

Turning It Around

The journey to establish a permanent Paediatric Assessment Unit:
‘assessment to treat rather than admission to assess’



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Turning It Around: Why the need for change?



- ✧ Consultant connect calls
- ✧ Ward rounds
- ✧ HDU care
- ✧ Child protection
- ✧ CAMHS
- ✧ ED advice
- ✧ Managing complex patients
- ✧ Teaching

**.....senior review
of patients**

- Existing pathways for assessment & admission were the same
- Unnecessarily long episodes of care
- Patient experience suboptimal
- Formal complaints
- 'Friends & Family' feedback
- Frequent escalation; low staff morale
- CCG data- outlier data – twice as likely to be admitted

Turning It Around: Challenging our traditional pathways of paediatric acute care

- Nationally recognized increase and demand for 'less urgent' reviews
- Children 20% ED admissions
- Model not sustainable
- NHSI review 'Fit for my Future'
- Core dedicated team – with desire for change



**Funding from CCG for 3 month
Quality Improvement pilot**

**Team effort
New pathways of care
Improve patient experience
Improve quality of care
Reduce unnecessary admissions**

Turning It Around:

Assessment to Treat rather than Admission to Assess

Senior decision maker at point of referral, triage & review

- Safely avoid unnecessary admissions
- Provide advice to primary care and ED
- Triage to clinically appropriate area
- Provide Consultant Connect service
- Provide timely senior clinical reviews
- Reduce length of patient journey

