Gold Coast University Hospital Children’s Emergency Department

Initiative Type

Service Improvement

Status

Deliver

Added

01 February 2018

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https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/gcuh-childrens-emergency

Summary

Problem: Limited treatment spaces with increased presentations - 80+ patients per day. 8 Monitored treatment spaces utilised for sickest and high acuity children. Significant numbers of presentations of

lower acuity waiting longer to access care. Initiation of dedicated Children's triage 24/7: Dedicated skilled triage and Clinical Initiative Nurse (CIN) 24/7 Ambulatory care model commenced: 2 treatment spaces dedicated for consultation and assessment of children on ambulatory care pathway. Doctor allocated to manage ambulatory care patient. Establishment of dedicated nursing leadership with employment of Children's Emergency Clinical Nurse Consultant (CNC) - resulted in qualitative improvement. Embedding consistency of Model of Care when 300 different potential nursing staff. Aim for each shift to run the same. Enhanced parental communication with "what to expect from ED stay" leaflets, currently covering Head injury, Vomiting, Wounds, Possible Fracture. Improved discharge planning. Nursing education and empowerment. Key Contacts: Lucie Scott, Children's CNC, Dr Christa Bell, Co-Director Children's ED, Dr Graham Jay, Co-Director Children's ED

Key dates

Aug 2017

Implementation sites

Gold Coast University Hospital

Key Contacts

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Aim

This model of care was developed to improve the treatment of children in the Emergency Department.

Benefits

- Reduce patient length of stay within the Emergency Department
- Improve clinical outcomes
- Improve patient flow
- Increase patient satisfaction
- Improved efficiency of Emergency Departments

Background

As part of the Winter Bed Funding for 2017, the Gold Coast University Hospital opened a dedicated 24/7 paediatric triage, opened additional beds 24/7 and increased staffing in the paediatric emergency department. A key role is the appointment of the CIN for paediatrics, who can provide care for paediatric patients in the ED waiting room after triage has occurred. Patients and their parents are also provided with a ‘What to Expect’ information sheet for certain presentations, which explains why they are not allocated a treatment space within the ED.

Solutions Implemented

1. Problem sharing and solving with multi-disciplinary staff working groups. Nurses encouraged and empowered to develop and implement co-ordinated with the Children’s CNC and ED Nurse Unit Manager.
2. Environmental – Ensured the environment reflects clinical need with changes to the Triage space, CIN bay and Fast Track clinic room. Identifying these areas as ambulatory care assessment spaces and not providing primary care nurses to manage patients allocated to these treatment spaces.
3. CIN role to commence Trial of Fluids pathways (TOF), Head injury observations, nurse initiated medications and nurse initiated x-ray (NIXR)
4. Pathways of care.

Evaluation and Results

- Initial data from this initiative from the August BPIO report has shown:
- Australian Triage Scale (ATS) seen in time a 17% increase on ATS 2, 10% increase on ATS 3, 13% increase on ATS 4.
- Small increase in our ED SSU admissions and decrease in our Inpatient admissions.
- Presentations increased by 112 from the previous month (July).
- September report has shown a continued increased in ATS seen in time for ATS 2 by 4%.

Lessons Learnt

- Access for adult triage improved.
- Nursing staff satisfaction in Children’s Triage.
- Because of improved access for their patients, improved pathways and improved access to medical expertise.

Challenges

- Consistency amongst the many different Team Leaders.
- Frequent loss of Register Nurses to resus role at peak presentation time decreases efficiency of CIN model.
- Resist pressure to temporarily close the Children’s Triage reverting to old Model of Care at times of staffing pressure. Impact was significant inefficiency and inferior access to care.

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