Kids – Who Cares? Navigating Paediatric Admission from Emergency

Addressing National standards - 2 Partnering with consumers, 5: Comprehensive care, 6: Communicating for safety and 8: Recognising and responding to deterioration.

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Case for change

Only 9-17% of children 0-5yo presenting to CCLHD Gosford Emergency Department (ED) requiring admission are admitted to the Paediatric Inpatient Unit (PIU) within 1 hour from the First Net ED 'End of treatment to depart/admit'. Some children spent >12 hours in ED waiting for a bed after this.

Patients: Extended stays in ED are associated with poorer health outcomes. Children in ED are exposed to a range of distressing sights, sounds and experiences.

Staff: Found it 'easier to get a sick child home then to get a sick child into a bed in the Paediatric Inpatient Unit'.

Organisation: CCLHD was not achieving the required NSW Health Emergency Treatment Performance (ETP) benchmark of 50% of children admitted to the PIU within the recommended hour.

Service providers worked in silos, and communication pathways were poor, impacting on patient flow.

Paediatric patient flow needed to become everybody's business to enable coordinated and seamless care provision and timely transfers into the PIU.

We got to ED at 9am and then finally got a room at 10pm"

Goal

To implement a process where children 0-5yo identified as needing admission arrive in the PIU within 1 hour of the decision to admit.

Objectives

The number of children 0-5yo being admitted to the PIU via the ED within 1 hour will be increased from 9% to 50% by June 2023.

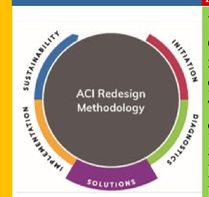
Method

Identified need for formation of an Implementation team linked with IMPACT Project aligned with solutions:

- Establishment of set times for Paediatric Inpatient Unit multi-disciplinary huddles
- Introduction of a Care Navigator Role across ED and PIU.

Sustainability to be managed by implementation team and IMPACT

Identifying and engaging stakeholders, scoping and defining project.



7 focus groups
6 staff surveys
8 Staff interviews
9 consumer interviews
Tagalongs
9 Consumer Surveys
50 file Audits
First Net Data Reports
PIU Admission/ Discharge records

Blitzes and brainstorms with steering committee
Blitzes with focus groups
Literature search and benchmarking with other local health districts
Prioritisation and voting using MentiMeter.
Solution generation (73 generated), Theming of solutions (7 identified)
Prioritisation matrix and steering committee vote
2 Solution statements developed.

Results: Our Vision for a Child Friendly Admission Journey

"The ED was very noisy, there were people everywhere, babies and kids all crying. Lights on all the time.

Emergency Departments are scary places for little children and their parents too, leaving them worried about their health care. *"The ED was very noisy, people everywhere, babies and kids all crying. Lights on all the time."*

And it can take a long time to get a bed in the Paediatric Inpatient Unit when admission is required. *"We got into ED at 9am then finally got a room at 10pm."* ***Only 9-17% reach the bed in under 1 hour and some wait up to 24 hours***

"It is easier to get a sick kid home then it is into the ward"

Leaving our staff feeling frustrated with the barriers to transfer to the Paediatric Inpatient Unit.

What If....

We found a way to get children where they need to be faster and with improved consumer experience for them and their carer's.

And everyone works together so...

That kids have a timely transfer of care out of the ED to a less intense and stressful environment with caregivers feeling more empowered and informed.

She was really scared. Once we got to the ward she was able to settle.

Reviewing / streamlining organisational workflows and competing priorities reducing confusion and frustration for staff.

Our Solutions

Solution 1:
Establish set times for Paediatric Inpatient Unit multidisciplinary huddles twice a day.

- Develop a guideline to describe process.
- Team leader to update the patient flow portal during each huddle.
- Develop template for use with Specialists
  - Criteria for escalation
  - Criteria for discharge
  - Social issues impacting on care.

Solution 2:
Introduction of a care navigator role to work across ED and PIU.

- Support staff delivering care in ED.
- Negotiate and agree to transfer times
- Identify children who may be suitable for other models of care outside of PIU.
- Facilitate journey from ED to PIU.
- Understand the ED and PIU models of care.

The Project Team is reconfiguring to become an implementation team under the umbrella of the CCLHD IMPACT (Improving Patient Access, Coordination and Transfer) Program.

There was an identified need to transition to an implementation team with realigned governance in order to implement the proposed solutions. Discussions occurred with existing IMPACT program to explore alignment of proposed solutions and to progress implementation.

If taken up the IMPACT Program will provide guidance regarding the:

- Identification and building of a relevant implementation team.
- Support with realignment of governance.
- Support for Implementation team.

The existing Program Team will:

- Explore funding opportunities to support the Care Navigator Role as there is no current funding available.
- Develop and trial a draft huddle template using plan-do-study-act (PDSA) cycles.
- Data monitoring and reporting results.

Acknowledgements

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Diagnostics

During 2020 26,933 children were admitted to PIU via ED. 14.85% requiring admission to the PIU.

By 2031 the paediatric population is predicted to increase by 11.5%.

Gosford PIU is the only designated paediatric inpatient unit and therefor accommodates all disciplines/treatment modalities.

The biggest contributor to ETP breach was the inability to get children into the PIU once the ED Treatment complete to depart / admit stage is reached.

6 root causes identified and voting selected top two priorities:

- There was no single communication point for paediatric care providers to enable collaborative care planning for patients in the PIU.
- Allocation of beds in the PIU is generally in response to the staffing matrix and there can be challenges flexing up and down.

Planning and implementing solutions

- IMPACT Program discussion 26th October.
- Development of huddle template for the PIU.
- Implementation team to be formed.
- Governance pathway to be confirmed for Care Navigator Role.

Sustaining change

Identifying change agents.

Utilise ACI targeted Reinforcement Index to formulate appropriate reinforcement strategies implementable across a range of clinicians and services.

Conclusion

- Trust the methodology.
- Having consistency of Sponsor is important.
- Improving ETP is a priority for CCLHD.
- Keep focus on the child's journey.
- The proposed solutions closely align with the larger CCLHD IMPACT program implementation plan.

Other LHDs are experiencing similar issues and also exploring similar solutions, e.g. SWSLHD, ISLHD.

The biggest learning from this project was that to do a project properly takes a lot of time and energy, especially in a pandemic. Services were under additional pressure and change fatigue amongst staff and staff secondments impacted heavily.