We all know the expression: “children are not little adults.” This is particularly true in medicine, and impacts on the vulnerability of children to medical error and harm resulting from care.
Four Unique Considerations for Paediatric Patient safety

- Children go through different physiological stages
- Drug dosing is weight dependent
- Children have different diseases
- Children rely on adults for their care

National Safety Standards
National Safety Standards

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Are the New Standards Child Friendly?
1. Governance for Safety

- Some applicability to children
- Governance system and framework NB
- Policies and procedures
- Incident management (RCA/ London protocol)
- Performance data (of what?)
- Regular clinical audit
- Safety and quality risks

2. Consumers

- Critical in paediatrics and child health
- How do we engage with parents?
- Where do we find parents?
- Older children/ young adults?
- Consumers on committees
- Listen & engage
- Partnering in care
3. Preventing HAIs

- Growing area of concern
- MRSA, VRE, EBL E Coli
- Hand hygiene program
- Antimicrobial stewardship programs NB
- Environmental cleaning
- Outbreak management and surveillance- measles, noro virus etc
- Aseptic technique
- Flu Vaccine ??

4. Medication Safety

- The BIG ticket item
- 10% of children will have medication error
- Gentamicin, Paracetamol. Insulin, Potassium
- Children’s Formulary
- Quality use of medicines program
- Safe prescribing guidelines
- Obesity guidelines
- Electronic prescribing
- PNIMC
5. Patient ID

- 3 separate forms of ID required
- Breast milk mix ups
- WHO surgical checklist
- Suitable patient ID matching system
- Wrist bands that don’t fall off

6. Clinical Handover

- Important for children world wide
- Communication breakdown cause of many incidents
- Shift work & changing physiology
- SBAR
- I-PASS bundle- Chris Landigran
- Hospital @Night program- GOSH
- Role of IT/ EMR
- Parents involvement?
7. Blood and Blood Products

- More adult focused
- Blood watch programs use adult Hb levels
- Transfusion stewardship for children??
- Indications, risks, availability
- PRBC, Platelets, FFP, intra-gam
- Information & consent
- Wastage and utilization
- “Conscientious objectors”

8. Pressure Injuries

- Good measure of nursing care
- Leave this one to adults
- Not core to children’s care outside ICU/rehab
9. Deteriorating Patients

- Lots of adults studies (MERIT etc.)
- Role of RRT in pediatrics controversial
- Cardiac arrest is rare – so what do we measure?
- Recognize AND respond
- Track and Trigger observation charts
- Age specific
- To score or not to score?
- BTF, PEWS etc.
- Parent activated RRT
10. Falls

- NB in adult care
- Falls assessment
- Keep the cot sides up
- NOT a pediatric big ticket item
Disease Specific Pediatric Outcome Measures - Meaningful Data

- Current focus on access metrics
- NEAT, NEST
- Move conversation to measurable outcomes that matter to children and clinicians
- Pediatric disease specific outcomes
- Cincinnati Childrens – over 100 conditions

Meaningful Data

- Data drives cultural change by identifying best and worst performers and learning from best
- Doctors are competitive by nature
- How do we measure physician performance?
- Do you know a below average pediatrician??
- Imaging in abdominal pain
- LOS for Asthma
High Reliability Pediatric Checklists
Standardize what you can

- Predictable ambush points in Pediatrics
- Admission, transfer, D/C, new DX
- WHO safe surgery checklist prototype
- Increased reliability with checklists
- What 2-3 processes would you target?

Questions?