

Newsletter Issue 5 (May 2003)

Unit visits

Many of you will have already had the pleasure of our company on our unit visits. These are mainly to provide help, advice and support to everyone who is helping collect data for us.

During our visits we have been validating your data collection and entry. This is not meant to be a traumatic experience for any of you! It allows us to help you if there is an area of the data collection form that may be causing you problems. If you haven't already seen us keep a look out as we will be visiting all 29 units at least once during 2003.

Translations available

Parent / guardian and patient information leaflets are now available in the following languages: Urdu, Hindi, Punjabi, Gujarati and Bengali. If you require any copies of these, please contact Gill, our clerical administrator in Sheffield (tel: 0114 222 0769, e-mail: g.ryder@sheffield.ac.uk).

How many forms do I fill in?

Every child admitted to your unit should have a PICANet data collection form completed for every separate admission. For example if a child is on PICU then is discharged to a ward and is subsequently readmitted back onto your unit, this counts as TWO admissions for PICANet.

It has been brought to our attention that some units may discharge their children to theatres and then readmit them after their operation. This would count as TWO admissions for PICANet.

We will have a mechanism in place to pick these children up via the central database, to prevent them being double counted.

Time scales

For the PIM & PIM II physiological data items, the time scale for data collection is from the first face-to-face contact with your PICU doctor until up to one hour after admission to your unit. It is important that you record the FIRST

value for each variable measured within this time period. This will not necessarily be the first recorded value after admission to your unit, and could be out on retrieval, down in A&E, or on a ward within your hospital for example.

How many days?

It seems that calculating the total number of days for intubation and ventilation may have been causing some of you headaches. To try and make it easier for everyone, we plan to update the PICANet data collection forms to enable you to record the date and time of intubation and extubation under the intubation box on the intervention page. This should then make it simpler to calculate the total number of days intubated.

N.B. A day counts as any period up to midnight, e.g. intubated at 23.45 and extubated at 03.30 the next morning would equal 2 days. A sample of the updated form is enclosed with this newsletter, and we will be phasing in these forms over the next few months. Any comments you have on them would be greatly appreciated.

Retrieval

PICANet's definition of retrieval does not exclusively refer to retrieval by your own team, and would also include transfers in. On a transfer in, if the child is accompanied in the ambulance by medical staff from the referring unit, this would be classed as retrieval on the PICANet data collection form (either 'other specialist team' or 'non-specialist team').

Ventilation type

Distinguishing between 'invasive ventilatory support' and 'non-invasive ventilatory support' has also caused difficulties. The most common requests for clarification are as follows:

Nasal prongs: Non invasive
Short tube CPAP: Invasive
Swedish nose: None

E.g 1. A child is admitted with an existing tracheostomy. They are never

attached to a ventilator during their stay but do have a Swedish nose on. Whilst intubation would be 'yes', this would NOT be recorded as invasive ventilation.

E.g 2. A child is admitted and is intubated with an ET tube for 20 days. For 13 days they had set breaths from a ventilator. For a further 4 days they remained on the ventilator but were only given CPAP. For the final 3 days the ventilator was removed but the ET tube remained in situ with a Swedish nose attached. Whilst intubation would be 'yes' for 20 days, invasive ventilation days would only be 17.

Tracheostomy

Just a reminder that this box should only be ticked if this child has a tracheostomy performed during their admission to your unit.

Coding

Primary reason for admission cannot be a surgical operation or procedure. The actual condition needs to be recorded as the primary reason, and any operations/procedures recorded under other reasons for admission. We have tried to make this clearer on the proposed new style data collection forms (sample attached), and again, any comments would be welcome.

Should you be unable to find a condition on the NHS Clinical Terms Browser, we would ask that you submit details to the NHS Information Authority (responsible for updating the browser). This can either be done online (www.nhsia.nhs.uk/terms/), or alternatively, a hard copy of the form (available from PICANet) can be submitted.

Consent study

PICANet has support under Section 60 of the Health & Social Care Act, meaning consent is not required to collect personally identifiable data items at present. Five units are participating in PICANet's 'Consent Feasibility Study' (for a 3-month period), to see how difficult it would be to gain consent for every admission to PICU.