PASS >>>>
Paediatric Access Support Service

The Sydney children's Hospitals Network
care, advocacy, research, education

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Case for change

Sydney Children's Hospitals Network (SCHN) provides tertiary paediatric healthcare services for children across NSW. Approximately **15 children per day** are transferred from local health district facilities for care at one of its two specialist children's hospitals.

Families have reported unnecessary movements, repetition of diagnostics and **delay, with transfer requests often taking hours to arrange**. As one mother described "*we've had [transfers] that have taken ten hours to get down there, and you spend another 10-15 hours in ED*".

Clinicians report spending **hours a day in transfer discussions**, with a variety of staff – medical teams, bed manager, Emergency Department (ED) staff – receiving transfer request calls and no agreed process to follow. It can take up to eight calls just from the bed manager to organise a single transfer and there is no systematic approach to understanding demand across SCHN at any one time.

There is **little consistency in assessing the urgency** of transfer need, which cases to accept under which circumstances, and which team should have the responsibility to admit the child. Families have noted that they often **wait in local hospitals** for hours while an admitting team is being identified.

What we've found

- There is limited documentation of communication and agreed care plan during transfer requests.
- Transfer request calls are received by 54 individual teams across the Network.
- Staff and families report chronic patients face extended stays within ED, waiting for teams to decide who will admit under what team. Each ED presentation adds a minimum $449 to the cost of treatment.
- 15 times more patients are transferred in than out – patients are not transferred back to local hospitals when they no longer need tertiary care.

High level process map

Identified need for transfer → Request to transfer → Patient transfer accepted → Patient transfer and arrival → Patient care → Discharge planning → Patient discharge or planning

What we've heard

- "*NETS are often more helpful to call for advice than SCHN.*"
- "*The biggest issue is getting in contact with someone who knows the kids and will accept the transfer.*"
- **48%** of patients have experienced some delay during their transfer.
- **75%** of patients would prefer to be transferred back closer to home when safe to do so.

KEY ISSUES
Assessment of need to transfer and urgency is inconsistent
Systems and documentation are isolated and do not follow the patient
ED and General Medicine seen as the default entry points for transfer

Diagnostics

Goal

By August 2021, paediatric patient transfers to and from Sydney Children's Hospitals Network will be coordinated, safe and timely.

Objectives

By August 2019:

- The number of transfer calls prioritised using a standardised assessment of urgency and need for tertiary care will increase from zero to 85%.
- Urgent transfers completed outside the target timeframe of 24 hours will be reduced from 17% to 0%.
- Patient and family reported satisfaction with their transfer experience will exceed 90%.

Method

DIAGNOSTICS	
High level process mapping sessions (n = 2)	Family transfer experience surveys (n = 26)
Medium level process mapping sessions (n = 2, 21 participants)	Existing data review (MSAU, IIMS, Patient Flow Portal)
Family and consumer interviews (n = 2)	After-hours tag-alongs (n = 2)
LHD interview (n = 1)	Site visits (n = 3, NETS, Western NSW LHD, Queensland Children's Hospital)

SOLUTIONS	
Solutions generation workshops (n = 2)	**PRIORITISED SOLUTIONS**
22 participants (ED, Surgery, Patient Flow, General Medicine, ICU, and ward staff)	1. Standardised criteria to assess urgency, need for transfer and team ownership
125 solutions generated	2. Telephone Triage
3 solutions prioritised	3. Refer all patient transfer requests through Patient Flow

Results

Transfer Assessment Tool (TRAT)

A draft TRAT was developed to assist staff receiving transfer request calls to triage them, document the decisions, and communicate the plan with the rest of the hospital.

Over a one week period in June 2019 the TRAT was piloted by the Patient Flow Departments across SCHN on 16 inter-hospital transfers (18% of the total transfers completed, n = 89).

75% of TRATs listed the receiving destination, with the ED or an Inpatient bed being the most common destination.

94% of the transfers had been assigned a transfer urgency triage category, with 75% of transfers being for urgent review (within 24 hours).

Patient identifiable information was recorded for 94% of the transfers, with the patient's name mostly commonly used (81%).

The reason for transfer (situation) was documented for 100% of the transfers.

Qualitative feedback outlined the need for a more user-friendly form and request for an electronic version.

Contact

PASS Project Team
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Sustaining change

The following were highlighted as reasons for difficulty in utilising the TRAT for each patient transfer:

- Access to paper forms when role is not desk-based proves difficult
- Extra form to complete in addition to other regular paperwork
- Difficult to collate all patient info as it comes in pieces from different sources

The draft TRAT is to be further consulted on with paediatric teams in the Local Health Districts to ensure it is appropriate to the needs of referring facilities.

The TRAT will become a foundational tool for the PASS service, once operational.

Conclusion

This project has been the first building block in working towards the overall PASS vision: a Network-wide service that will facilitate and coordinate patient transfers to and from SCHN to ensure the provision of best patient care with the right team, in the right place and at the right time.

Broad stakeholder consultation and collaboration has been a crucial step to ensure a wide range of views, experiences and ideas have been sought.