A Not So Perfect Paediatric Journey ..

Kylie Stark
Nurse Manager ED SCH SCHN
Co-Chair ECI Clinical Advisary Committee

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“Ella’s” Journey

Ella 2yrs old. Dad away and Mum breastfeeding new baby.

- Flow is not just within a hospital
- Its about up and down transfers across our facilities
- Its about standardising and understanding the processes that support moving patients across facilities
- It’s about communications that inform all involved
- Its about a key point of communications
- Its about having Safety as the priority

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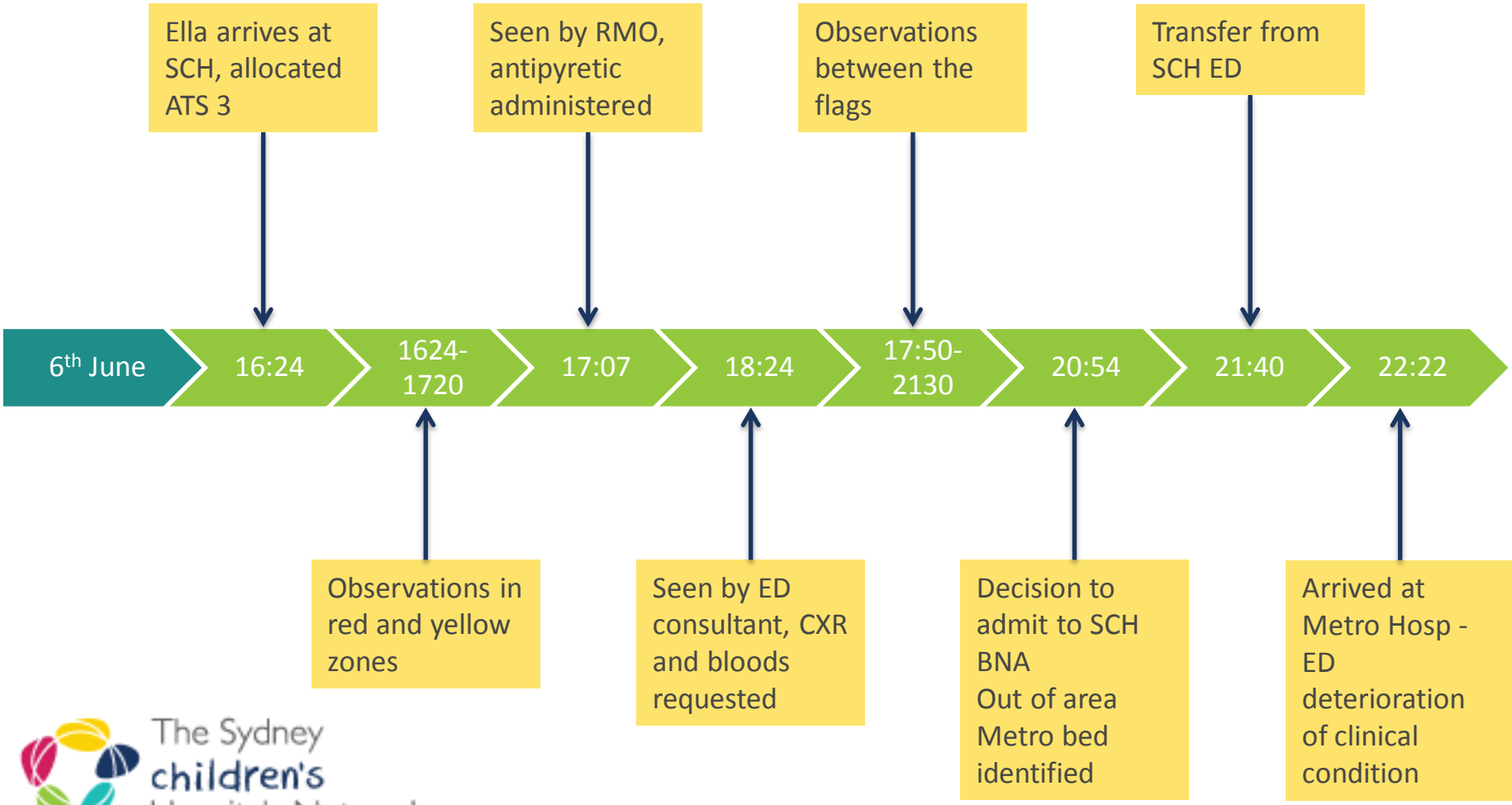
“Ella’s Journey



