Accessing Paediatric Emergency Care

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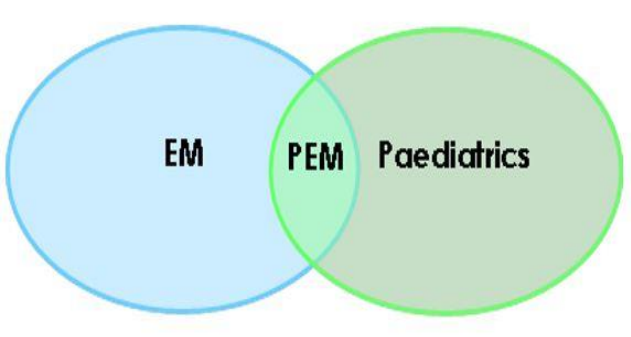
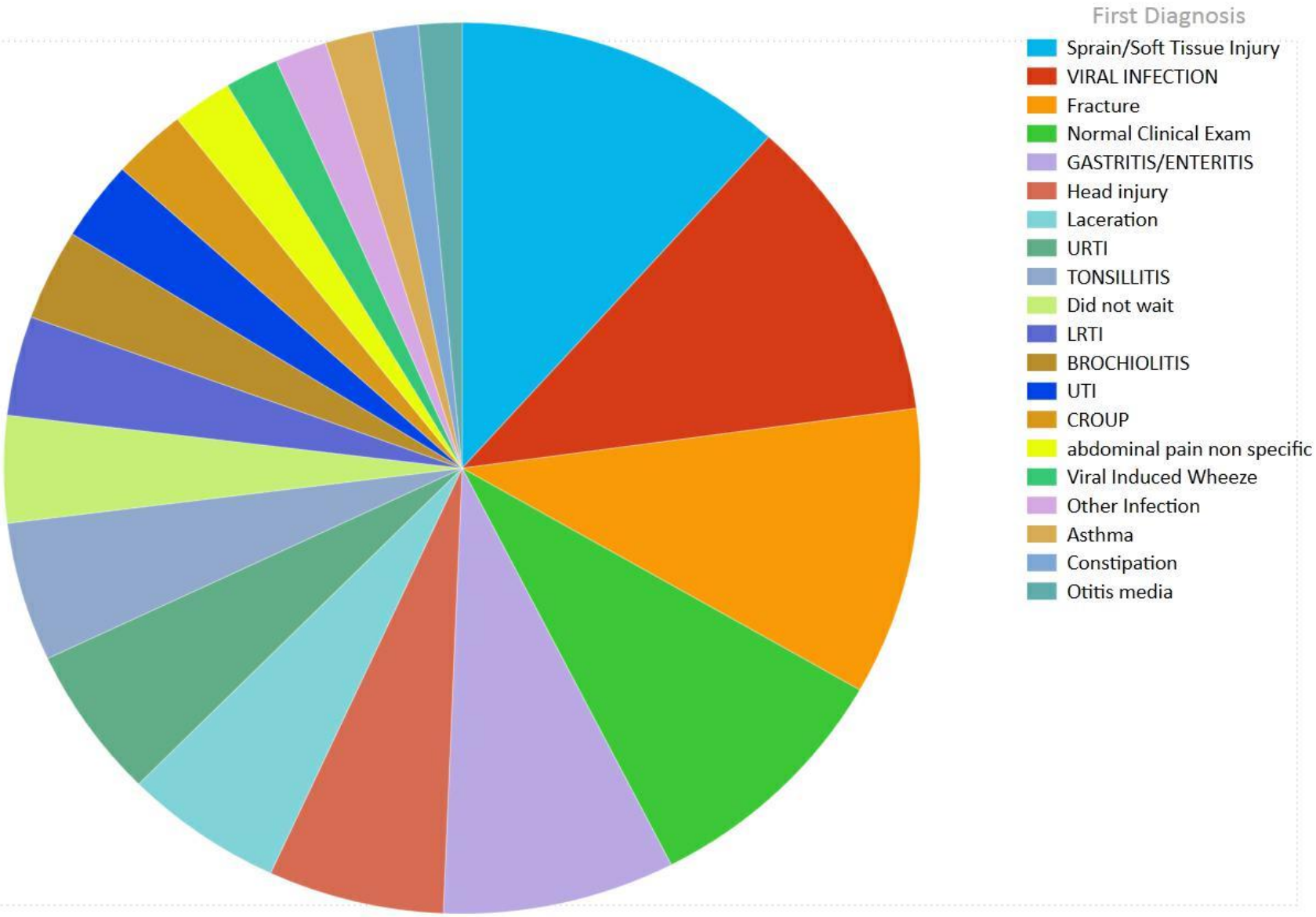
- What is Paediatric Emergency Care?
- Where is it delivered?
- Access, who and how?
- What are we doing well?
- How can PEC be improved?

