

Supporting quality: PICANet's key metrics

PICANet reports on a number of key metrics relevant to paediatric critical care (PCC) services and in order to support good quality data collection and local quality improvement we tailor validation queries and provide guidance in support of these areas.

Here we outline the processes and quality improvement resources available to aid participating organisations to collect complete, good quality data that feeds into the metrics and respond to areas that show as a cause for close monitoring or concern for the following metrics:

- Timeliness of data submission
- Mortality in PICU

Timeliness of data submission

PICANet has an active role in ensuring adherence to the Paediatric Critical Care Society Quality Standards (2021), L3-702 and L2 – 702 that the service should collect and submit PICANet, 'as soon as possible and no later than two months after discharge from the PCC Unit' [1].

In addition, the Level 3 PCC Specialised Services Quality Dashboard (SSQD) metric definitions (2022/2023), Code PIC10a requires the PCC unit to look at the proportion of complete data submissions within two months of discharge [2].

To monitor and maintain these standards PICANet carry out:

- Six weekly validation returns to the PCC teams informing them of their data timeliness and whether they have met these standards.
- Virtual validation visits. Every 12 – 18 months PCC units will have a virtual validation visit with members of the PICANet team which looks at the timeliness and completion of data. This visit allows for the PCC team to compare patient notes and observations with those entered onto PICANet Web, review case ascertainment, and raise any outstanding issues.

Mortality in PICU

PICANet's *RSPRT Guidance for Units* is a quality improvement guide outlining a process to follow in case of an alarm or reset (cause for concern) of a risk-adjusted resetting sequential probability ratio test (RSPRT) plot. This is PICANet's main cause for concern guidance.

PICANet contact each PICU quarterly to inform them of their current RSPRT status which will be one of the following:

- satisfactory performance
- cause for close monitoring
- cause for concern requiring internal review (positive/negative)

Having a cause for concern RSPRT status does not mean that the PICU will be identified as a potential outlier in the formal outlier analysis which is based on standardised mortality ratios. A key departure of *RSPRT Guidance for Units* from PICANet's main Outlier Policy is that the response to RSPRT signals is not prescriptive, given the variety of triggers and reasons for them. Nevertheless, full investigations by units are expected when they are advised to do so, with PICANet available to provide support.

References

1. Paediatric Critical Care Society, PCCS Quality Standards for the care of Critically Ill or Injured Children (6th Edition). 2021. Available from: <https://pccsociety.uk/wp-content/uploads/2021/10/PCCS-Standards-2021.pdf>
2. NHS England Specialised Services Quality Programme, Specialised Services Quality Dashboard (SSQD) Metric definitions 2022/2023, Level 3 - Paediatric Critical Care (PCC) <https://www.england.nhs.uk/wp-content/uploads/2022/04/Level-3-Paediatric-Critical-Care-PCC.pdf>

Associated documents

1. PICANet Key Metric Definitions
2. PICANet RSPRT Guidance for Units
3. PICANet Outlier Policy