

Spring 2011 |

Great Ormond Street  
Hospital for Children  
NHS Trust



# Great Ormond Street Hospital update

Information for referring clinicians



# Introduction

This is the second issue of the newsletter we’ve created for clinicians who refer patients to Great Ormond Street Hospital. The newsletter has been created in response to a survey we conducted last year, which told us that, whilst you valued the clinical care your patients received, you would like to see some improvements to the service that we deliver to you. In this issue, we’d like to update you on some of the improvements we’ve been making during the past six months.

In particular, we have been trying to improve the quality and timeliness of our communication with you, and in this newsletter, you’ll find information on the improvements we’ve made to discharge summaries. You will also see that we have been working on improving your access to the hospital for emergency admissions and urgent hospital transfers.

We hope that you may have noticed some of the improvement we’ve made but we recognise that there is still much to do. We will continue to keep you updated on the progress we’re making but if you have any comments or suggestions, please do get in contact with us.

# Website upgrade in the autumn gosh.nhs.uk

We are currently undertaking a major revision of the hospital website. This will include updating and improving the information we provide to our partner clinicians.

Some of the improvements to the site have been based on the feedback that you gave us in the survey many of you took part in last year. There will be a section for health professionals, which sets out how to refer patients to each specialty and the appropriate criteria for referral. Additionally, we will be updating the information on each clinical specialty and contact information so that you can see who you need to talk to and how to contact them more easily.

The new navigation and improved referral information on the site is the first stage in how we want to use the website to improve communications with you and the information we make available to patients and families.

Cover: Four-year-old Milan is an oncology patient on Elephant Ward. Despite being only four, he is very image conscious and changed his outfit especially for our photoshoot.

# A new General Paediatrician team at the hospital

We're really pleased to announce that we've recruited a new team of General Paediatricians to work at the hospital with the aim of improving patient clinical care and patient/family experience.

The team will work right across the hospital specialties and therefore aid communication when we are treating children with complex conditions. We hope that this will make a difference to you because many of the team also have experience of referring patients to us and are keen to ensure that the patient and referrer pathways work efficiently.

There are four new members of the team who will work with our existing two general paediatricians. The team are:

|                     |   |                     |
|---------------------|---|---------------------|
| Jane Valente        | Clinical Team Lead                                | ValenJ@gosh.nhs.uk  |
| Andrew Long         | Education Team Lead                               | LongA@gosh.nhs.uk   |
| Nick Lessof         | Safeguarding Lead for the Trust                   | LessoN@gosh.nhs.uk  |
| Imke Meye-Parsonson | Lead for Surgical Liaison                         | Parsol@gosh.nhs.uk  |
| Lara Abulhoul       | Joint post with metabolic medicine                | AbulhL@gosh.nhs.uk  |
| Bridget Callaghan   | Lead Clinician for international private patients | CallaB1@gosh.nhs.uk |



Rosie, who is nearly three, is just finishing her strawberry jelly before going to her outpatient appointment on Safari Ward.



# Discharge summaries

We recognise the importance of providing high quality and timely information to you when your patient is discharged from our hospital. We've therefore been working on a rolling programme of auditing content to ensure that they contain all the relevant information for other clinicians involved in a child's treatment.

In May 2010, we audited 50 discharge summaries in five different specialties to establish whether they included 18 specific types of information. We then worked with each specialty on their discharge summary templates and audited the same specialties again in December.

As you can see there has considerable improvement in the information provided.

Three-year-old Dominic has been in and out of hospital a lot for an undiagnosed gastro problem. This time he has been in for seven weeks and isn't sure when he will be able to go home, but his brother and sister are keeping him amused with pots of slime and lollipops.

