



Emergency Department Paediatric Models of Care

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Campbelltown Hospital
Level 4 Metropolitan & Outer Metropolitan
Paediatric Units (MP4)

ED Leadership Forum

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Background & Project Objectives

NSW Paediatric NEAT 2013 (Target 71%)

MP4 Total **75.8%**

MP4 Inpatient **36.5%**

210,559 ED paediatric presentations

2014 expected NEAT 81%

NSW K&F – MP4 – ECI project group initiation

To investigate paediatric Models Of Care (MOC) compatible with NEAT and generate recommendations for governance and implementation

The Emergency Short Stay Unit / Emergency Medical Unit

To what extent is the PSSU already implemented in MP4 units?

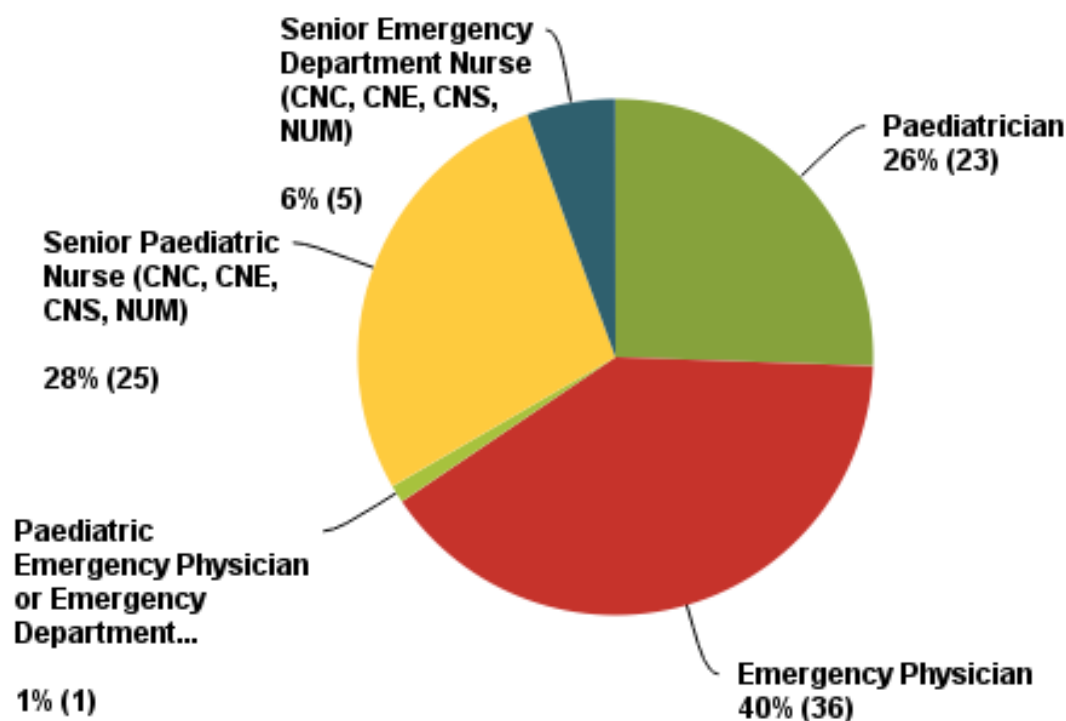
Can the adult model be simply translated into paediatrics?

If not, how should it be different?

