Nepean Paediatric Emergency Area

Aim Statement: 90% of Paediatric patients (aged <12 years) at Nepean Emergency Department are treated in an area separate to adult patients in the ED within 12 months (by July 2017)

Background to problem worth solving
- Standard of care for Paediatric patients not met
- Department presentations exceed planned capacity
- Demonstration of real harm to paediatric patients

Team members
- Sponsor’s (Guidance Team)
  - Brett Williams GM Nepean Hospital
- Project Team
  - Team Leader – Claire Helm
  - Liesel Gerlach
  - Tracey de Villecourt
  - Rod Bishop
  - Mary Ibrahim
  - QI Advisor – Michael Wood
  - Consumers – Di Aspinall, Belinda Leonard, Jackie Janosi

SMART Aim: Within 12 months 90% of paediatric (<12yo) presentations will be separated from adult patients

Results
Process measures
- Percentage of patients <12 years going directly into PEA Pod (aim 90%)
- Percentage seen in Resuscitation Bay
- Percentage seen via other streams (including single room Acute Care)
- Wait times for Paediatric patients
- Length of stay in ED for Paediatric patients
  - Admitted
  - Discharged
- Admissions
  - ETP (Emergency Treatment Performance) overall and for admitted children
  - Impact of PaediatricAmbulatory Short Stay (PASS)
- DNW (did not wait) and LOR (left at own risk) rates
- Complaint rates, IIMS

Legend
- DW: PEA Pod
- LOR: left at own risk - Treatment commenced then departed ED before complete ED Emergency Department

Overall Outcome of Project: PEA Pod aspect of project in pre implementation phase of PDSA cycles Solutions 2 and 3
Cost Savings:
1. Reducing DNW rate
   - DNW rate 8.5%
   - CHOICE for ETP of approx $700
   - PEA Pod can save up to 25% more, represents 355 patients more at least $2500 more a month
   - Potential savings which will generate $77,518
2. Staff costs – reallocation of staff time
   - Time spent answering complaints
   - Cost of complaints IMS: minimised to 4 hours doctor time and secretary and PLO = $500 per complaint
   - Reduced length of stay – staff time is redirected to clinical care other patients

Plans to sustain change
1. After implementation maintaining PEA Pod as dedicated Paediatric area as the new standard
2. Measurement of monthly data, continue PDSA cycles
3. Maintain and improve quality of care –
   - Focused staff training in Paediatric care
   - Term accreditation in Paediatric Emergency Medicine

Plans to spread /share change
Done: Submitted to the ACI Innovation Exchange
Planned: Enter into LHD Quality Award end 2017