|  | May 2010         |                   | Dec 2010         |                   | May-Dec      |
|--|------------------|-------------------|------------------|-------------------|--------------|
| Discharge summary contains   | Cases applicable | % cases compliant | Cases applicable | % cases compliant | % difference |
| Patient name/address/date of birth   | 50               | 86%               | 50               | 100%              | +14%         |
| Admission date   | 50               | 100%              | 50               | 100%              |              |
| Discharge date   | 50               | 100%              | 50               | 100%              |              |
| Name of responsible Consultant   | 50               | 100%              | 50               | 100%              |              |
| The name, position and direct telephone number of the ward/person to whom questions about the discharge summary may be addressed         | 50               | 10%               | 50               | 40%               | +30%         |
| Details and date of services provided to the patient, including any operation and diagnostic procedures and their outcomes and results   | 50               | 50%               | 50               | 96%               | +46%         |
| Summary of the key diagnosis made during admission   | 49               | 92%               | 50               | 100%              | +8%          |
| Average of summary of future medical plan  | 50               | 54%               | 44               | 98%               | +44%         |
| Medication prescribed at discharge, and explanation of why medication has been changed   | 50               | 82%               | 50               | 84%               | +2%          |
| If applicable, any adverse reactions or allergies to medications or treatments observed in the patient during admission                  | 8                | 50%               | 5                | 60%               | +10%         |
| Any immediate post-discharge requirement from the primary healthcare team/local team   | 47               | 26%               | 41               | 80%               | +54%         |
| Planned follow-up arrangements   | 50               | 82%               | 40               | 90%               | +8%          |
| Whether or not the Patient has any relevant infection, eg MRSA   | 50               | 0%                | 50               | 58%               | +58%         |
| If the patient is going to be discharged to a place other than the place from which they were admitted, this is noted and commented upon | 2                | 0%                | 6                | 67%               | +67%         |
| Who is responsible for organising any follow-up  | 50               | 30%               | 50               | 80%               | +50%         |
| Relevant investigations carried out to enable ongoing care and any resulting actions taken by the treating clinician                     | 48               | 96%               | 50               | 94%               | -2%          |
| Summary sent to GP   | 50               | 91%               | 50               | 98%               | +7%          |
| Summary sent to community paediatrician  | 50               | 90%               | 50               | 78%               | -12%         |
| Mean   |                  | 63%               |                  | 85%               | +22%         |

These initial results are really positive and we will continue to audit quality on an ongoing basis as well as rolling out the process across the Trust.

Additionally, we are considering including a response email option for parents, clinicians or other healthcare professionals to provide feedback on a case by case basis.





# Bed Management within the Trust

The strongest message we received from the referrer’s survey was the need to improve our acceptance of urgent and emergency hospital transfers and our communication during this process. As a result we have recently initiated the Bed Management Improvement Project which is committed to improving patient safety and clinical outcome by optimising access to specialist inpatient services for sick children. Our ultimate goal is to be in a position where we will never decline a clinically appropriate referral due to insufficient bed availability.

In addition to increasing bed numbers, we want to positively influence bed management efficiency and hence bed availability. In order for us to successfully deliver on this, we have identified both short and long term goals to achieve transformational change and improvement across the organisation.

We have already started to draw on the experiences of key staff, engaging with them to understand where inefficiencies exist in our current systems and processes; learning from each other; and sharing existing best practice. We have taken the opportunity to explore lessons learned from other trusts who are also striving to address some of the common issues which exist and impact on Bed Management culture and processes. This information will be reviewed and incorporated into our Trust Admission and Bed Management Policy.

In the first instance, we have identified the need to review and agree admission criteria for patients across all specialties. This will essentially ensure that beds are utilised by patients who genuinely require admission for tertiary care; and that priority is given to children in greatest need of our inpatient services.

We recognise the need to streamline and standardise the information we receive from our referrers so that sufficient detail is recorded, as this is clearly pertinent to timely and appropriate decision-making. We are in the process of investigating current practices and implementing such changes.

Access to real-time information about bed availability in the Trust will help to avoid delayed transfer, investigation and treatment. The Trust realises that the introduction of an electronic system which accurately reflects bed state and availability will offer additional benefits, such as increasing situational awareness and organisational intelligence. This will contribute further to improved patient safety by ensuring patients are cared for in the right place, by the right staff at the right time. Communication between relevant teams will be more visible, transparent and timely; and this will consequently improve patient flow and discharge planning.

The Bed Management Improvement Project is sponsored by Fiona Dalton, Chief Operating Officer and has wide representation from key stakeholders. A Project Manager has been assigned to plan, delegate, monitor and control the project through the agreed stages and we will keep you updated on progress.

A few days ago, Jessica had a brain tumour removed – not that you would know it from the way she plays dominoes. It’s a fairly long walk for her to the playroom a few doors along the ward, but the journey back was a lot easier – a piggyback from dad.



# Patient and family satisfaction

We have just had the findings from the latest satisfaction survey we commissioned amongst patients who were in-patients at the hospital during the last three months and their parents.

