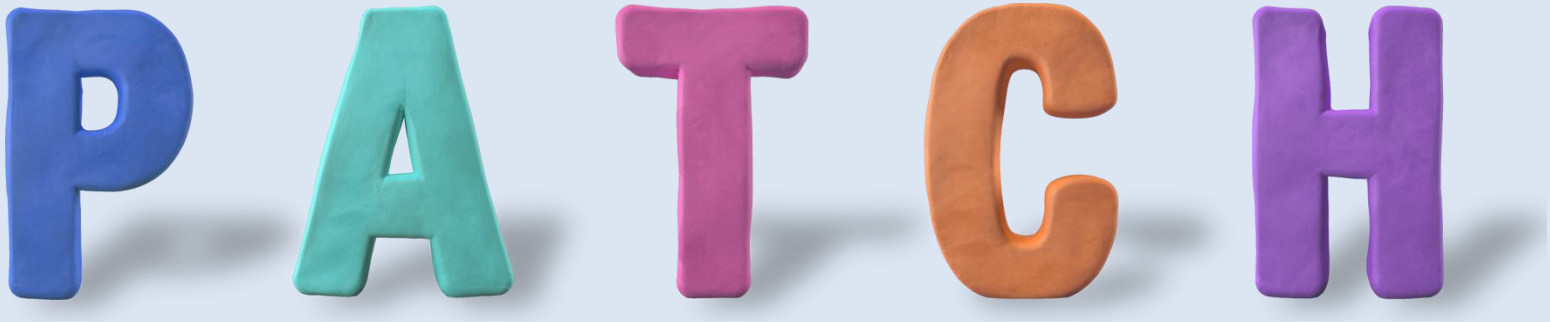


(Providing Assessment & Treatment for Children at Home)

developing an innovative resilient workforce

Dr Francesca Cleugh
Paediatric Emergency Department
St Mary's Hospital, Imperial College Healthcare NHS Trust
December 2019

Aims & Objectives of PATCH

- Provide a safe & effective link across existing primary & secondary services
- Avoid admissions and reduce length of stay for moderately unwell children, keeping them at home when safe to do so
- Reduce PED attendances and re-attendances
- Improve parental confidence in self care for mild and moderate illnesses
- Develop and deliver an innovative and truly integrated high quality service which has been co-designed by staff working across the paediatric urgent and emergency care system
- Recruit, develop and retain advanced acute paediatric nursing talent