Surveying all Stakeholders

Q1 ED Paediatric Models of Care Survey Study Population

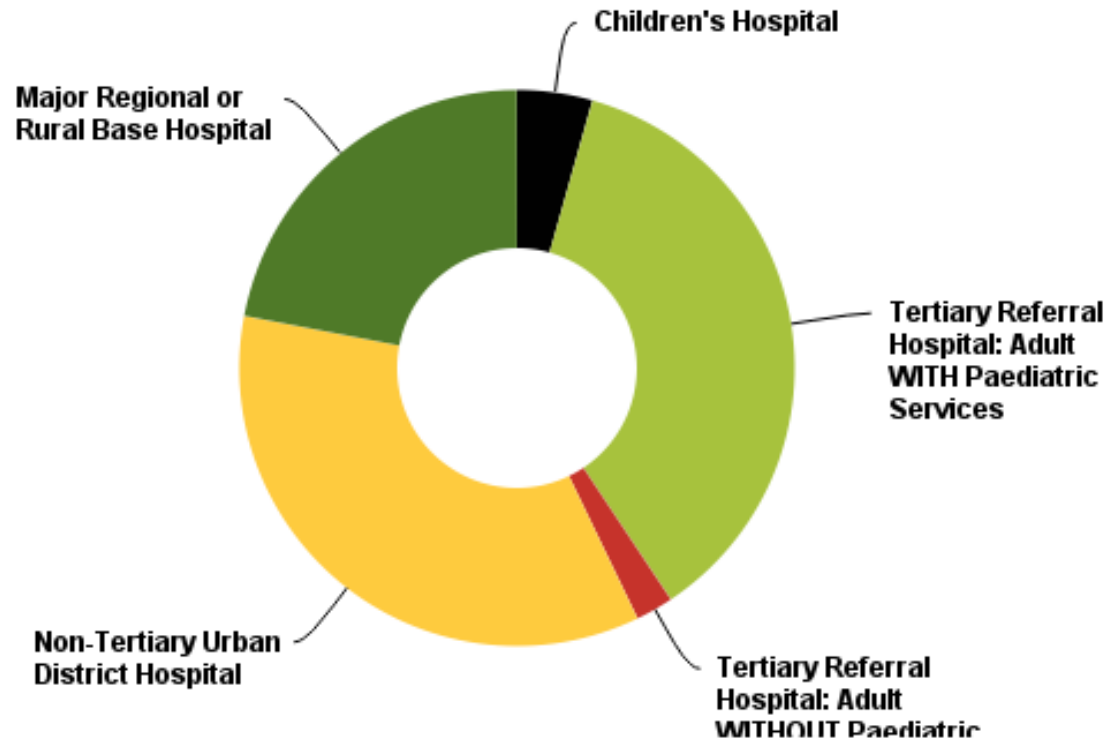
Answered: 90 Skipped: 3



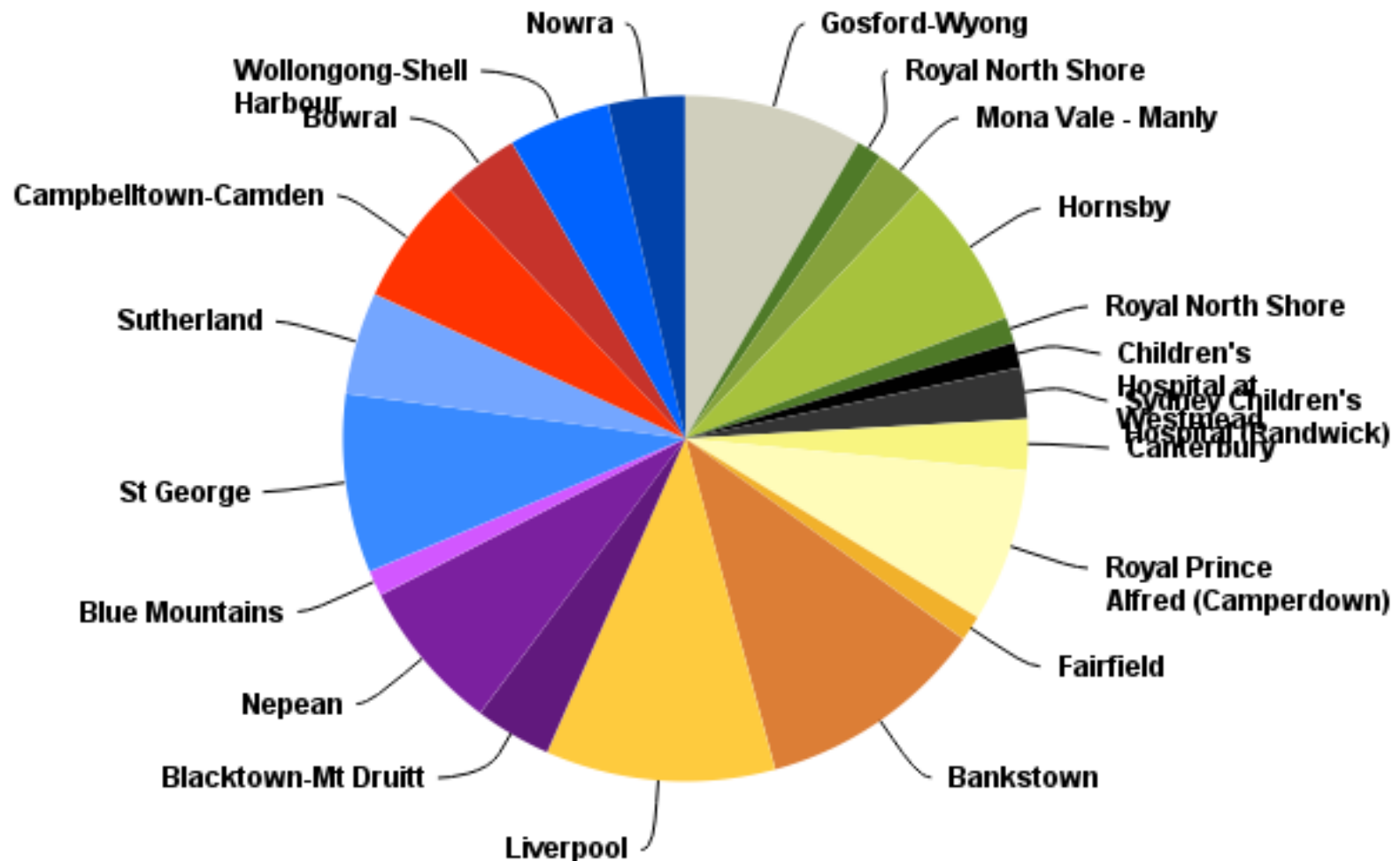
Was the right population surveyed?

