



Paediatric High Observational Unit

Toowoomba Hospital

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HRT 1706 Paediatric Improvement Group

29-30 March

Sydney



Key Problem

- QEAT (NEAT) compliance under target (hospital wide approx 72%)
- Instances of delays in children remaining within the Emergency Department unwanted periods
- A desire to get children up to the inpatient unit more timely (more suitable environment, secure + specific paediatric trained nursing staff etc)
- Children often more settled in the inpatient setting (for example quieter environment, child friendly interactive equipment)
- An inability for children to be admitted to the ED Short Stay Unit as it is utilised for adults.

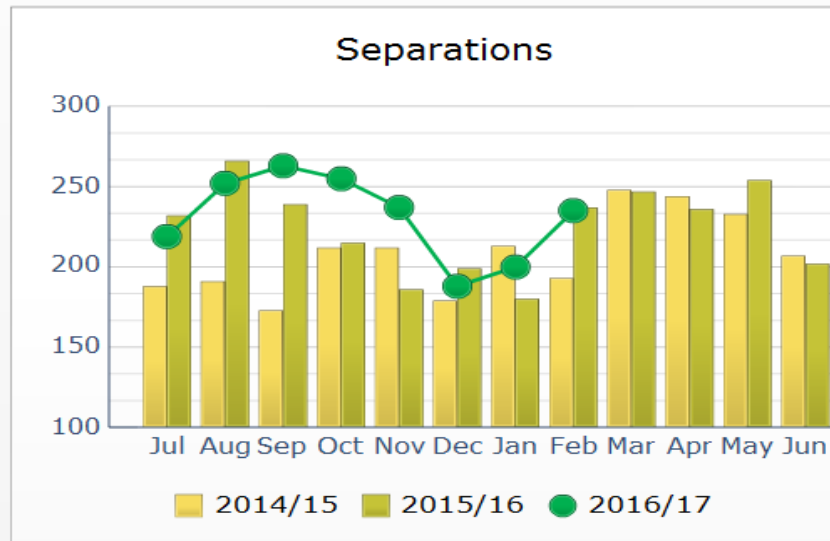
Aim of this innovation

- Introduction of a High Observational Unit within the Paediatric Inpatient Unit (Paediatric Short Stay/Direct Admission Unit)
- Attempt to allow children to be admitted in a faster/streamlined process
- Improve patient experience
- Improve patient safety
- Improve KPI's (QEAT)