Drivers

Same Day Emergency Care

Shaping a healthier future

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Royal College of Nursing

connecting care for children

RCGP Royal College of General Practitioners

EXIT

Awarded Imperial Charity grant for 2 consecutive years

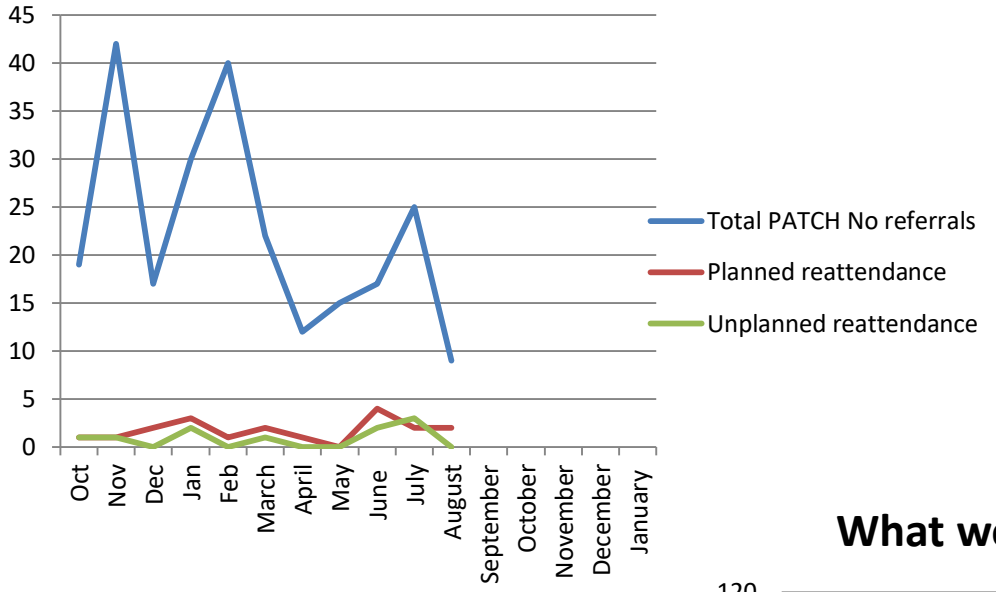
Year 1
16 17

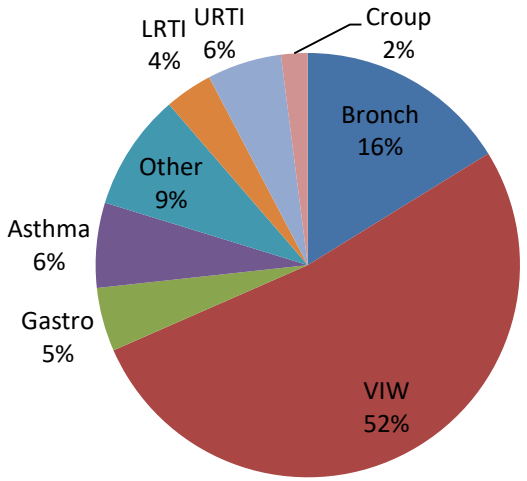
- Co-design and streamlining pathways
- PED referrals to PATCH
- Respiratory presentations – then broadened scope
- Real time data & qualitative feedback
- Rotational post for PED nurses and CLCH CCN
- Initial discussions with CCGs
- GP referrals directly to PATCH avoiding PED

Year 2
18 19

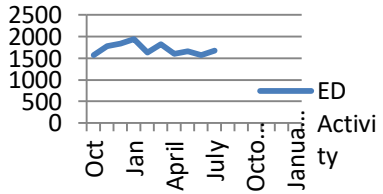
- Re-establish service in PED
- Pursue business case internally & externally
- Continue discussions with local CCGs, STP
- Development of PED nurses
- Align to Same Day Emergency Care agenda
- Collaboration with Chelsea & Westminster, Hillingdon
- Video consultation pilot since July 2019

Summary of PATCH data 18 19



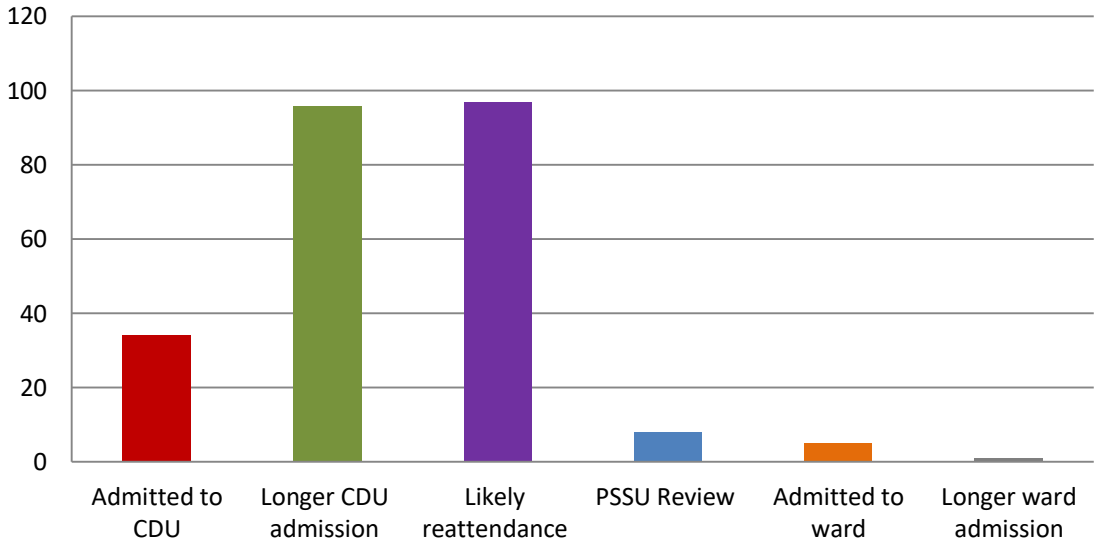


ED Activity



Total numbers = 248 referrals
October 18 – August 19

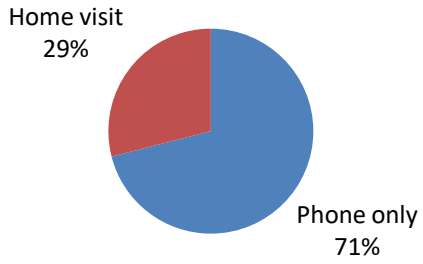
What would happen if PATCH did not exist?