Q2 Workplaces of Respondents

Answered: 91 Skipped: 2



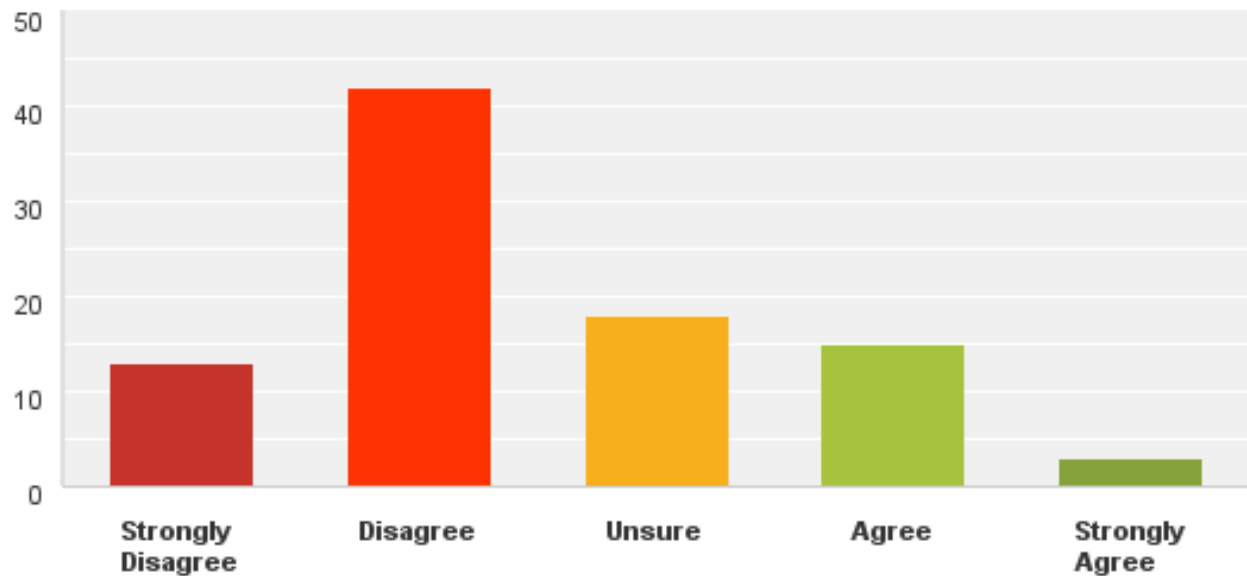
Was the right population surveyed?



What attitudes exist towards NEAT?

Q4 'With current models and resources for paediatric presentations to my hospital's Emergency Department, the 90% NEAT will be achievable by 2016'

Answered: 91 Skipped: 2



Comments towards NEAT

Resourcing Required (60%)

Inadequate inpatient beds, medical and nurse staffing

Current Models of Care (25.7%) NEAT incompatible

Decision making issues (14.3%)

CPGs not in line with NEAT

Longer periods of observation required prior to admit decision

Poor access to surgical reviews

Patient Flow issues (17%)

Between The Flags prohibitive

Perception of 'Walls' from inpatient units

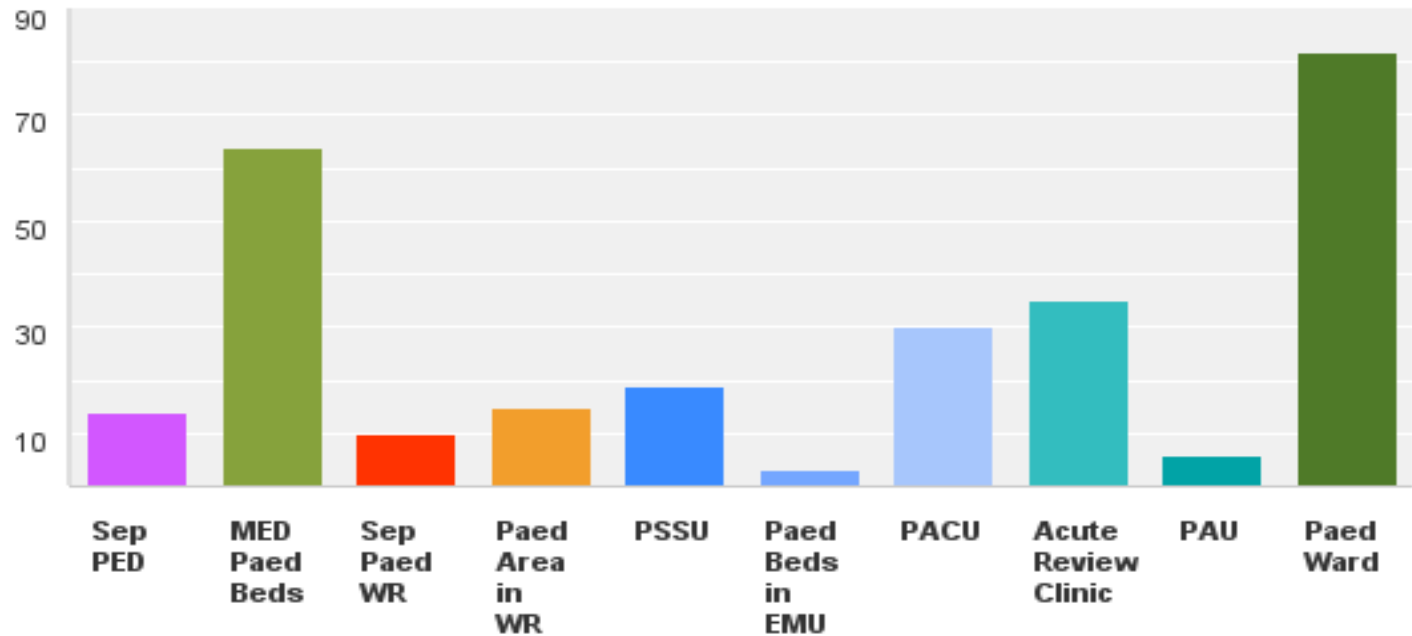
Population Growth issues (11.4%)

Demand rapidly outgrowing supply

What Paediatric MOCs already exist?