Paediatric Emergency Care

- Specialty of Paediatrics and Emergency Medicine
  - Undifferentiated acute paediatric presentations
- Definitive disposition:
  - 15% admitted
  - 85% discharged
    - Home
    - GP follow up
    - OPD
- Adaptive
  - Changing disease profile
  - Changing population requirements- adolescents etc.



Total Attend by First Diagnosis



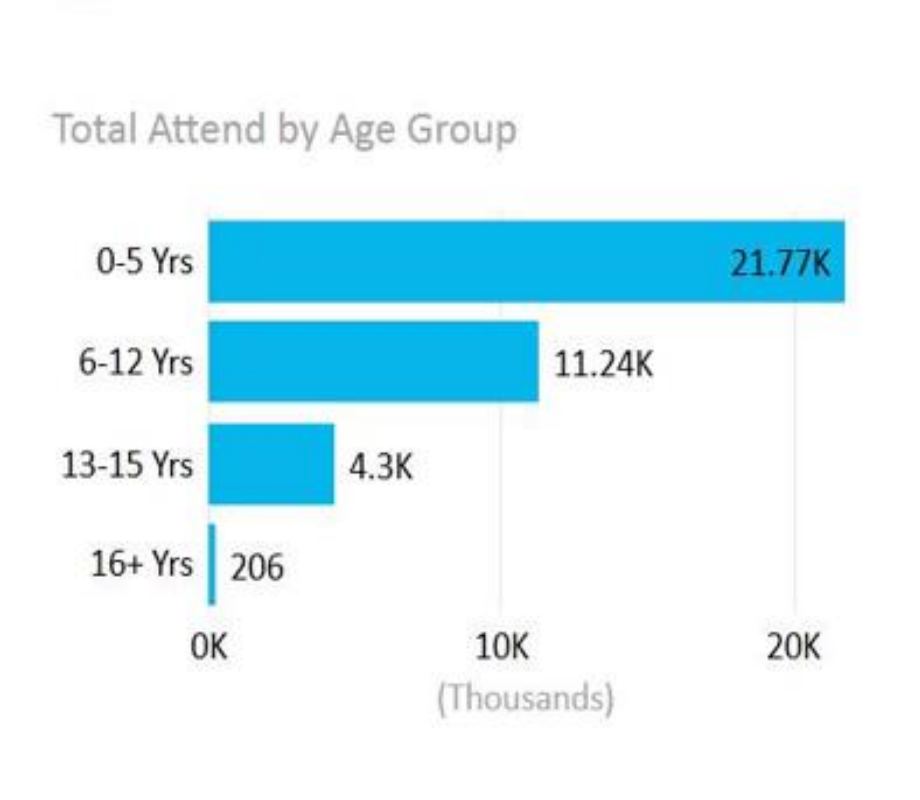
Delivery of care:

Dublin- Paediatric Emergency Depts.
Regionally- General Hospital EDs

1.25million children in Ireland (<18yrs)

- Dublin PEDs annual attendances >120,000pa
- Regional EDs ≈ 20-25% children

Who do we see?