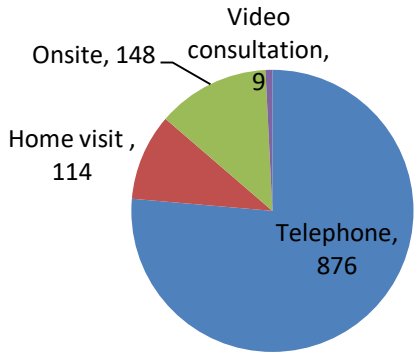
Summary of PATCH data 18 19

Total numbers = 248 referrals
October 18 – August 19

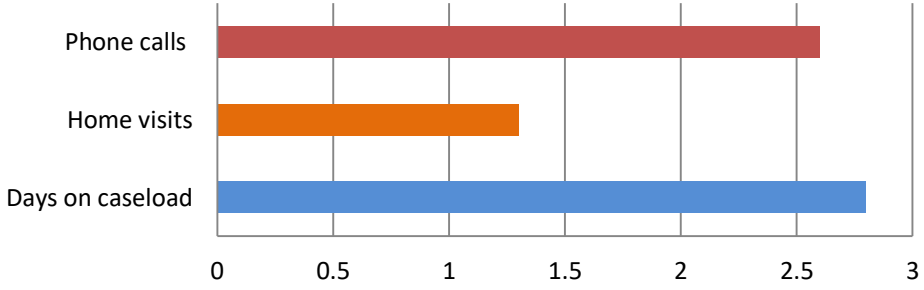
Home visit f/up vs Telephone only f/u



Breakdown of total PATCH activity



Average wheeze caseload (based on 10 patients)



	Days on caseload	Home visits	Phone calls
Series1	2.8	1.3	2.6

PATCH reduces unplanned re-attendances

7.2% of all PED attendances were re-presentations within 3 days July 18- June 19 (1,923 of 26, 648)

PATCH-treated patients **unplanned** reattendance within 3 days rate: **4.2%**
PATCH-amenable diagnosis patients that were **not** PATCH treated reattendance within 3 days rate: **8.0%**

October 18 – July 19

PATCH reduces admissions

PATCH prevented 34 CDU admissions (3%) 5 ward admissions (0.5%)

October 18 –Aug 19

Current pilot activity averages 1.2 PATCH referrals per day – would increase to 4 on fully established service => 5% reduction in total CDU admissions; 1% reduction in ward admissions

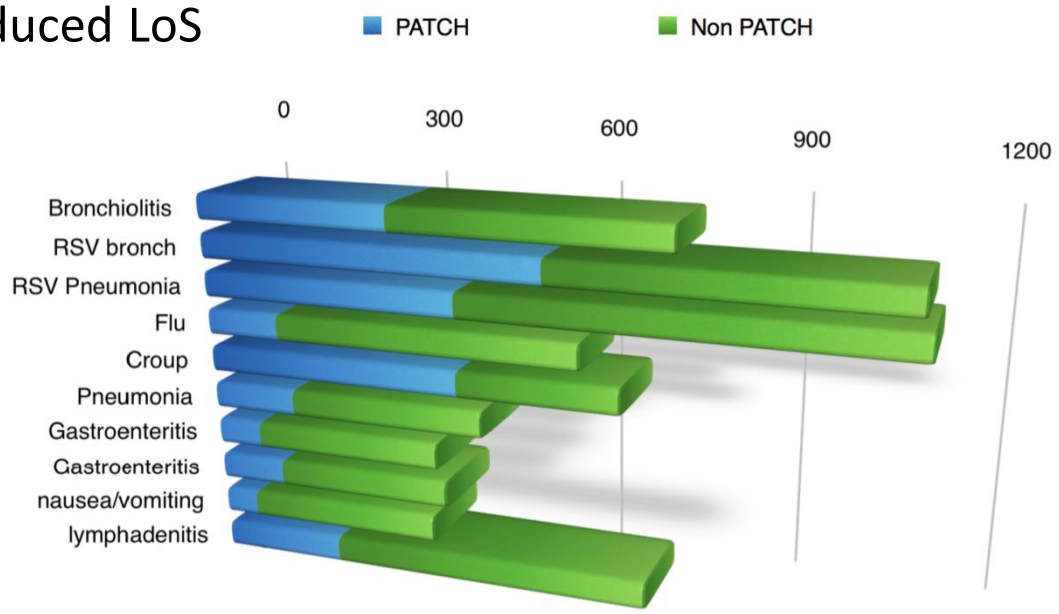
However current coding of PATCH activity as CDU activity makes this a modest estimate and reduction likely to be much higher when coded appropriately
Other H@H services report rise in impact on admissions once fully established