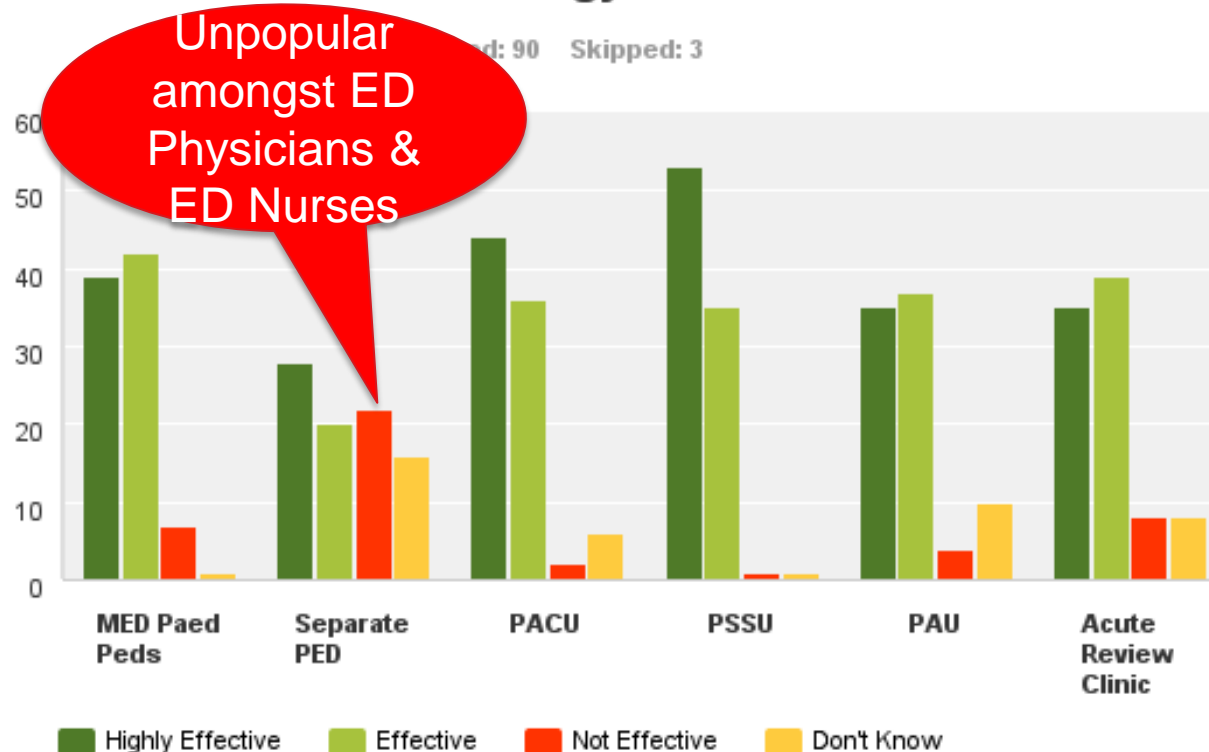
Q5 Prevalence of Paediatric NEAT Strategies

Answered: 90 Skipped: 3



What the MOC stakeholders think are worth developing?

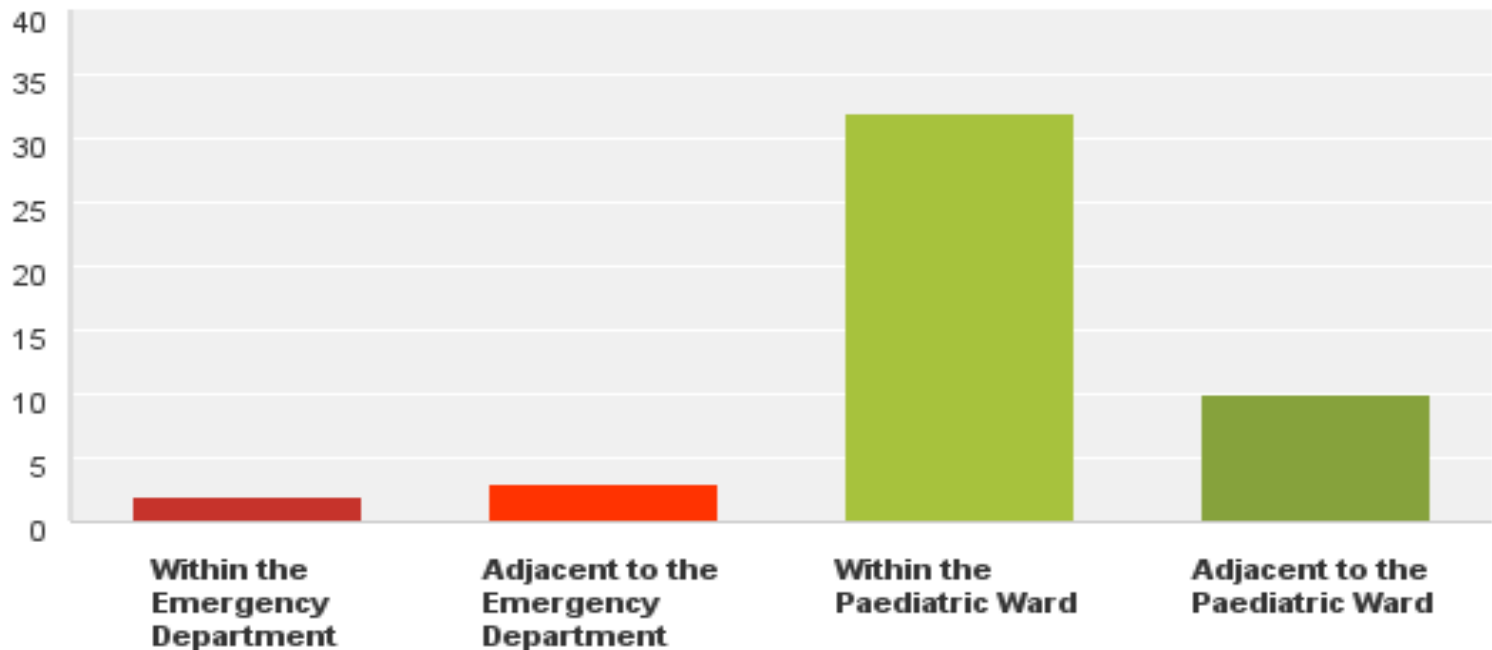
Q14 Perceived effectiveness of NEAT strategy