Dedicated footprint for PAU

Rapid nurse triage

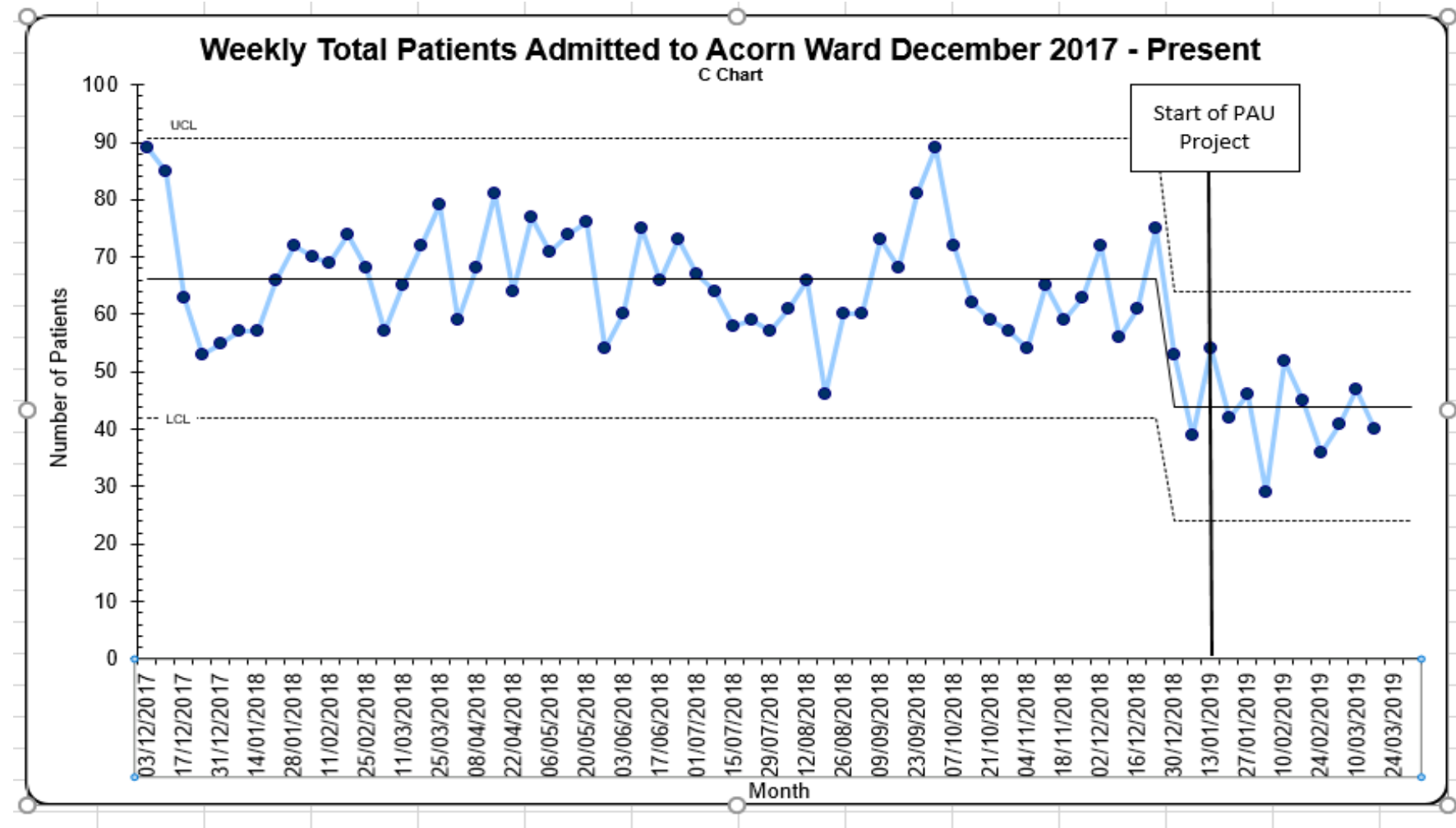
Familiar play environment

Expectation of going home



Turning It Around: Impact - Health Outcomes

- 72% children were assessed, treated and sent home (312/434)
- 31% calls from primary care given direct senior specialist advice
- 100% children screened for sepsis with improved time to receiving antibiotics within one hour
- Increased time for more complex patients on inpatient ward rounds



Turning It Around: Impact - Patient Experience

Patient story:

“My daughter has been assessed today on PAU ward after being sent in by our GP. Today’s experience has been significantly smoother and less stressful for both my daughter and myself compared with our last admission to this ward back in August 2017 when she was diagnosed with HSP (Henoch Schonlein Purpura).

Whilst the treatment was excellent back then it was quite stressful and felt more intimidating being placed straight in a room with a bed (despite the fact that we didn’t need one!) and amongst some very poorly children.

Today has felt like an appropriately graduated response to A’s condition. We have been seen quickly and efficiently and A has enjoyed being sociable with other children in the playroom. The communication has been excellent today- we have been kept very much in the loop with regards results and timings etc. The continuity of care has been second to none – we have seen the same staff repeatedly and been introduced to new staff as they have come on shift. Just knowing what the plan is and who is taking care of your child makes the process so much more pleasant!

- Time to clinical decision >120mins fell from 46% to 10%
- Time to clinical decision <60 mins rose from 7% to 23%
- Positive patient stories – spontaneous, F&F, Care Opinion; fewer PALS & governance concerns
- Improved patient satisfaction from earlier discharges and patient flow

Turning It Around: Impact - Staff Experience & Costs

The PAU Pilot

The Paediatric Assessment Unit

3 month pilot on Woodlands



The Power of words

"Assess to treat"

*A trial to improve the efficiency and
care for unwell children*

Thank you for the staff feedback so far

How well do you feel the change is working?

"decreased anxiety" "relieves pressure on the wards" "much improved" "running smoothly" "Much better training opportunities for junior doctors" "calmer" "amazing"

How do you think patients and families feel about the new way of working?

"Shorter wait time" "change in expectations with it being an assessment ward" "there is a need for more space and privacy at times" "seen by senior staff quicker"

How would you feel about returning to the old pathway?

"a step backwards" "frustrated" "anxious" "disappointed" "it would be unreasonable and unsafe to return to the old system"

Were there any unexpected issues with the new way of working?

"the balance of working two systems - PAU and Woodlands with regard to physical space" "confusion around transfer of patients from PAU to the wards when admitted"

Do you have any suggestions to improve this system?

"separate location for Woodlands" "PAU within the ED footprint" "clearer transfer process to ward" "open later in evening"

- Universally positive with working environment, structure, improved team working & morale
- Less exception reporting from trainees (2 quartile positive shift in GMC Trainee Survey for workload)
- Good team-working & supportive work environment
- Bed saving of 1300 bed days/year or 4 beds/year

Turning It Around: Spreading Awareness

- Presentations to Exec Board, QI Board, CCG ED Delivery Board, STP Board, Fit for My Future NHSI ...
- Shared with ED, primary care, ambulance service, cross county STP
- Creative sharing:
 - PAU postcards
 - Comic book style presentations