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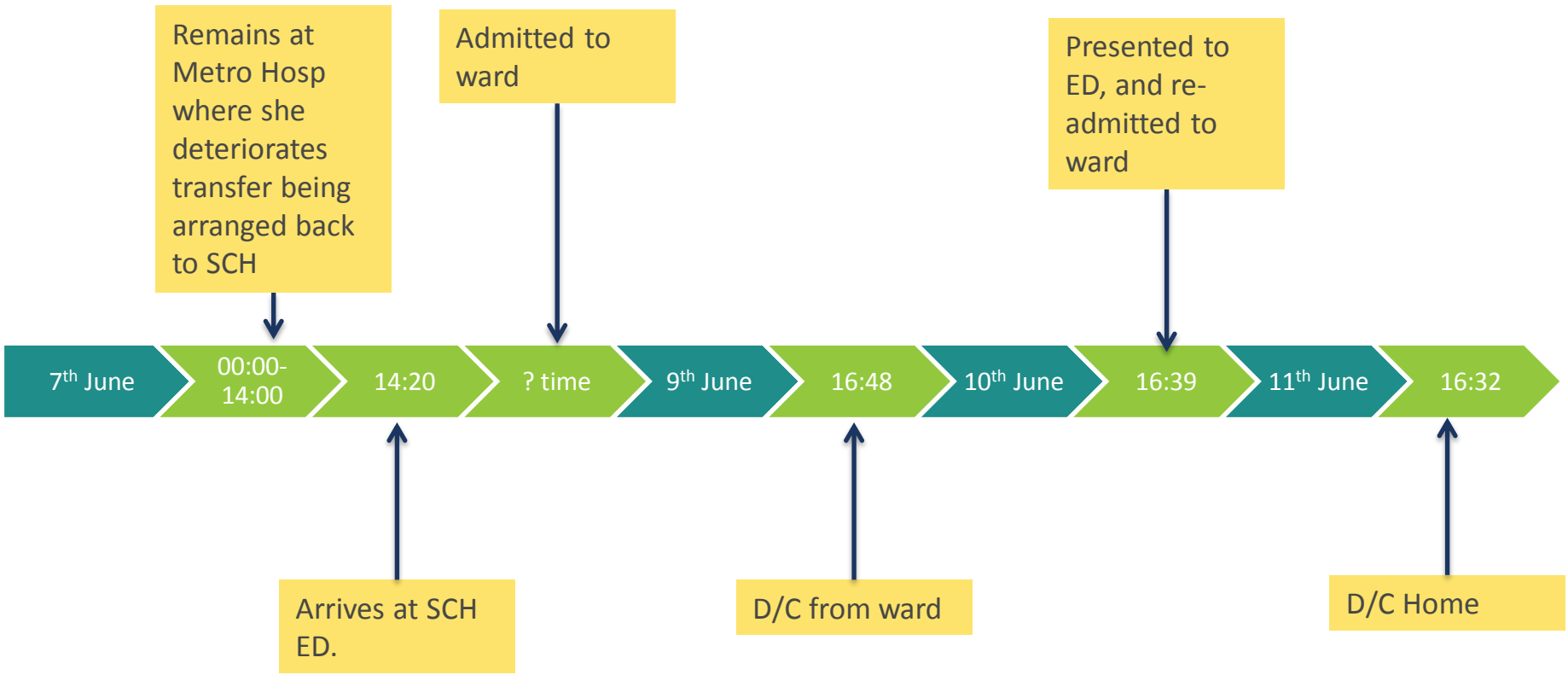
“Ella’s Journey



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Not So Perfect .....

Why ?

