



Coordinated care

The Prince Charles Hospital

HRT 1706 Paediatric Improvement Group

29-30 March

Sydney



Key Problem

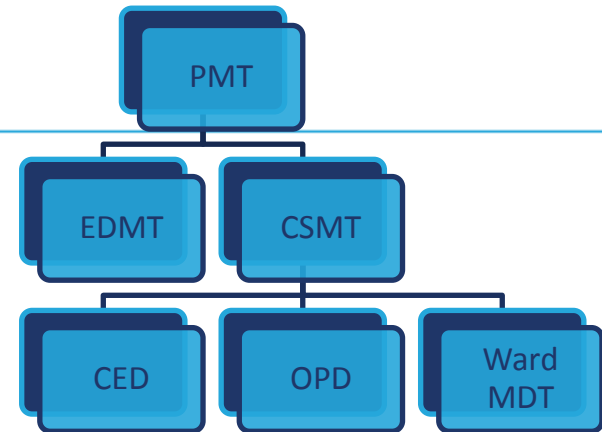
- Situation: Transition from GED to CED
- Prompt: Closure of tertiary children's hospital,
- Project: Established as satellite CED
- Activity: Unanticipated increase in number of presentations
- Innovation: Connected care

Aim of this innovation

- Aim
 - Deliver of safe, efficient, effective, timely and cost minded clinical care
 - Providing safe alternative CE care for north side of city
 - Decreasing clinical load on only specialised children's hospital
- Improvement
 - Independent, efficient and high quality paediatric care post closure of tertiary hospital

Baseline Data

- Success reasons
 - Connected care
 - Organisational structure
 - Children services
 - Combined care in CED with Gen Paediatrics
 - Staffing – nursing (12), medical(13), allied health wrt patients ratio
 - Skills
 - Decision making process – admissions, handover (combined), SSU (combined care), IP (ED supports care for sick patients), transfers, CLDs
 - QAS, MH, allied health, NP



Key Changes Implemented

- Government initiative,
- Community need and expectations,
- Work load on tertiary children services

Outcomes so far

- Pre data – presentations to GED, LOS, admissions
- Staff
- Skills
- Education

Lessons Learnt

- Prototype
 - Successful
 - Reproducible
 - Connected and collaborative care
 - No more silos
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- For more information Contact: Dr Rajeev Jarugula
 - Tel: 0403420006

Complaints - 26
 Compliments - 104
 LOS -
 DNW – 0.8%
 TTA – 12 min
 POST – 10 min
 Primes – 10/month
 NEAT – 94%
 Admission rate – 15% (SSU+IP)
 Discharge rate – 85%
 Represents <24hrs – 1.5%
 Represents <14 days – 9.9%; 28 day 7.9%