Where do current PSSUs exist?

Q6 Location of current PSSUs

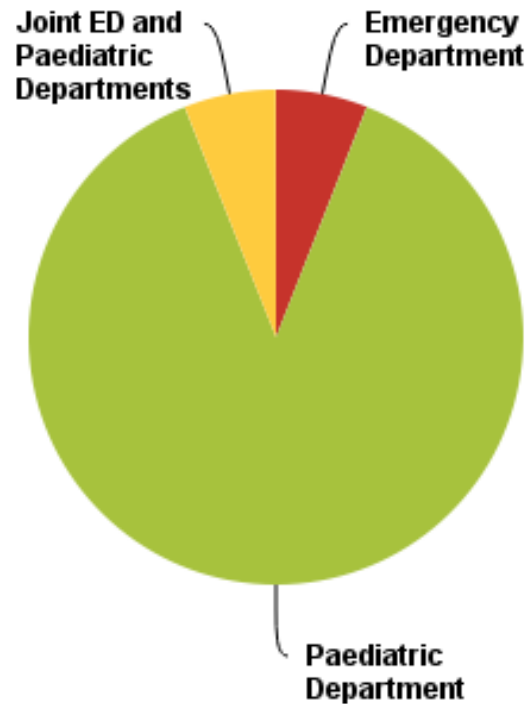
Answered: 47 Skipped: 45



Who Governs current PSSUs?

Q8 Current PSSU Governance

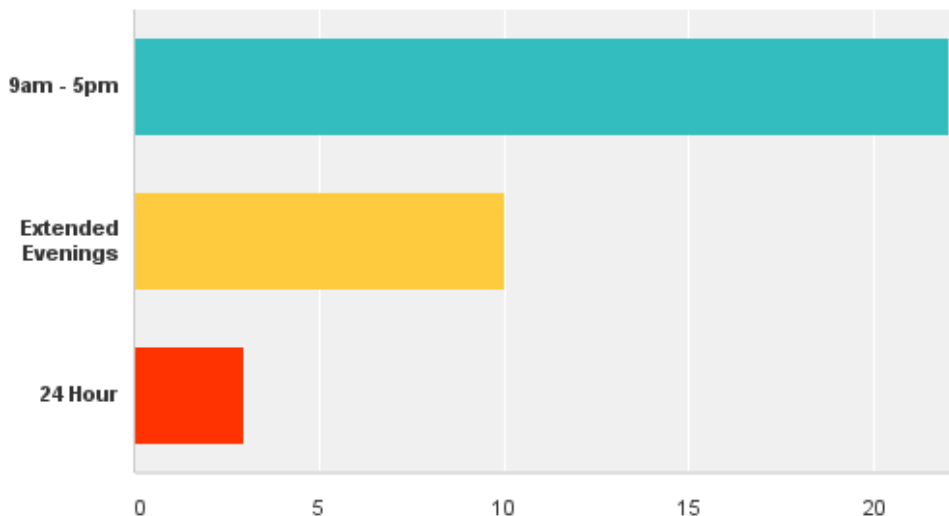
Answered: 50 Skipped: 43



When are existing PSSUs operating?