Not what we would want for someone we love …

Not Safe

Not what any of the clinicians involved in her care wanted

Not situationally aware

A journey that reflects the intrinsic relationship between

Patient Safety and Patient Flow

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The Challenges

Communications

- Complex
- Multiple Handovers
- Clinicians had many siloed conversations re access to beds and transfer and clinical care

System Issues

- Across LHD – time of transfer, destination (ward/ED)

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Considerations …….

- Capacity
- Safety
- Flow
- Resources

How can Flow be reliable resilient and consistent in face of variation and local standards ?

Real Time Data

Standardised Communications and ……

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Situation Awareness …….

A Model that ensures everyone is aware of

How reliable we will be

Where risks will be – staffing, acuity, access

Options /solutions/strategies

Uses existing clinical information to identify patients at risk, clinical areas of risk, workforce risk

Starts at the bedside and progresses up to executive level – Huddles/Team Talk

Psychological Safety and Culture and Parental Concern

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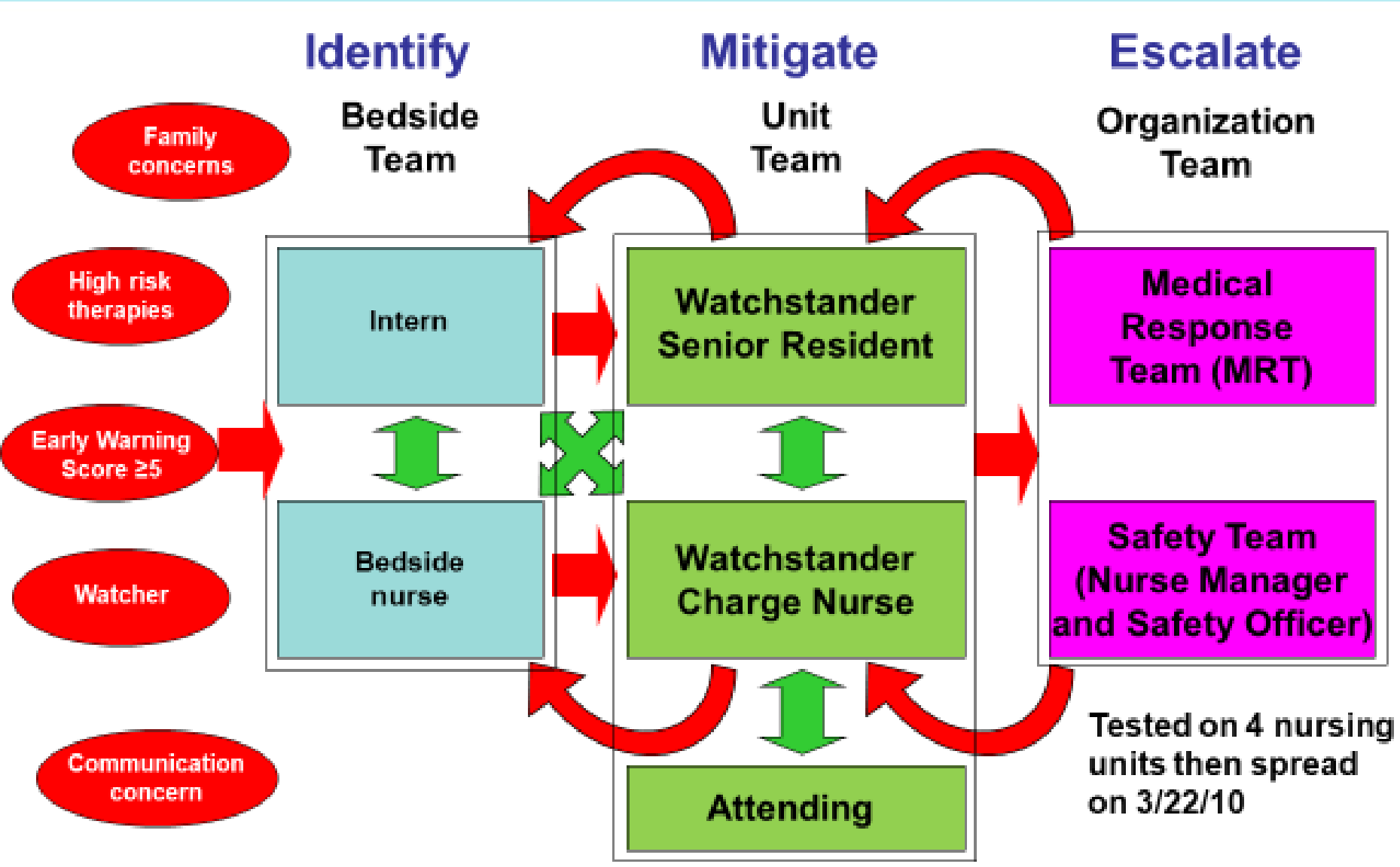
Identify
Mitigate
Escalate
Bedside Team
Unit Team
Organization Team
Family concerns
High risk therapies
Early Warning Score ≥5
Watcher
Communication concern
Intern
Bedside nurse
Watchstander Senior Resident
Watchstander Charge Nurse
Attending
Medical Response Team (MRT)
Safety Team (Nurse Manager and Safety Officer)
Tested on 4 nursing units then spread on 3/22/10

