Emergency Department
Paediatric Models of Care

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Level 4 Metropolitan & Outer Metropolitan Paediatric Units (MP4)

ED Leadership Forum
Friday 27 June 2014
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

- Paediatrician: 26% (23)
- Emergency Physician: 40% (36)
- Senior Paediatric Nurse (CNC, CNE, CNS, NUM): 28% (25)
- Senior Emergency Department Nurse (CNC, CNE, CNS, NUM): 6% (5)
- 1% (1)

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Emergency Care Institute New South Wales
Was the right population surveyed?

Q2 Workplaces of Respondents

Answered: 91  Skipped: 2

- Children's Hospital
- Tertiary Referral Hospital: Adult WITH Paediatric Services
- Tertiary Referral Hospital: Adult WITHOUT Paediatric Services
- Non-Tertiary Urban District Hospital
- Major Regional or Rural Base Hospital
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

Unpopular amongst ED Physicians & ED Nurses
Where do current PSSUs exist?

Q6 Location of current PSSUs

Answered: 47    Skipped: 45

- Within the Emergency Department: 0
- Adjacent to the Emergency Department: 0
- Within the Paediatric Ward: 40
- Adjacent to the Paediatric Ward: 10

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Emergency Care Institute
NEW SOUTH WALES
Who Governs current PSSUs?

Q8 Current PSSU Governance

Answered: 50  Skipped: 43

- Joint ED and Paediatric Departments
- Emergency Department
- Paediatric Department
When are existing PSSUs operating?

**Q9 Current PSSU operational hours**
- Hours of Operation:
  - 9am - 5pm
  - Extended Evenings
  - 24 Hour

**Q10 Current PSSU Days of Operation**
- Days of Operation:
  - Mon
  - Tues
  - Wed
  - Thurs
  - Fri
  - Sat
  - Sun
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

ED Director
Paediatric Service...
DMS
General Manager

Paediatricians & Paediatric Nurses

ED Nurses

Q12 Opinions on Optimal Governance for PSSU within or adjacent to the Paediatric Ward
Answered: 72  Skipped: 21

ED Director
Paediatric Service...
DMS
General Manager

Emergency Department located - > ED Governance

Paediatric Precinct located - > Paediatric Governance
‘Decision to Admit’ to PSSUs

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

Answered: 77    Skipped: 16

- GP consulting
- ED Registrar
- Paediatrician review
- Paed RN Liaison Review
- ED Physician Review
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.