Q9 Current PSSU operational hours

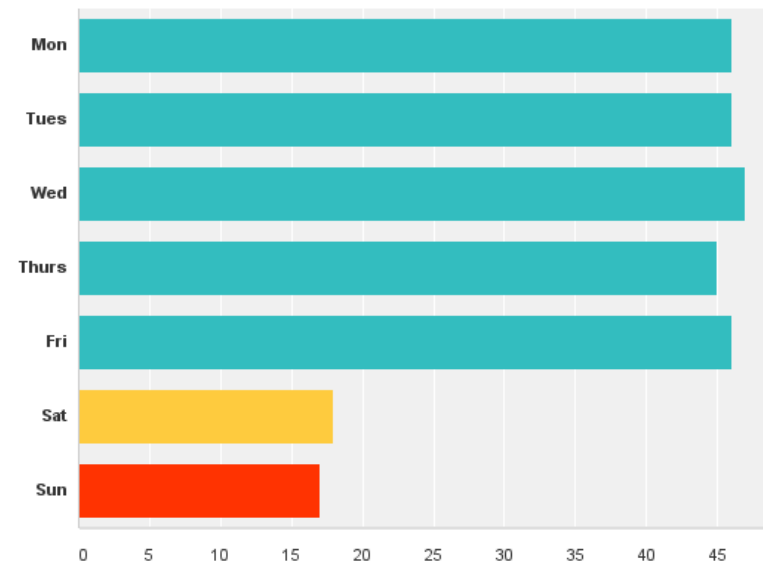
Answered: 35 Skipped: 57



Hours of Operation

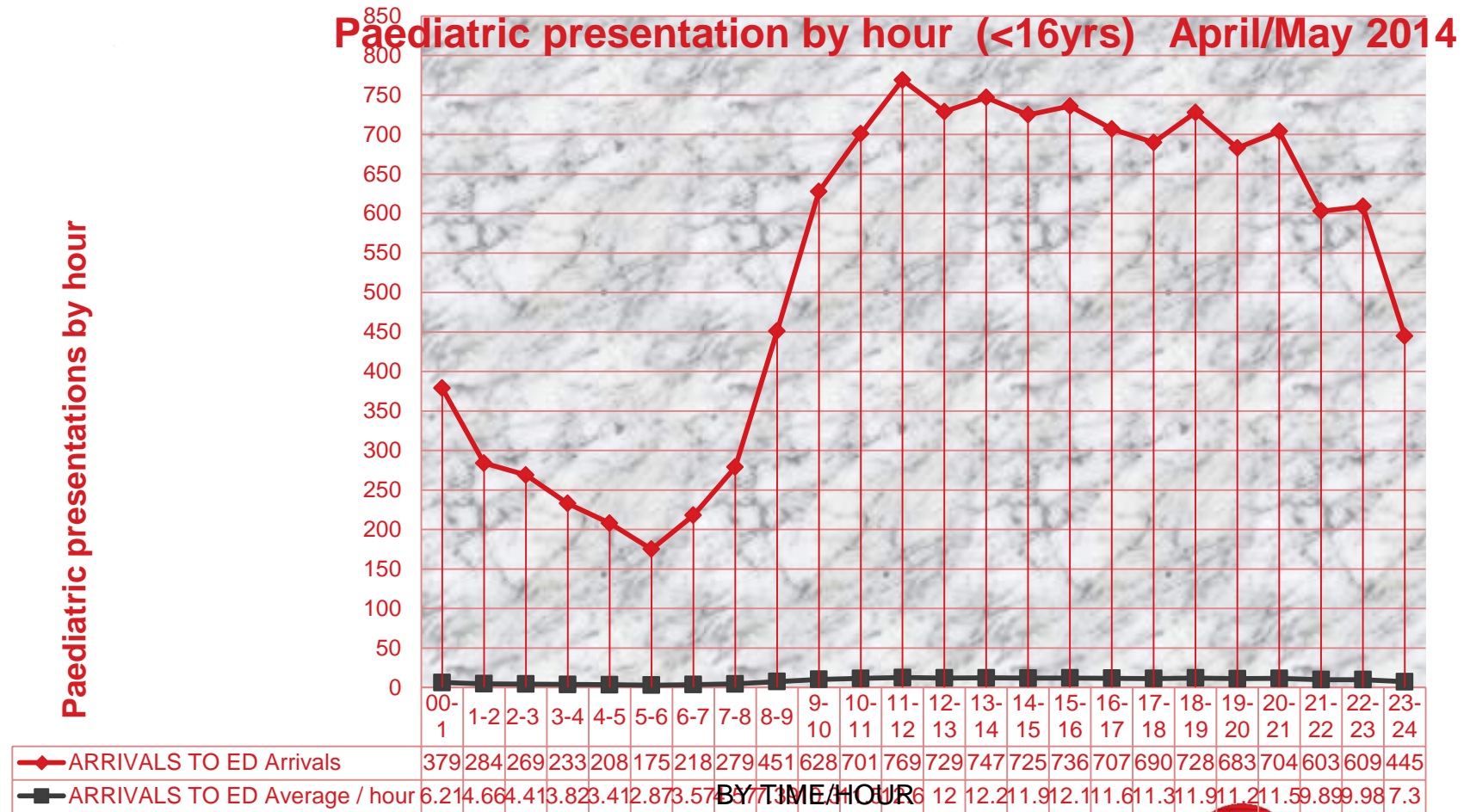
Q10 Current PSSU Days of Operation

Answered: 48 Skipped: 44



Days of Operation

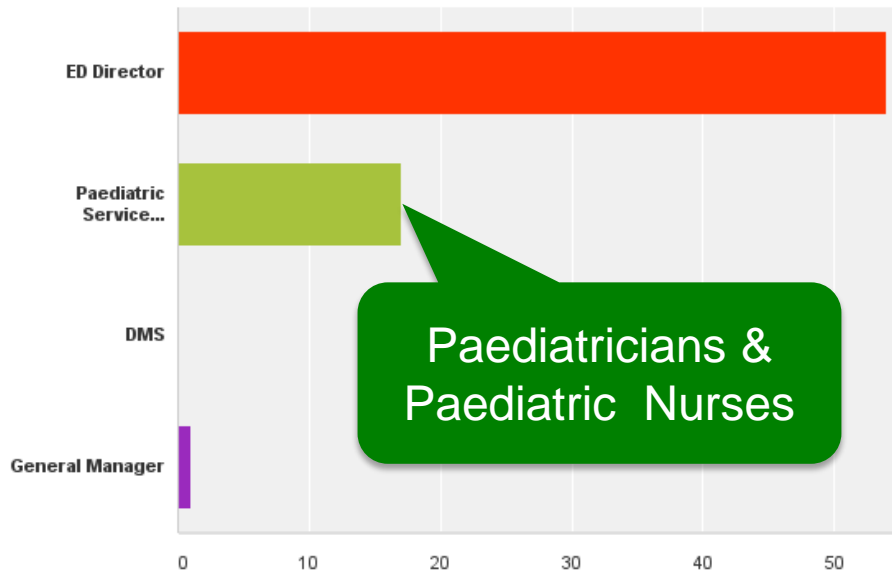
So when is the PSSU actually required?