Baseline Data

Ward: 5C PAEDIATRICS

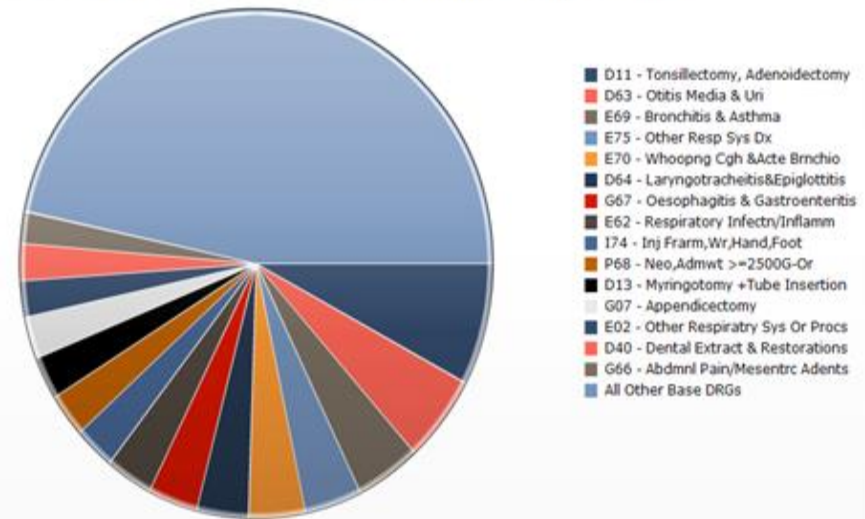
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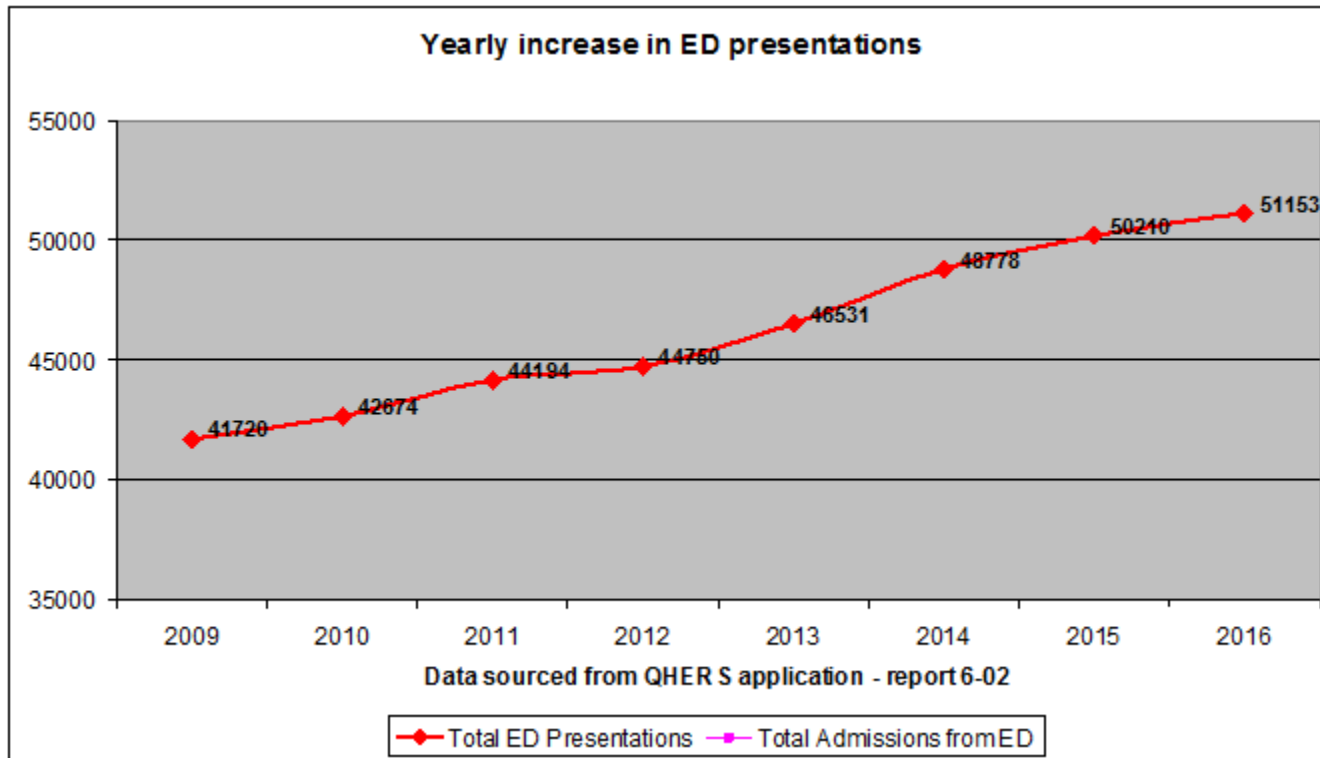
Top 15 Base DRGs - Financial YTD by volume of separations



- Paediatric Unit – Upward trend in separations over the last five years
- Currently 21 Bed spaces + 4 additional recently built + 1 x additional single room and ensuite due for completion May 2017
- Increased recruitment focus relating to paediatric post graduate qualifications, paediatric transition program underway, highly supportive of staff obtaining post graduate qualifications. This allows for an enhanced nursing ability to deal with higher acuity patients within the bounds of the CSCF.

Baseline Data

Toowoomba Hospital Emergency Department



Rising Presentations on a yearly basis – 2016 = 51000+ presentations

Approx 25 % of presentations are Paediatric

16 acute cubical spaces (including 2 x Paediatric Rx areas) + Adult Short Stay Unit

Difficulty in achieving QEAT given the physical constraints of the ED

Key Changes Implemented

- Development of a model of care for a High Observational space within the inpatient setting (early stages)
- Infrastructure works - an additional bay has been constructed for use (3-4 patients)
- All bays will be fully monitored (Phillips monitoring) + centrally monitored to the nurses/medical station within the inpatient unit
- Nursing workstation within the bay (continuous supervision/observation)
- Nursing staff to be self sufficient from an equipment point of view
- Dedicated Videoconference ability within the bay (to aid with PICU consultations etc)

Does not replace PICU!!!

- Proposed DRG's

- Bronchiolitis
- DKA
- Croup
- Pneumonia
- Overdose
- Seizures
- Asthma
- ALTE
- Poisonous Bites (observational)
- Dehydration (requiring intensive oral rehydration/NG Rehydration)



Direct admission option in consultation with the Paediatric Reg. and ED team

Lessons Learnt

- Early stages
 - Evaluation to be ongoing ? Need for expansion or reduction in services dependant on uptake
 - Discussion will be had with Tertiary services + local teams (ie Anaesthetics, ICU)
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- For more information Contact:
 - Tel:

