



Name of project: Paediatric Observation Priority Score (POPS) – Kent Community Health NHS Foundation Trust Minor Injury Units (MIUs) and Urgent Treatment Centres (UTCs)

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Kent Community Health
NHS Foundation Trust

What was our aim?

To improve process, consistency and documentation and consequently safety, for all children aged 0-16 attending Kent Community Health NHS Foundation Trust (KCHFT) MIUs and UTCs.

(More than 20,000 children attended KCHFT's MIU/UTC services between 1 January and 31 December 2019 – pre COVID-19).

Why is it important to service users and carers?

Children and their carers will benefit from safer care and rational, justified decision-making, based on a methodological, evidence-based, specific framework for paediatric assessment.

There are benefits to many stakeholders, including KCHFT in terms of assurance, clinicians, who have an improved process, the project manager and key personnel in terms of personal development, the University of Leicester who developed the system as it adds to their portfolio and acute services, due to improved local decision-making and care.

Ideas and tests of change

1. Collaboration with University of Leicester	6. Standardised process/documentation
2. KCHFT ratification	7. Audit demonstrating correct use of the tool
3. Clinician teaching and competence	8. No child safety of care issues
4. Safer patient monitoring and outcome	9. Other organisations may use KCHFT as benchmark
5. Contributes to expedition of transport	10. Contributes to smooth handover between services

The tools we used

The tools used include:

- PROJECT RAID LOG:** A table tracking risks, issues, and assumptions with columns for description, impact, score, and mitigation.
- PROJECT CHARTER:** A document defining the project's purpose, objectives, and success criteria.
- CHANGE IMPACT ANALYSIS:** A table detailing the impact of changes on various stakeholders and the mitigation strategies.
- POPS Project Critical Path Analysis and Dependencies:** A flowchart showing the project's timeline from conception to project close, with key milestones and dependencies.

Results/How did we do/Anticipated outcome

1. Project manager adaptation of Paediatric Observation Priority Score (POPS) tool and development of Power Point presentation to explain/pitch to seniors.
2. Acceptance from seniors, decision to take to trust-wide MIU pilot.
3. Distribution of pilot information to seniors to cascade to staff.
4. Introduction of MIU to University of Leicester and request for support.
5. Gaining consent/support from UOL.
6. Pilots/plan, do, study, act (PDSA) cycles, reporting back to seniors meetings, until tool agreed by all.
7. Inform/discuss with KCHFT Quality Department.
8. Submission of POPS tool and proposal to Medical Director for organisational ratification.
9. Teaching about application and declaration of individual competency (via MIU seniors).
10. Formal adoption of POPS process, with accompanying standard operating procedure (SOP) or clinical guideline (included in Clinical Guidelines).
11. Inclusion in Trainee Nurse Practitioner programme and Symphony, the electronic patient record system.

What we learned and what's next

- The work was complex due to the county-wide health network structure.
 - Progress was delayed by slow communications, due to COVID-19 and other higher priorities.
- Next:
- Discuss with Quality Improvement (QI) team so the project could possibly be presented at the next KCHFT QI conference.
 - Re-audit/monitor
 - Assess need for/provide further training
 - Offer KCHFT outcome to the university, as less common in small services
 - Add to Life QI, to share best practice.