PAPAYA

PAediatric UnPlanned DAYcase Admissions

Clarifications

Below is a list of clarifications following queries from a few centres that we felt would be useful to share with everyone.

- We are looking at unplanned admissions after a day case general anaesthetic (GA), i.e. failure to be discharged home on the day of GA. If a patient is subsequently readmitted after being discharged home, we are not collecting this data.

- The age range includes 0 – 16 years (until 16 years and 364 days). I.e. not 17 years.

- We are *not* including private patients

- We *are* including weekend work, including waiting list initiative work

- We want information regarding each unplanned admission collected on the unplanned admission proforma.

- Pre assessment - it has come to our attention that people have varying definitions of this and so we have decided that we want you to record *any* pre assessment for simplicity. This can be nurse or anaesthetist led. It can be anaesthetic driven or not. So remember that we want to know how many pre assessment sessions have taken place in the 6 week period.

- If the patient is admitted to an inpatient ward in the evening because recovery / the day ward are closing, but they still go home before midnight, they are not an unplanned admission. They will only be an unplanned admission if they have spent the night in hospital. Admission to an inpatient ward for a couple of hours does not count.

- Don't forget to capture your emergency day cases. You may need to retrospectively judge whether the procedure would have been meant to be completed as a day case, if the booking information does not record this. (An area of potential inaccuracy we are aware of)

- The data for **all** the day cases occurring (successfully or unsuccessfully discharged) will be listed on the excel spreadsheet. Any data manually collected on the clipboard data charts must be added to the spreadsheet.

- All patient hospital numbers, date of admission, procedure, discharge and dates of birth **must** be removed before submitting the data. These columns are highlighted on the excel chart to remind you. You are collecting the data initially to provide you with the details to confirm day cases and unplanned admissions, and allow you to search for other missing details. Before removing this data there is a column to identify unplanned admissions that you should complete.

- Each centre will be issued with individual secure logins (to either the trainee lead or if there is none, the consultant) to allow upload of your unplanned admissions data via REDCap.

- Do not upload to REDCap from your phone. The database has not been designed for a phone and the layout will not be user friendly.

- All data must be submitted via an NHS computer to the secure data portal, for data security reasons.

- The excel spreadsheet and summary of your dataset will require a link to the safe data portal and that will be issued at the end (via ZendTo). All the data will reside within the University of Aberdeen

- The HRA decision tool confirms PAPAYA is not research and hence does not require ethics approval. Please see the PAPAYA website for a copy of the decision. http://www.apagbi.org.uk/professionals/trainee-section/research-network-patrn/papaya

- As PAPAYA is an audit rather than research (as above), Good Clinical Practice (GCP) training is not essential for data collectors.

- Some centres have requested permission to use their own data locally and wider. Firstly we are extremely grateful that you have chosen to collaborate on this project with us and we will recognise that with collaborator status on publications, your name on our webpage and certificates.

  Secondly, you do own the data from your hospital and we really want you to use your data locally to drive quality improvement work.

However, we are aiming to publish this national project together with everyone's contributions acknowledged for the benefit of all. As we must be cautious of double publishing we might have to exclude data that has already been presented.

We would like to recommend that you propose your ideas to PATRN before submitting work anywhere and from there we would have a discussion. Ideally, in the ethos of collaborative work, we would all get the biggest impact from this work if the complete dataset is published first. Of course, going forward you may have some amazing quality improvement stories to tell and we would fully support that.