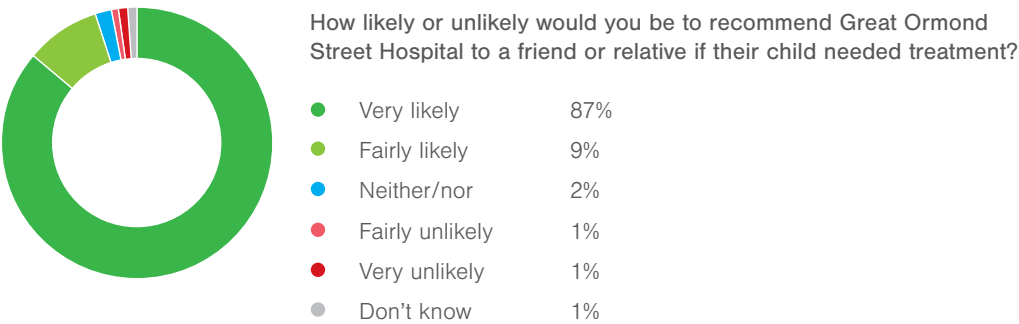
The survey was conducted over the telephone by independent research company, Ipsos MORI. In the last newsletter we sent you, we published the findings from the previous year's survey.

These latest results are consistent with the last survey and show patient and family satisfaction still very high as is confidence in doctors and nurses at the hospital. Similarly there are still very high levels of advocacy in that 96% of people are likely to recommend Great Ormond Street Hospital to others.

## Satisfaction with visit



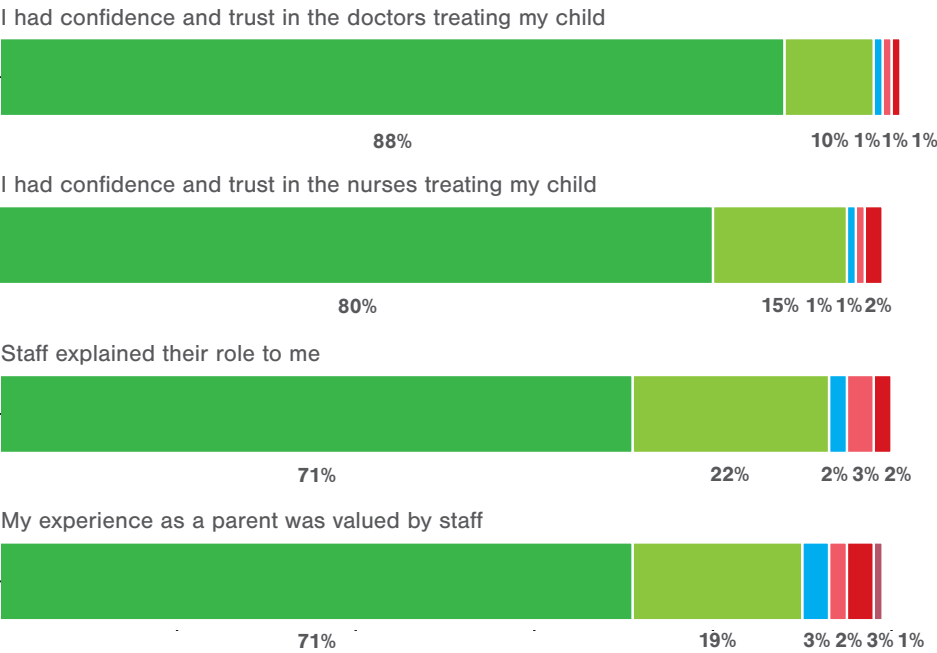
## Advocacy



- Strongly agree
- Tend to agree
- Neither/nor
- Tend to disagree
- Strongly disagree
- Don't know