PATCH reduces PCDU Length of Stay

- ***40% PATCH referrals in phase 2 led to reduced LoS on CDU***

- Overall LoS on CDU average for PATCH patients 422 minutes vs 318 for PATCH-amenable diagnosis patients that were not PATCH treated October 2018 – July *2019* ***(note that the PATCH-amenable diagnosis grouping is currently a proxy, awaiting SNOMED to ICD-10 mapping)***
- Specific conditions showed reduced LoS

LoS in minutes



COST NEUTRAL FOR SYSTEM

TEAMS OF 4-6 NURSES BAND 6&7

PATCH impact – looking ahead

Reducing PED attendances

- In phase 1 co designed pathways with local GPs and commissioners for direct referrals into PATCH – ready to go
- Service on System 1 so GPs could retain clinical accountability, IG approved
- Collaborative learning events for clinicians across urgent care system
- Limited number referrals due to pilot PATCH team capacity
- Established teams now expanding to GP and 111 referrals
- Opportunity to demonstrate impact of truly integrated system in terms of reduced ED activity, reduced admissions and LOS, and cost efficiencies
- Look to link with NW London UEC system, GPs, UCCs, 111, LAS once commissioned
- Requires STP buy in given complexity of numerous CCGs
- PATCH collaborating with CLCH, Chelwest and Hillingdon and other acute and community teams across sector to achieve joined up H@H initiative

PATCH enabling Same Day Emergency Care

- Paediatrics nationally ahead of curve in delivery of acute care with SDEC ethos
- Currently PATCH supports management of wheeze, LRTI, and other respiratory conditions out of hospital sooner than is traditional
- PATCH delivers IVAB at home supporting cellulitis/periorbital/pyelonephritis SDEC and other pathways
- Currently PATCH developing jaundice neonate SDEC pathway with neonatal team

Barriers

- transactional and fragmented care
- clinical governance structures
- information sharing - systems and governance
- current funding models , perverse incentives
- competition and silo'd working

Opportunities

- build strong collaborative working relationships across whole system
- new model of whole system commissioning
- innovative adaptive sustainable workforce
- sharing learning and ideas
- family and child centred; coproduced and co-designed
- long term quality and efficiency

Feedback

100% of parents were Extremely satisfied with the care given at home

100% found the service useful

100% felt more confident managing their child's illness at home

70% of parents were extremely satisfied & 30% were very satisfied with the advice delivered by the PATCH team over the phone

100% felt more reassured knowing a PATCH nurse would be phoning for an update on their child's progress with 85% of those very reassured

100% would recommend the service to family & friends!

Text feedback survey 1.10.2018 to 20.09.2019.

Feedback

PATIENT PARENTS

Patient Parent 12th Feb 19
was very thorough when examining my son and gave us some really good advice and gave us a peace of mind and you always felt like someone was just on the other end of the phone to assist

Patient Parent 15th Mar 19 I felt like I understood my child's problem and how to help him

Patient Parent 8th Nov 18
This service was fantastic and absolutely gave me the confidence to look after my child at home. Thank you to the team

Paediatric doctor
"I spent an afternoon with PATCH witnessed first hand how they empower parents and patients. I visited an asthmatic child who was more compliant with medication and observations at home, rather than in hospital. Instead of the parents being given the information in a stressful environment where they would not remember, the nurse supported the family in incorporating the advice in their daily routine. "

Paediatric A&E Nurse
"I have seen the difference if parents and families that have received PATCH input, they are more empowered about their role in providing care and treatment at home and confident about managing their child at home when unwell"

STAFF

Paediatric ED doctor
The Patch team has been really useful to the paeds ED department and our patients, we are able to get patients home quicker than usual whilst also being able to maintain safety.