Funding for permanent PAU granted

Opened
Jan 2020



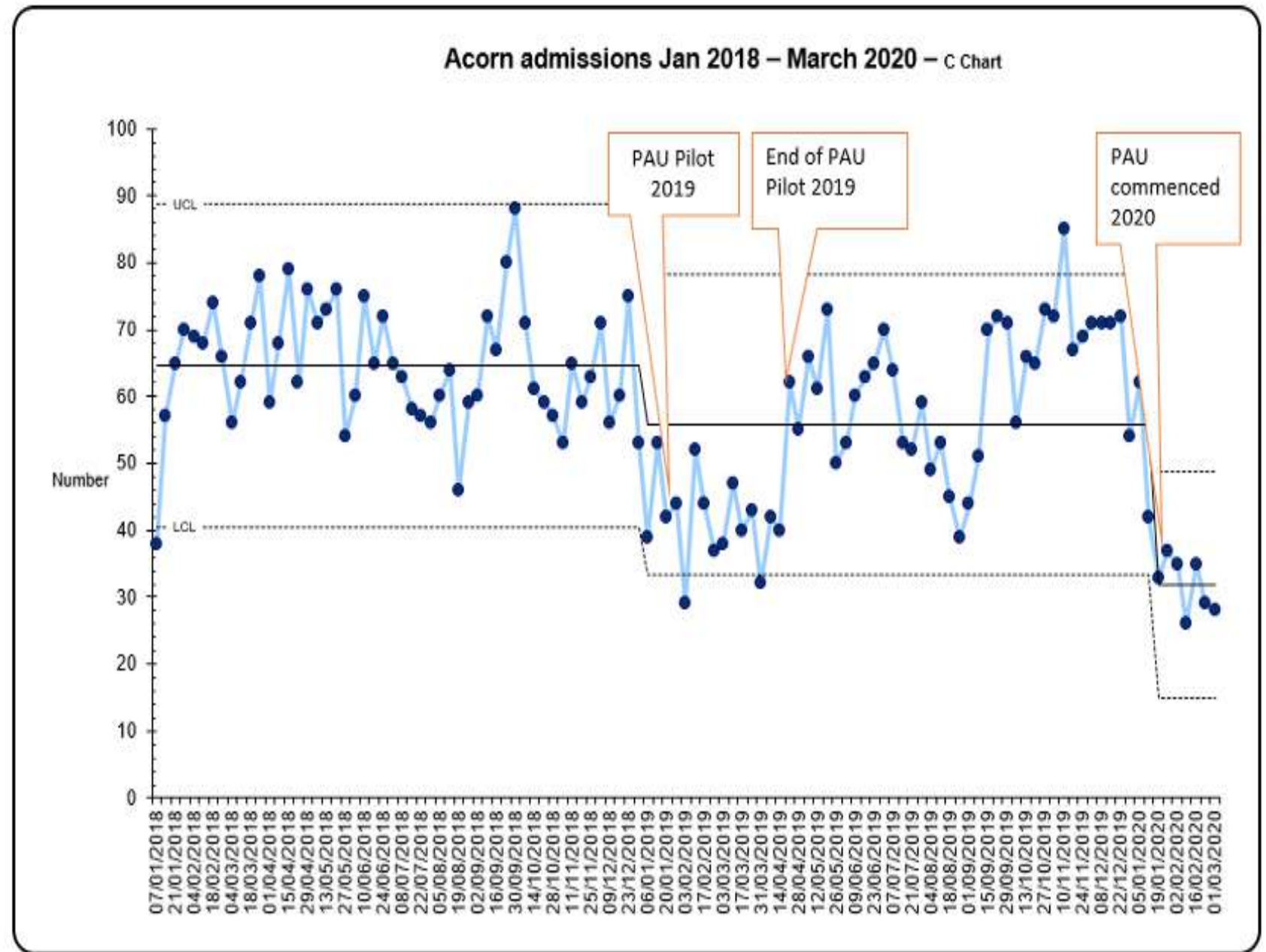
PAU Key Performance Indicators

Jan- Feb 2020 data

71% children assessed,
treated and sent home.

47% received a senior
decision within 60
minutes; 73% within 120
minutes.

Consultant Connect first
time connection rate
increased to 72%



Turning It Around: Relevance to others



- Multi-professional team ownership meant drive for change viewed as powerful by executive/commissioners
- Successful implementation of QI methodology to bring tangible improvements to patient care
- ED now deploying same QI methodology to drive investment for change for paediatric ED
- Enhanced learning for primary care & building stronger relationships

Turning It Around:

Key elements to success: Powerful Outcomes & Patient Experience



- Team ownership
- Consistent, strong, innovative leadership – ‘Our Peoples’ Awards
- QI methodology
- Enhanced wider Trust awareness of drive for change within paediatrics
- Powerful outcomes – CYP experience remain at the heart of this initiative
 - Patient story & initial complaint remain at forefront of our presentations

Turning It Around: What have we learnt along the pathway to establishing a permanent PAU



- Corridor conversations –the ‘elevator pitch’. Passion & perseverance
- Team ownership
- Managing late adopters
- Flexible use of staffing & existing footprint to pilot service change
- Inviting feedback – positive & negative
- Leading change, maintaining personal & team energy can be challenging
- Sharing success regularly - PAU postcards



Thank you



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