- Birth to 16yrs

- 60% ≤ 5yo
- 60% of those ≤ 2yo

Access

- 24/7 to all, from anywhere

- Routes
  - Self referral (70%)
  - GP (25% and rising)
  - Ambulance (5%)
  - PHN
  - Social Work/ TUSLA
  - CAMHS
  - Gardaí etc…

Paediatric Emergency Care:
What we do well

- Equity of access
- Prioritised assessment based on acuity
  - Triage- ICTS
- KPIs
  - EMP 6 hour target
  - SDU 9 hour target
  - LWCT
  - Low onward referral rate
- Average hourly occupancy 2017- 148%
- Expanding spectrum of care- procedural sedation, fracture reductions etc.
- Expanding as a specialty
  - PEM consultant appointments – In Dublin to date

Paediatric Emergency Care: *Challenges*

- **Patient flow**
  - Infrastructure
    - ED capacity
    - Observation units
  - Exit block
- **Service limitations**
  - Adolescent care
  - Child mental health emergencies
  - National plan for paediatric major trauma
- **Disposition challenges**
  - No single site has full spectrum of specialty services
  - Variance in care delivery regionally

Access to Paediatric Emergency Care: *Challenges*

- **Staff**
  - Consultant numbers
  - Posts in regional centres
  - Nursing recruitment and retention
  - NCHDs
- ***Incorrect* use of the PED**
  - Seeking access to specialist opinion
  - Seeking access to inpatient beds
  - Insufficient capacity in general practice

Access to Paediatric Emergency Care: *Challenges*

- **KPIs**
  - >9hr from DTA to discharge
  - >24hrs in ED

How to improve PEC?

- Clinical programmes recommendations- infrastructure + staffing:
  - Child appropriate areas in EDs
  - *"All Type A EDs that see children should appoint at least one Consultant with recognised subspecialty training in PEM".* EMP 2012
  - National Paediatric programme: "*Several hospitals see enough children to justify the appointment of a full time consultant PEM specialist"*
  - *"It is recommended that in Emergency Departments (ED) seeing more than 16,000 children per year, there should be an EM consultant with PEM training* (RCPCH, 2008). - *If there is on-site paediatrics in that hospital, there should also be a paediatric consultant with PEM training"*
  - ED Play therapists, HSCPs etc. (EMP 2012)

How to improve Paediatric Emergency Care

- Observation medicine in acute paediatric care
  - Great potential to optimise ED capacity
  - Paediatric case mix suited to rapid turnover short stay model
- Access to general paediatrics OPD
  - *Rapid access* model
- Alternate routes to follow up
  - *Virtual* clinics

How to improve Paediatric Emergency Care

- Adaptive working patterns
  - More consultants= more consultant led/ delivered care
  - Modelled on international centres of excellence

- Develop key services:
  - Child mental health
  - National paediatric transport/ retrieval service
  - National paediatric major trauma plan / MTC

- Community interface- GP liaison staff

What can we do?

- Engage with decision makers
- Raise profile of the PEDs- Trolleygar, INMO Trolleywatch
- Enact recommendations of clinical programmes
- Evolve specialty
- Training – fund fellowship programmes etc


ED

Future service- Dublin

- New Children's Hospital
- Urgent Care Centres – 2 Blanchardstown, Tallaght
- PEM run Observation units- across 3 sites
- Consultant supervised / delivered care 7 days

Future service- National

- EM/ Paeds consultant with SI PEM, every regional hospital
- IPATS 24/7 (National paeds transport and retrieval)
- Major trauma plan
- National PEM induction training, study days and workshops

All children, young people and their families should receive equitable access to appropriate, high quality services irrespective of where they live, their ethnic group, their language or their social circumstances. Services should be available as close to home as possible, without compromising on quality.

National Clinical Programme for Paediatrics and Neonatology

Thank you