How should PSSUs be governed?

Q11 Opinions on Optimal Governance for PSSU within or adjacent to the ED

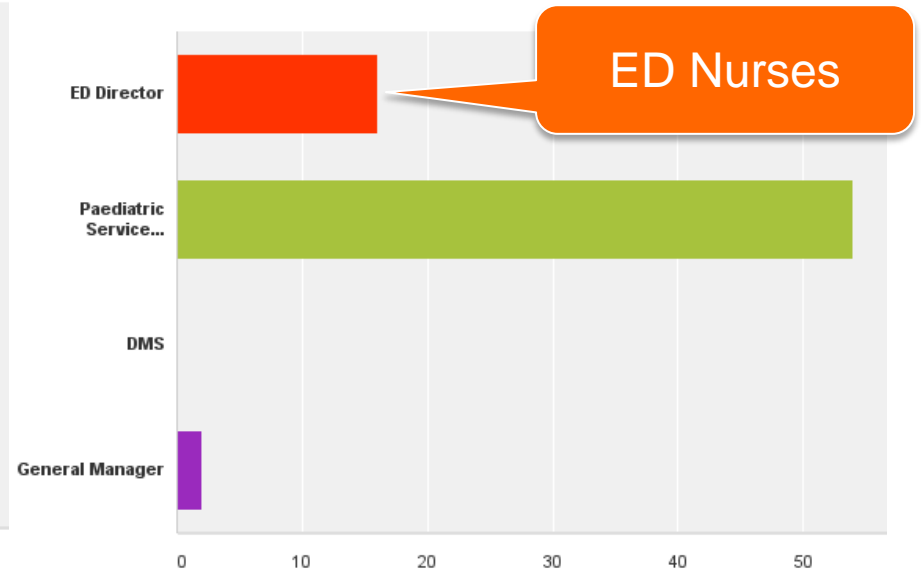
Answered: 72 Skipped: 21



**Emergency Department located
- > ED Governance**

Q12 Opinions on Optimal Governance for PSSU within or adjacent to the Paediatric Ward

