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Paediatric Best Care Bundles in the Emergency Department

Presented on behalf of Waitakere Hospital Emergency Department (Dr Gilbert/Dr
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Key Problem



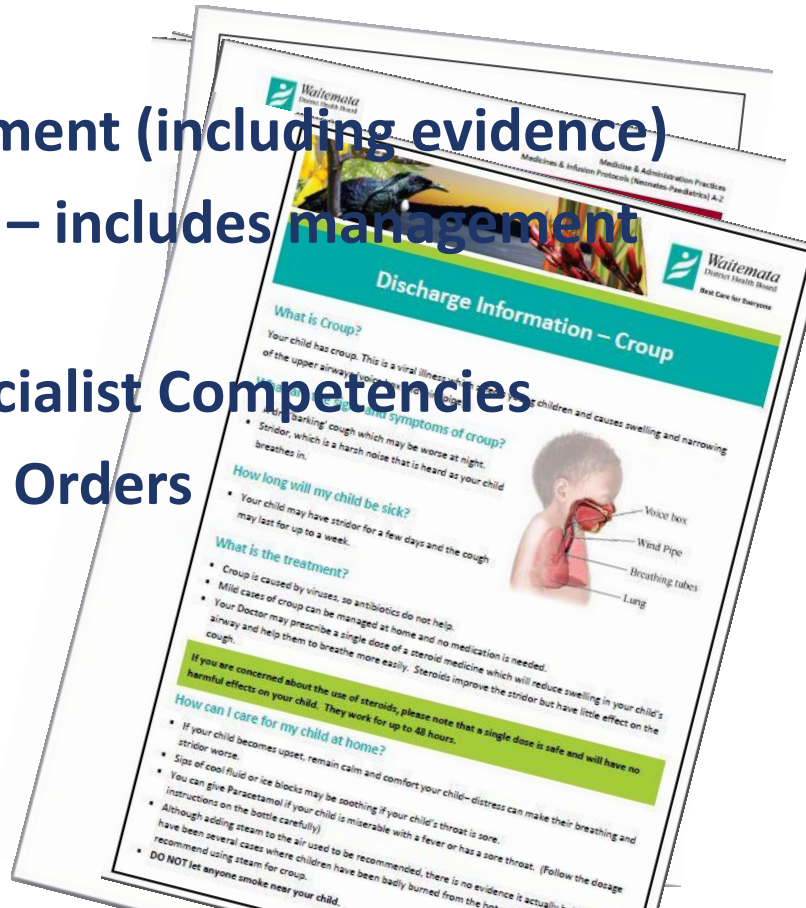
- Increasing number of ED attendances
- Government 6 hour target
- Desire to provide more efficient care without sacrificing quality
- Disparity identified between clinicians practices in the emergency department
- Delays identified in initiating treatment following initial patient nursing assessment

Collection of documents that aim to:

- Deliver evidence based care
- Standardise approach for certain conditions
- Provide a framework for Clinical Nurse Specialist delivered care
- Reduce process delays in ED
- Improve quality of care and patient experience
- Promote early disposition decision
- Decrease length of stay
 - Developed so far for
 - Wheeze > 1 year
 - Bronchiolitis
 - Coup
 - Dehydration

Components of a BCB

- Explanatory document (including evidence)
- Clinical document – includes management pathways
- Clinical Nurse Specialist Competencies
- Relevant Standing Orders
- RN Workbook
- Patient handout



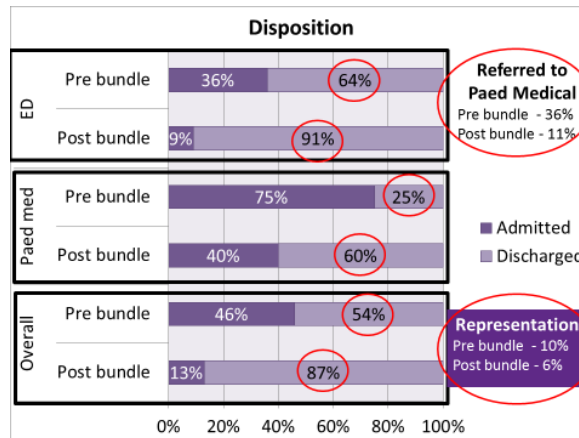
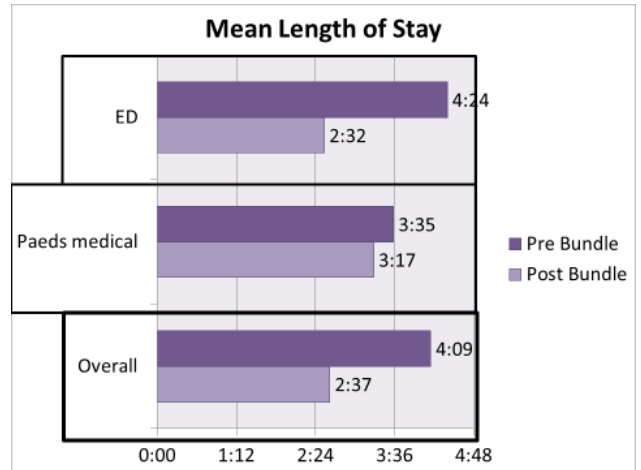
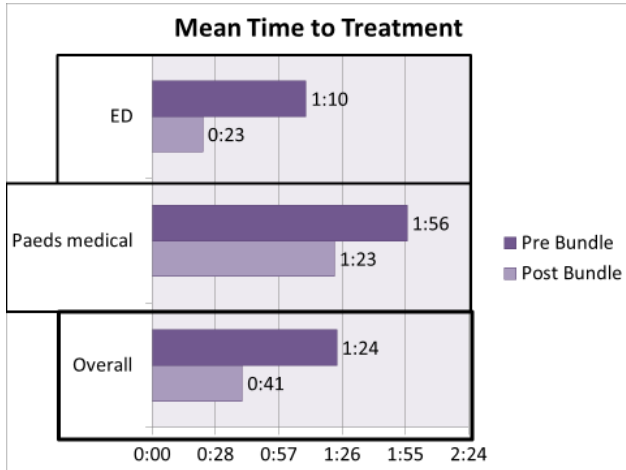
Outcome so far – Croup Audit

- 50 pre and 50 post bundle encounters
- Pre Group
 - ICD condition codes: *“acute laryngitis & tracheitis & acute obstructive laryngitis and epiglottitis”*
- Post Group
 - ICD condition codes: *“acute laryngitis & tracheitis & acute obstructive laryngitis and epiglottitis”*
 - Managed on the BCB
- Electronic data
 - PiMS
 - Concerto
 - Pyxis or drug chart

Compared encounters for:

- **ED patients,**
- **Paediatric medical referrals**
- **Overall**

Results – Croup BCB



What is a Best Care Bundle (BCB)?

A collection of resources aimed at reducing process delays for suitable presentations

How do they work?

Education, selection, severity score, treatment pathway, disposition prompts

Do they make a difference?

Croup audit suggests they do