## Treatment and service

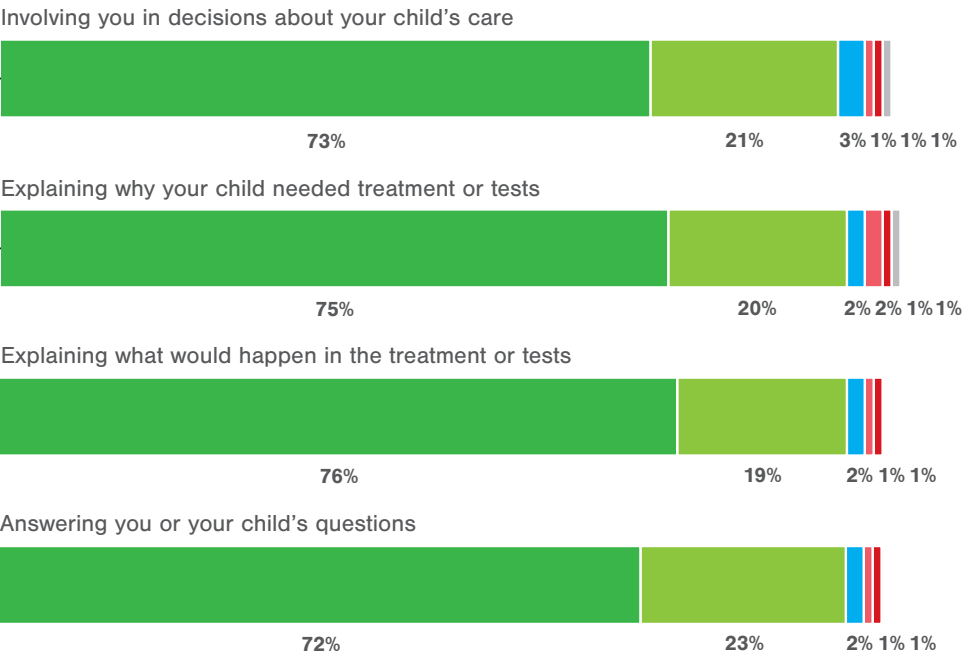
I would like you to tell me whether you agree or disagree with these statements.



## Communication and service

Last time you saw a doctor or nurse at the hospital, how good were they at...?

- Very good
- Good
- Neither/nor
- Poor
- Very poor
- No answer/ not applicable



Whilst these results are very positive, we are constantly looking at ways to measure patient and family experience of the hospital at the time of their stay as well as following their visit and we will keep you updated on our progress on this.

# Events for referring clinicians

We want to invite clinicians into the hospital to find out more about our work and also to discuss better ways to work together. There are three events which we wish to highlight now:

**Monday 16 May 2011  
at the UCL Institute  
of Child Health**

## Fetal and Paediatric Cardiology Update

Led by Course Director, Dr Shankar Sridharan, the primary aim of the day is to 'hear from you' as to how we can improve working relationships and the network of care.

The rest of the day will be geared to providing an update in fetal and paediatric cardiology, together with insights into improving cross-site practice and shared-care.

The course is aimed at Obstetricians, Neonatologists and Paediatricians working with women whose pregnancies are complicated by congenital heart disease or with infants and children after birth.

The keynote lecture will be given by Professor Kypros Nicolaides, who will lead a host of speakers in the unique symposium.

**For further information and a full programme, please contact ICH events:  
E: [info@ichevents.com](mailto:info@ichevents.com)  
T: 020 7905 2675  
F: 020 7831 6902**

**6 July and  
28 October 2011  
at the Royal College  
of Paediatrics and  
Child Health**

## Children's Acute Transport Service (CATS) Regional Study Days

The CATs team are holding two regional study days aimed at improving skills and confidence in critical situations for children. For example, what to do if a two week old infant is pale, shutdown and unresponsive, or if a six-year-old attending an assessment unit has Sats of 80 per cent.

The day will consist of interactive discussions based on real cases and focusing on practical sessions on things that will really help. It is suitable for anyone involved in the treatment of children – paediatricians, emergency physicians and anaesthetists.

**For more information please contact Alan Beckwith on [queries@cats.nhs.uk](mailto:queries@cats.nhs.uk)**

**Tuesday 11 October 2011  
at the UCL Institute of  
Child Health**

## Open day for referring clinicians

In October we are holding an open day at the hospital so that we can share what we are doing to improve how we can work better together and also to give you an overview of some of the new research and treatments we are undertaking at the hospital and our research partner, the UCL Institute of Child Health.

There will be an opportunity to meet with individual clinical specialties that you may refer to and to hear about some of their latest work. You will also have an opportunity to raise any questions or suggest any improvements that you may wish to see.

The day will be a mix of plenary sessions, specialty meetings and a tour of the facilities if you wish.

**We will be sending you an invitation in a few weeks but in the meantime, please do put the date in your diary.**

Right: Mitchell is five years old, and is a patient on Elephant Ward. He is a big fan of Ben 10, and has brought his own Ben 10 duvet into hospital with him.



**Great Ormond Street Hospital for Children  
NHS Trust**

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## Contact

If you would like to make suggestions or give more feedback about your experience of the hospital, please contact either Barbara or Robert on the details below:

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