Using Excellence Reporting to Improve Peri-operative Fasting Times in Paediatric Anaesthesia

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DEFINE

Prolonged fasting for clear fluids is bad for children. As well as increasing irritability pre-operatively; there is good evidence that it causes acidosis, hypotension and ketosis under anaesthesia[1].

With this in mind, recently the national guidelines for clear fluid fasting in paediatric anaesthesia have changed from 2 hours to 1 hour; in an endeavour to improve the current national mean fasting time of 7 hours[2].

DREAM

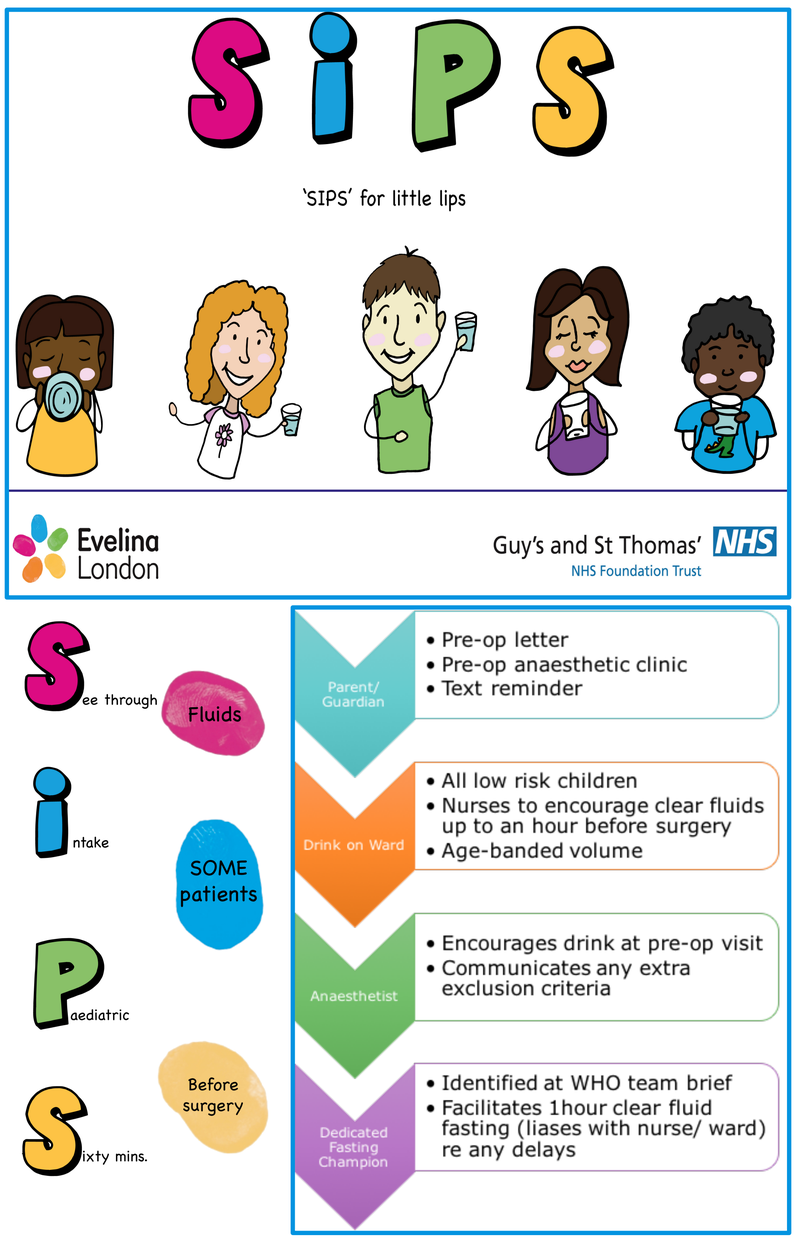
Our goal was to reduce our existing clear fluid mean fasting times for elective paediatric surgery at the Evelina Children's Hospital; from 6.4 hours to less than 3 hours, for the majority of our patients.

We knew that this would improve our patients' and families experience of their peri-opeartive stay and also reduce the afore-mentioned physiological deleterious effects.

DISCOVERING

Although the concept of our goal seemed simple, it proved challenging to implement change. This, we concluded, was attributable a very doctrined rule being changed and the fact that we had to educate multiple cross-specialties and health care providers regarding the new guideline.

In addition to dissemination of information and using a piloted approach to implement our guideline (by selecting certain lists on which to trial it), we used our Trusts' Excellence Reporting system to entice health care providers to achieve the best mean fasting times for their patients.



Figures 1&2: Paediatric Clear Fluid Fasting Guideline Campaign – 'SIPS for little Lips'.

Figure 3: Example of Excellence Award Certificate at The Evelina.

RESULTS

Piloted Lists using incentive tool:	Piloted lists using no incentive tool:
Total of 100 cases	Total = 20 cases
Median age 7.2yrs	Median age 7.2yrs
Mean fasting time 1hr 56mins!	Mean fasting time 3hrs 55mins
No cases of aspiration	No cases of aspiration

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Figure 4: Results of mean fasting times following piloted guideline; comparing ER incentive tool with none.

DESIGN

Data were collected prospectively over a 2 week period and all members of the theatre team (including anaesthetists, scrub nurses, theatre co-ordinator, recovery nurses, ward nurses and surgeon) were encouraged to work together as a team, using the developed guideline [Fig.'s 1&2]. An excellence award was generated for each member of the team with the best mean fasting times [Fig. 3].

In addition, we audited the mean fasting times of those lists using our new guideline, but not the excellence reporting incentive tool.

DESTINY

We found that by using excellence reports as an incentive tool, we were able to *surpass* our goal and reduce our mean fasting times to under 2 hours over the 2 week period.
This, compared to approximately 4 hours when not using the incentive tool [Fig. 4].

An excellence award was generated for each member of the team with the best mean fasting times. In doing so, we found that this further prompted future guideline implementation and information dissemination.

MESSAGE FOR OTHERS

By using excellence reporting in this manner at our Trust, we have improved awareness and use of learning from excellence, with an increased uptake in nominations.

We would like to continue to use excellence reporting for future guideline implementations and have gone on to undertake our first Appreciative Inquiry meeting in the Anaesthetic department.

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References

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2. Thomas M, Morrison C, Newton R, Ehrenfried S. Consensus statement on clear fluids fasting for elective pediatric general anesthesia. Pediatric Anesthesia. 2018, vol. 28 (5) (pg. 411-4).