Scottish Patient Safety Programme
Maternity and Children’s Quality Improvement Collaborative
Paediatric Care
Overall Driver Diagram
Overall Aim:
To improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all children and families across paediatric care settings in Scotland.

Outcomes:
1. Reduce avoidable harm and morbidity in children and babies by 30% by March 2019 (as defined by the sub aims below – how much by when to be determined locally.)

Sub aims:
1a. Reduce serious safety events.
1b. Reduce incidence of ventilator associated pneumonia.
1c. Reduce central line associated bacterial infections.
1d. Reduce harm from medicines.
1e. Reduce unplanned admissions to intensive care.

Primary Drivers
- Deterioration
- System Enablers
- Medicines
- Leadership And Culture

Secondary Driver
- Safe, effective and reliable care
- Teamwork, Communication and collaboration
- Person Centred Care

Change Package
- Reliable risk assessment and appropriate support for children.
- Reliable processes for the early recognition of deterioration using an early warning score system where appropriate, linked to an effective response system and supporting escalation processes & policies.
- Reliable processes to ensure safe transition between care provision teams and services.
- Reliable implementation of the best known evidence using care bundles.
- Children are cared for in the most appropriate care environment for their clinical condition.

- Reliable communication and collaboration between GPs, Scottish ambulance service, Public Health Nurses/Health Visitors and families across all care settings particularly at critical transition points in the care journey.
- Effective use of standardised communication processes (e.g. visual cues, safety briefings, de-briefings and safety huddles).
- Use of structured communication tools e.g. SBAR

- Develop a process for capturing user feedback to improve person-centered care.
- Parents are actively involved in decision-making and provision of care for their child.
- Ensuring what matters to the child and family is incorporated into daily care.
- Care should be delivered as close to the family home as possible.

- Build an infrastructure to support quality improvement
- Create a culture of safety
- Clinical leadership to drive improvement
- Develop a systematic process for learning from errors/failures
- Develop a measurement framework to guide improvement
- Engage GPs /Clinicians/ Public Health Nurses/Health Visitors/ in quality improvement