Welcome to SCH/CHW Team Talk on _____ commencing at _____

Currently the **HOSPITAL STATUS is** _____.

There were _____ **presentations** with _____ patients that **Did Not Wait**

Our Emergency Treatment Performance yesterday was _____%.

When it comes to talking about our patient's safety, we all play an essential role therefore all staff present have an equal voice

SAFETY PAUSE 1 (MEDICAL LEAD TO FACILITATE)

What did we do well yesterday?	
Did we do any harm yesterday? IIMS - Risks identified must be entered into IIMS	Rapid responses/ Arrests past 24hours Preventable Delays– late referrals/late consults/procedure or surgery cancelled Unresolved communication issue Significant Medication errors OR Drug reactions Falls not prevented & New Pressure areas or Absconders

HOSPITAL STATUS (PATIENT FLOW MGR FACILITATE)

- Any unresolved Nursing staffing shortages? (Staffing Manager)
- ED status report (ED Representative)
- Surgery Status (Wait List Manager)
- ICU, Inpatient Wards & Ambulatory report (Ward Representative)

NURSE STAFFING MGR
Unresolved
Nursing staff shortages
– Next 24hours

ED STATUS (SENIOR REP)
- # patients waiting to be seen
- # patients requiring admission
- Isolation beds required
- # patients waiting >12hours
- Waiting for What: consult/ procedure
- Patients for HITH, MDU or ARC
- Predicted future issues

ICU/WARD/AMB STATUS (NUM/TL)
- Beds: Open, Available, Isolation capacity
- Beds: Closed (reason)
- Discharges: Definite & Potential
- Delayed Discharges: Mitigation Plan
- Expired EDD: Waiting for What
- Patients for inter-hospital transfer
- LOS > 9days no discharge plan
- HITH, MDU or ARC referrals
- Unresolved risks for today
- Predicted future issues

SURGERY STATUS
- Cancellations past 24hours
- Emergency cases today
- # patients for ICU bed or isolation bed
- Total DOSA
- # GA Medical patients/ procedures for
- Likely Cancellations
- Theatre summary next day
- Predicted future issues

SAFETY PAUSE 2 (MEDICAL LEAD TO FACILITATE)

Will we be reliable today?	Unresolved staff shortages impacting patient care – Medical, Allied, Domestic Infection control – Isolation beds Procedure – predicted delays Transport/Transfer delays Significant Equipment and IT issues **URGENT PATIENT TRANSFERS BETWEEN WARDS; PATIENT WARD ALLOCATIONS**
Who do we need to watch today?	High Risk Outliers ETF - RR/CR/Arrests overnight Escalation Risk – Unresolved/unmitigated risk patient or staff or parent Child protection or self harm/abscond risk not in correct ward

UNRESOLVED ISSUES REQUIRING ESCALATION TO CPD and EXEC

Date:
Hospital:
Medical Lead:
Start Time:
Finish Time:

REPRESENTATION
1) Medical Lead
2) Patient Flow Leads
3) Ward NM or NUM or delegate
4) Ambulatory Services – HITH/Kids GPS
5) CGU Rep: Patient Safety Mgr /Officer
6) Infection Control
7) Domestic Services
8) CPD or HOD Delegate – All programs
9) ICU NP Outreach Team Rep (CHW)

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Team Talk

Hospital Team Talk Guide

Roles and Responsibilities

Position:	Role in Team Talk:	Responsible for:	Preparation Prior
Medical Lead	Lead **Safety Pause** & Facilitate discussion Agree decision & person to action. **Open Team Talk on time**	Attend Team Talk in person OR ensuring an alternate Senior Medical Leader is present to facilitate safety pause. Create an environment that encourages all participants to have an equal voice Contact medical colleagues regarding patient related risks requiring urgent mitigation	Get medical staffing update from CRMO
Patient Flow Manager	Facilitate Conversation related **to Hospital Status and patient movement.** Articulate decisions regarding patient flow and person responsible for task. Escalate Unresolved concerns to DCO	Ensure all key areas report on current status, planned movement and risks • ED status report • Ward status report includes ICU/NICU & Ambulatory status • Surgery Status	Overnight Handover Daily theatre status
Bed Manager	To document 'hospital status' section and circulate summary	Documentation of Hospital Status section of meeting: key risks, actions decided Email summary to DCO, CPDs, Medical Leads and NUMs, CGU Bed status update in patient portal	Patient portal bed status
Nursing Staffing Manager	Communicate key nursing staffing issues next 24 hours	Provide nursing staffing report prior to during the safety pause – (will we be reliable today)	Identify unresolved vacancies
Nursing Unit Managers	Provide summary of current ward/area status	• Definite discharges (time) and possible discharges (WFW?) Who responsible? • Delayed discharges/Past EDD – WFW: Mitigation plan - Who responsible? • Any patients suitable for inter-hospital transfer, HITH, MDU or ARC • Patients with LOS > 9days without a care plan or discharge plan	Understand ward status Update EPJB – EDD and Discharge status Review IIMS info
CGU Representative	Document Safety Pause and identify patterns requiring review	Documentation of safety pause Following up on reoccurring risks and issues raised/identify patterns Prompt IIMS entries for relevant risks	Daily IIMS report
Clinical Program Directors	Operational management decisions regarding reported risks in program	Oversee actions for operational risks raised requiring mitigation & documentation Predict and plan for escalated issues within program Work with NUM regarding information	
Ambulatory Representative	Advocate for utilisation of ambulatory services	Action operational items related to risks raised requiring mitigation Predict and plan for escalated issues within program	
Infection Control	Provide recommendations for isolation/infection control risks	Advice on mitigation of risks identified related infection control and isolation requirements identified.	Isolation status of patients Infection control risks
Allied CPD/HOD	To represent allied for risk management, discharge planning and staffing	Discuss and follow up identified risks related to allied health & service utilisation. To escalate needs for discharge prioritisation to CARPA/Allied HODs when required	
Pharmacy	To advise regarding risks with medication supply, delays and safety	Prompt re: discharge scripts/deliveries and ordering issues. Advise medication safety	Staffing
Domestic Services	To advise regarding service delivery risks	Advise re cleaning, porter services – staffing risks and patient flow concerns	Staffing

Ella

- Confusion re transfer details - time
- Difficulty accessing appropriate bed
- No closed loop conversations re transfer
- Delays unanticipated
- Clinical care was appropriate
- Parental concern was a constant

Today we would not transfer Ella ……..

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Today we know…..

The options within our organisation to make admission possible (extra staff/opening beds/predicted ED admissions)

The processes at the metro hospital that change after hours (ward/ED/Staffing)

Parental desire to get closer to home was around the current social circumstances

That situations change every minute ….

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Resources

CEC –Paed Safety

S.A.F.E – UK

M.I.S.T – UK

Cincinnati Children's Hospital

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Thankyou .

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