Short Stay Paediatric Unit

Dr Graham Jay  MRCPCH(UK), FACEM
Emergency Physician and Paediatric Emergency Physician
Baby bonus for Robina

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ROBINA Hospital is gearing up to become one of the best in paediatric care.

Already a third of patients who present to the hospital’s busy emergency department are children under 16 and paediatric emergency specialist Dr Graham Jay said they only expected that to grow.

Dr Jay is leading the department’s Paediatric Action Group, created to help get their children’s treatment protocols up to scratch with the other big hospitals.

There are three children-specific treatment rooms in the ED for minor illness, acute illness and observation for 24 hours.

The five beds will be expanded to 11 next year when the department receives six new short-stay paediatric beds as part of the hospital’s $397 million expansion.

As part of this, the action group had artist Jason Passfield make the treatment rooms more appealing to children.

Dr Jay said the rooms – themed ocean, dream time and birds and butterflies – had already made a huge difference.

The Gold Coast Titans have added their hand prints to the walls to give kids a talking point and brighten up their experience.

Titan Joseph Tomane did not impress baby girl Charlie Rae Sharp

Photo: RICHARD GOSLING
Objective

- Short Stay Paediatric Units
- Activity and impact
- Current activity and future activity Gold Coast
An SSPU is…

- A facility within which children with acute illnesses or injuries can be assessed, investigated, observed and treated without recourse to inpatient admission
Background

- Annual attendances to ED’s increasing
- Early illness – difficult to distinguish serious from minor illness
- Assist flow
What is the Role of an SSPU?

- An alternative to inpatient admission

- More efficient care of self limiting illness

- LOS can be tailored to condition
  - <6h head injury, poisoning observations
  - <12h rehydration, breathing difficulties
  - <24h febrile illness and abdominal pain for Ix
Benefits

- Earlier discharge for patients
- Decrease admissions
- Continuity of care
- Decrease costs to the hospital
Pitfalls

- Inpatient admissions become more complex
- Inpatient stays longer
- Change in casemix for paediatric trainees
- Impact on staff in ED
Models of Care

(A) Co-located in a Paediatric Inpatient Ward
– run by Paediatricians

(B) Co-located in ED in a Children’s Hospital
– run by Paediatric Emergency Physicians

(C) Co-located in ED in a General Hospital
– run by Emergency Physicians (+/- paediatric experience)
Impact of a Children’s Short Stay Unit

Birmingham, UK

- Certain diagnostic groups only to be admitted to unit e.g. stable patients only – sat>92%, GCS>13

- Retrospective review admissions May 2003 – Feb 2004 (4289 children)

- Unit’s aim - admissions <8 hours
- Discharge home rate 76%

- Stays >8 hours (7%)

impact of unit –

- Paediatric asthma admissions **decrease** 31%

- decrease <24 hour admissions from 17% to 10%
Models

- GCUH – rotations: PEM, EM, Paediatrics
- Robina – ED staff
Activity: Paediatric Presentations (16 and under)

<table>
<thead>
<tr>
<th></th>
<th>FY 2012-13</th>
<th>FY 2013-14</th>
<th>Growth on previous year%</th>
<th>FY 2014-15</th>
<th>Growth % on previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCH / GCUH</td>
<td>13527</td>
<td>18766</td>
<td>28%</td>
<td>21393</td>
<td>12%</td>
</tr>
<tr>
<td>Robina</td>
<td>13290</td>
<td>13499</td>
<td>1.5%</td>
<td>12426</td>
<td>-9.2%</td>
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Paediatric Presentations GCH / GCUH

All Paediatric Presentations
GCUH Paediatric Emergency Department Data Review
Gold Coast Hospital and Health Service

GCUH Paediatric Presentations

GCUH: 40% growth since GCUH opening.
Average Admission Rate 2014 / 15

<table>
<thead>
<tr>
<th>Ward:</th>
<th>11%</th>
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<tbody>
<tr>
<td>Short Stay Unit:</td>
<td>19%</td>
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Number of admissions

<table>
<thead>
<tr>
<th>FY13 - 14</th>
<th>FY14 - 15</th>
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<tbody>
<tr>
<td>Ward</td>
<td>3000</td>
</tr>
<tr>
<td>SSU</td>
<td>1500</td>
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</table>
GCUH Paediatric Emergency Department Data Review
Gold Coast Hospital and Health Service

Paediatric Activity Out of Hours

<table>
<thead>
<tr>
<th>Time Range</th>
<th>Presentations</th>
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</thead>
<tbody>
<tr>
<td>21:00-00:00</td>
<td>7</td>
</tr>
<tr>
<td>00:00-07:00</td>
<td>6</td>
</tr>
<tr>
<td>21:00-07:00</td>
<td>13</td>
</tr>
</tbody>
</table>

77% of all Paediatric Presentations are treated in Minors / Triage or Resus POD out of hours
Admissions

- Highest admission rate in Queensland
- 11% ward
- 19% ED short stay unit
- 100% increase in number of SSU admissions last financial year
- 4% decrease in number of ward admissions for same period
Robina Emergency Department

- Current SSPU activity
  - 2 beds
  - <24 hours
  - Co-located next to adult observation ward
  - Paeds – cubicles 11 and 12
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Photo: RICHARD GOSLING
Admissions
(n=147) (mean= 24.5/month)
Age distribution

![Age distribution graph](image-url)
Diagnoses
(top 20)

- Head injury (21)
- Gastro (13)
- Other injury (13)
- Asthma (9)
- URTI (8)
- Viral infection (8)
- Allergy (7)
- Tonsillitis (5)
- Abdominal pain (4)
- Burns (3)
- Croup (2)
- Sunstroke (2)
- Otitis (2)
- Snake bite (1)
- Phimosis (1)
- Febrile convulsion (1)
- Post ictal (1)
- PUO (1)
- Ovarian cyst rupture (1)
- Hypoglycaemia (1)
Summary

- Impact
  - Admissions
  - Flow
  - New model of care