



Safe and timely step-down from an internal PICU: a patient safety priority but one full of challenges

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Introduction

Children recently discharged from PICU are likely to have on-going complex medical needs and are at significant risk of deterioration. Local and national standards are in place to ensure that these children are managed in a safe and timely manner.

Aims

- 1) To improve communication and documentation between PICU and paediatric ward teams.
- 2) To reduce the time between PICU step-down and medical review by the receiving team.

Improvement journey



Methods

Quality Standards

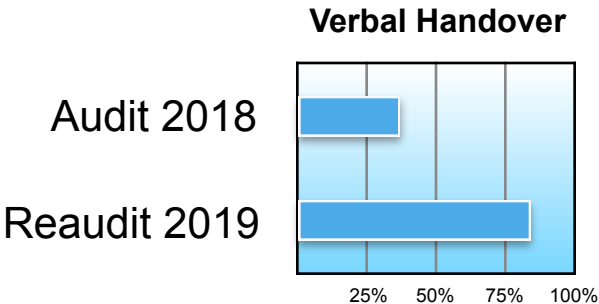
- a) All patients discharged from PICU to the paediatric ward should have a clearly documented plan from PICU and a verbal handover.
- b) All patients stepping-down to the ward should have a medical review by the receiving team within 1 hour of arrival.

Process

- 1. Retrospective audit of PICU discharge communication, documentation and time to ward review for all patients discharged during October 2018.
- 2. Novel "PICU discharge summary" and "Verbal Handover" templates to be used the on local patient management system (PMS) were devised following consensus between PICU and paediatric consultants.
- 3. Re-audit of PICU discharge data was performed after the new templates were in routine use.

Results

- Number of step-down patients was similar in both audits, 35 vs 31.
- 100% of patients had a written discharge summary in 2019.



Time of day of step-down

	Audit 2018	Reaudit 2019
Morning	8.57%	19.35%
Afternoon	48.57%	48.38%
Out of hours (16:30- 8:30)	42.86%	32.25%

Step-down to ward review time

Audit 2018	4h 39 minutes
Reaudit 2019	4h 35 minutes

Conclusions

Introduction of a PICU handover templates for the hospital patient management system significantly improved verbal and written handover from PICU doctors to ward teams in our trust, thereby improving patient safety and continuity of care.

Following a PICU step-down, the mean time to a paediatric ward review remained suboptimal. A likely explanation for this is that most patients were stepped down during the afternoon and out of hours, when less staffing is available to perform the reviews. This finding has been identified as an opportunity for future quality improvement projects. Potential suggestions include multidisciplinary focus on early morning discharges throughout the hospital.