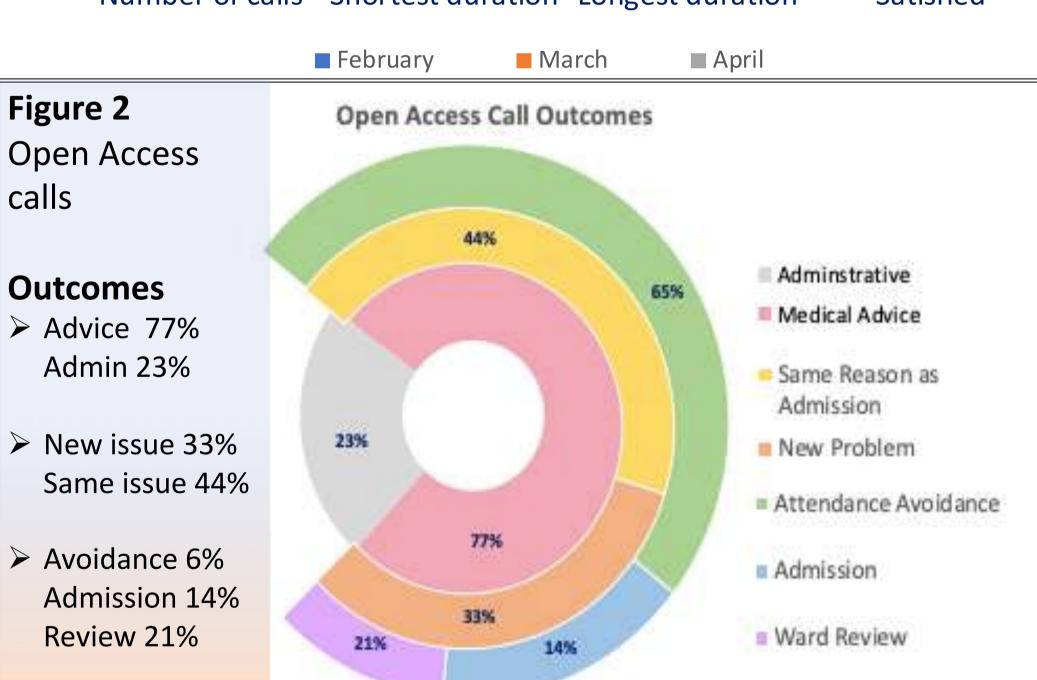
- ➤ Half achieved resolution with advice (70 calls, 53%)
- Re-admission 20 patients (15%)
- Other reasons/administrative tasks (27 calls, 20%)
- > EPR call-documentation: 0%

#### OA Calls Post-intervention

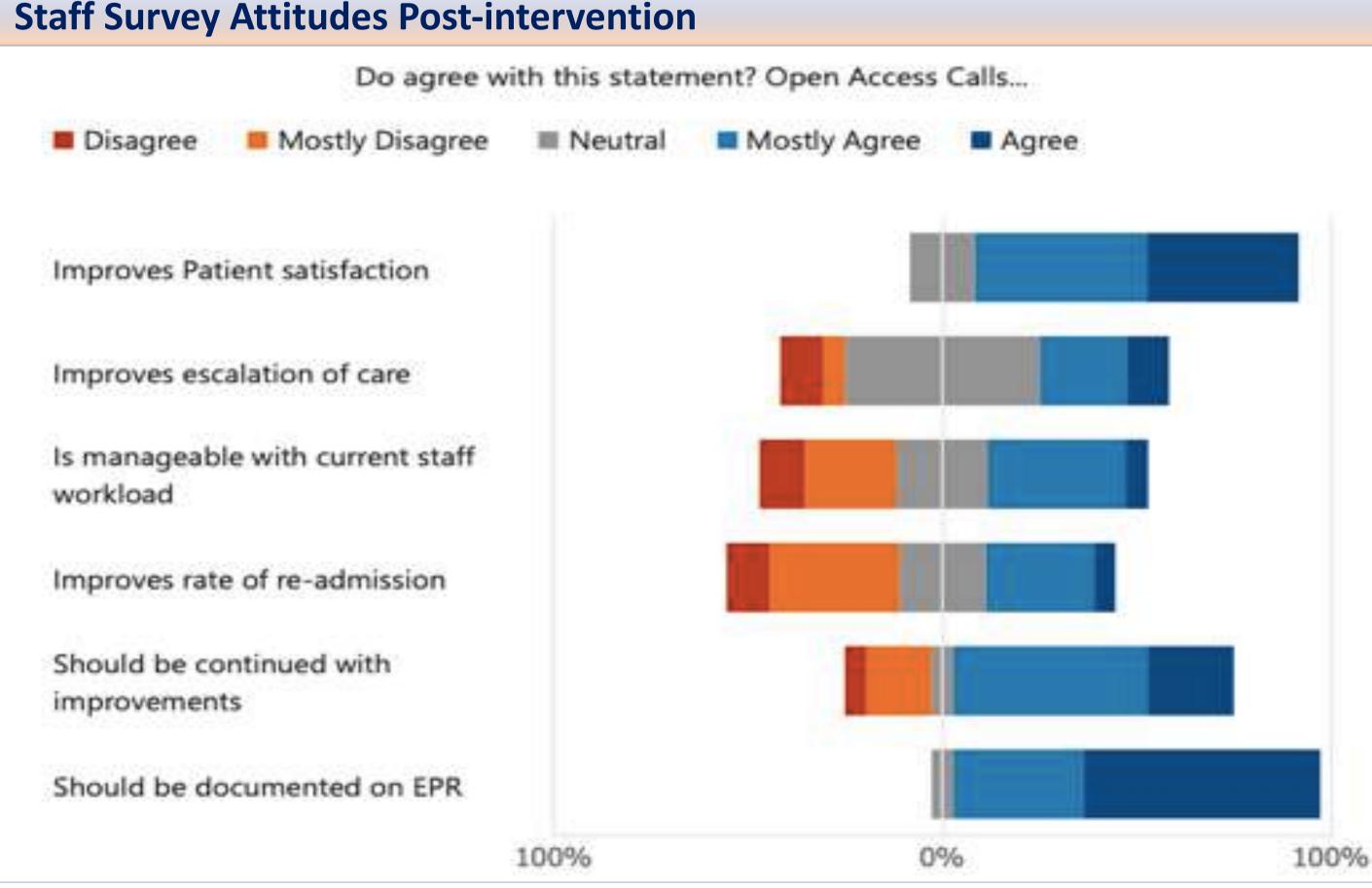
- Of 31 calls, majority OA-calls (28, 90.4%) used dedicated mobile number
- Duration: median 5.75 mins (range 1-30mins). Outcomes see Figure 2
- EPR call documentation dramatically improved: 80%







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### Conclusion

- When testing through PDSA cycles, the Local OA-Team-Support (OATS) offers an efficient and viable safety net for children deemed safe for discharge and is greatly valued by parents.
- This prevents readmission in the majority (65%) of cases and offers a local service that resolves the problem speedily.
- ✓ Our interventions supported appropriate escalation via the TF, re-distributed staff workload and met "Safety and Governance" requirements with EPR documentation.
- ✓ Team communication was achieved by call equity, enhanced by data gathering and governance meetings empowering staff to manage communications efficiently.
- ✓ Over 60% staff would recommend Local OA-Team-Support (OATS) for other Trusts.
- √ <a href="https://vimeo.com/916290679/50b1651f0e?share=copy">https://vimeo.com/916290679/50b1651f0e?share=copy</a>

#### References