Answered: 72 Skipped: 21

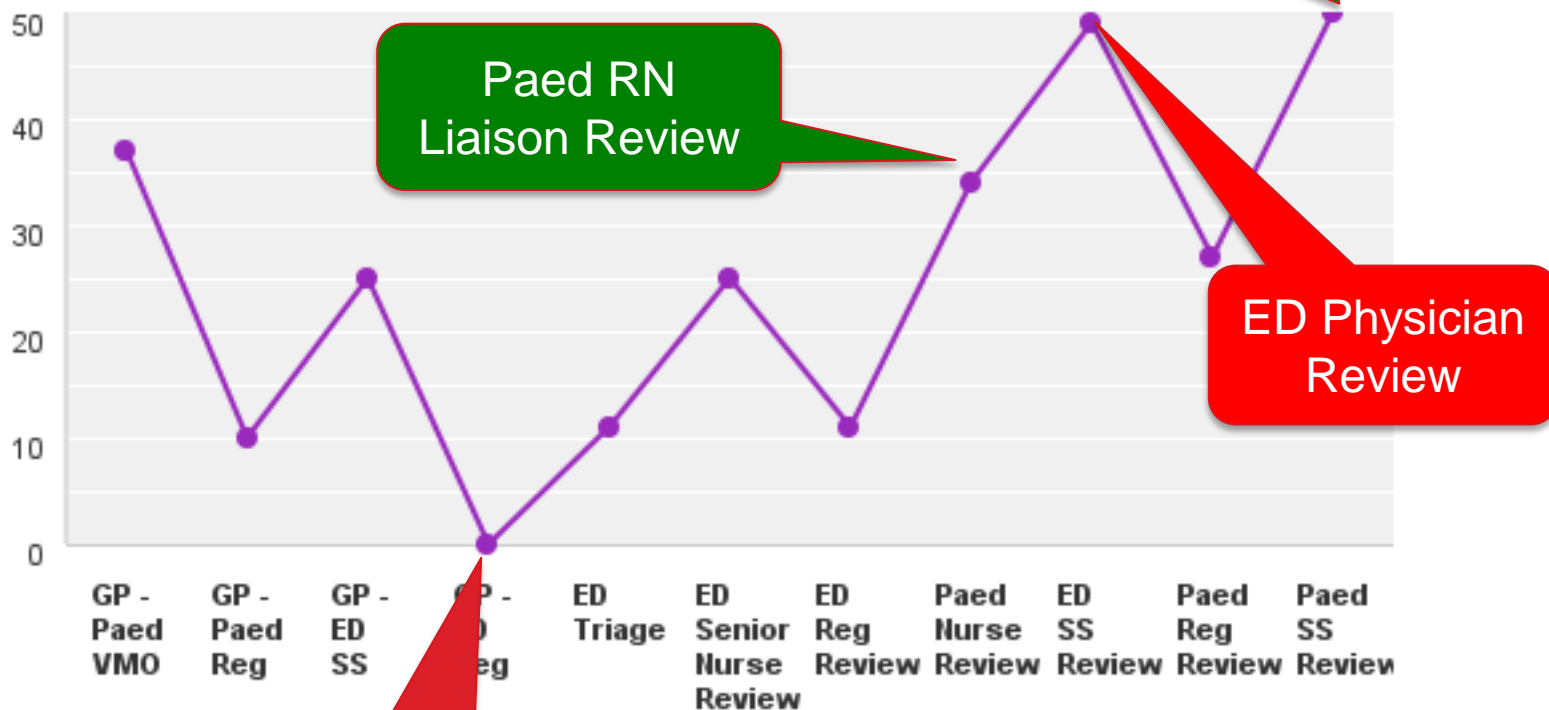


**Paediatric Precinct located
- > Paediatric Governance**

'Decision to Admit' to PSSUs

**Q13 Perceived appropriateness for
'Decision to Admit' along Patient Journey**

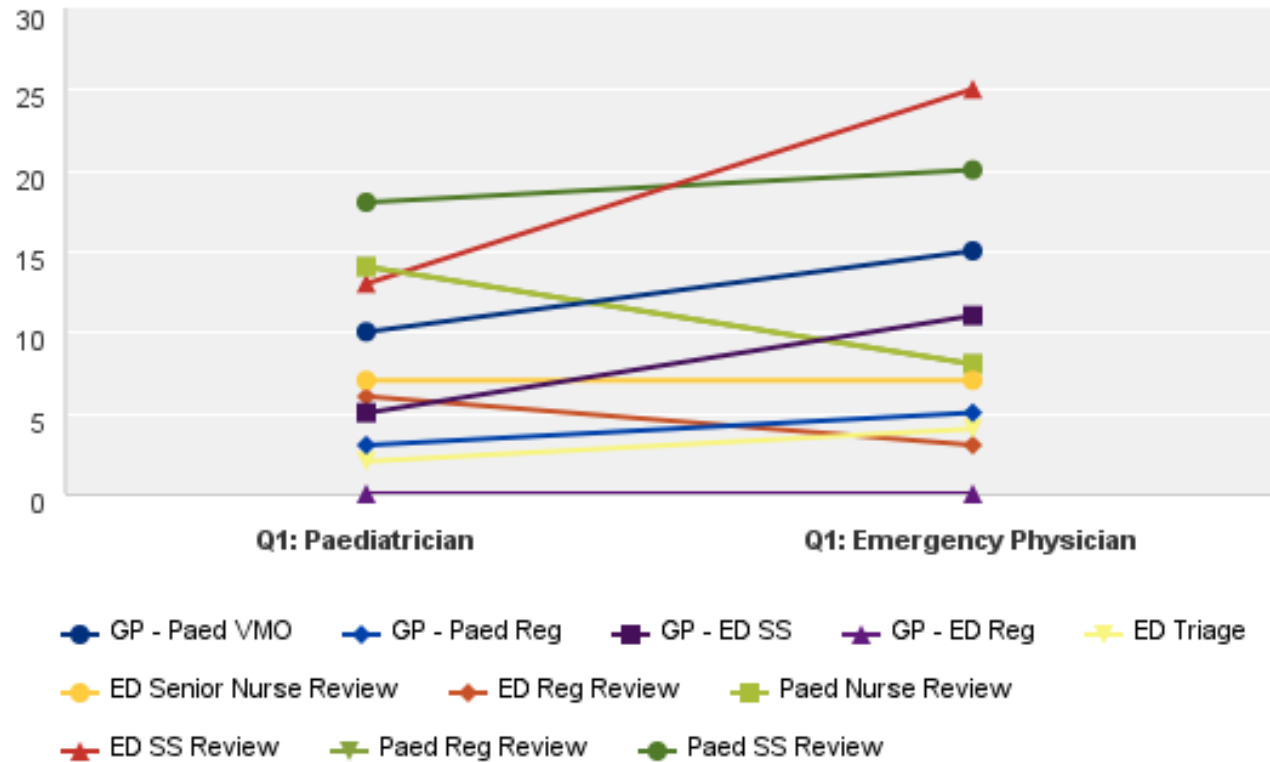
Answered: 77 Skipped: 16



Differences of Opinion

Q13 Perceived appropriateness for 'Decision to Admit' along Patient Journey

Answered: 53 Skipped: 6



Survey Conclusions

Already existing PSSUs are mostly located in or adjacent to inpatient paediatric areas and governed by paediatric services

Either ED or Paediatric governance are both considered appropriate for PSSU implementation and preference can be based on physical location within the facility

Other NEAT strategies thought to be favorable were:

Acute Review Clinic
PACU (HITH)
PAU

Early PSSU admission after ED presentation through review by either an ED Physician or a consultant Paediatrician are agreed as acceptable events for 'Decision to Admit' to occur

Review by a Paediatric nurse or direct communication between the GP and admitting Paediatrician are considered to be suitable events also

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