What patient families say about PATCH

"Next time would go to GP rather than A&E but also know when to seek help from A&E"

Other daughter had similar problem later and parents felt they had better experience in knowing what to do this time around. Mum decided not to go back to A&E as she felt extremely reassured

Knows better when to go to help - been reiterated several times. Mum felt that she was able to absorb all the information better when given to her on the phone at home rather than when she's in A&E. The setting made a big difference to her

Next time won't take to A&E and now understands viral illness but knows what signs to look for that would require medical help

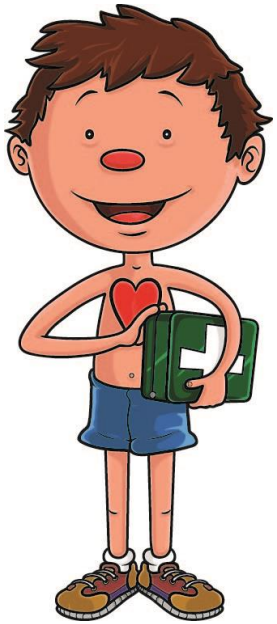
Knows what to do next time and knows what signs to look out for.

"Brilliant service, honestly amazing"

Next time would ask for patch service as would rather be seen at home

Direct quotes from semi-structured interview feedback 2017

Patient Stories

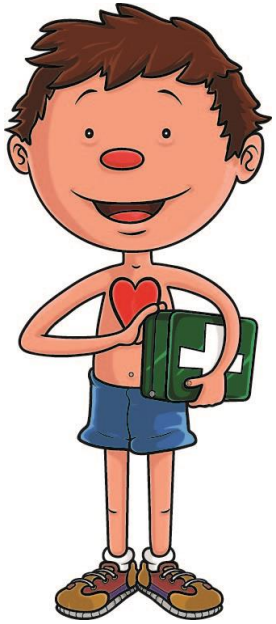


Patient 1:

- **18 month old child admitted to CDU but unable to stretch past 3 hourly inhalers**
- **Well Known to the department and PATCH team , previous PATCH input due to repeat re –attendance with same wheeze exacerbations and on one occasion identified mother hadn't been giving inhalers at night time through misunderstanding.**
- **Discharged form CDU on 3 hourly inhalers parents happy to administer overnight mum able to recognise subtle signs of deterioration.**
- **Reviewed by PATCH team with 2 -3 visits per day over next 3 days until stretched and tolerating 4 hourly inhalers. Kept on PATCH team for 4 days with at least 3 inpatient bed days saved and patient did not re-present with the same illness.**
- **Mother 'much happier' to receive care at home and after many admissions to hospital 'cant believe this service exists, its amazing' 'Reassured to know someone is on the end of the phone' and 'I know what I am doing now'**
- **Mother has 5 other children so receiving care at home was much more manageable and reduced stress on the family.**

Patient Stories

Patient 2:



- 11 month old boy admitted to CDU with Fever and tonsillitis.
- Stayed overnight in CDU due to poor oral intake and parental anxiety.
- Discharged home with PATCH follow up and advice on fever management and promoting oral intake 2x home visits and 2x phone calls.

- **Benefits of PATCH intervention**
- Ward admission avoided and reduced length of stay on CDU
- Parents and family supported in the home to manage the tonsillitis and more education on fever given so parents/grandparents felt more empowered, which could impact future healthcare presentations
- From home assessment, holistic care really promoted with additional needs identified for further nutrition/weight monitoring and referred to the health visitors/GP for this to be monitored.
- Prevented re-attendance to hospital as a frequent attender to hospital
- Family felt PATCH nurse explained all aspects of management clearly and found it beneficial

***Jo Turner**, PATCH nurse*

***Nina Sommerville**, PED nurse on secondment in PATCH*

Looking Ahead to Whole System Gains of Sector Wide Service

- **Rotational nursing posts in PATCH team – *PED, community teams, short stay units, wards* – improving retention, training & development, and ensuring responsive capacity across pathway to meet changing pressure and demand**

- **Development of cohort Advanced Nurse Practitioners to lead service long term - use of apprenticeship levy to fund training and development - creating attractive developmental posts to recruit to. Retention of expert acute paediatric practitioner talent providing sustainable workforce to meet needs of region**

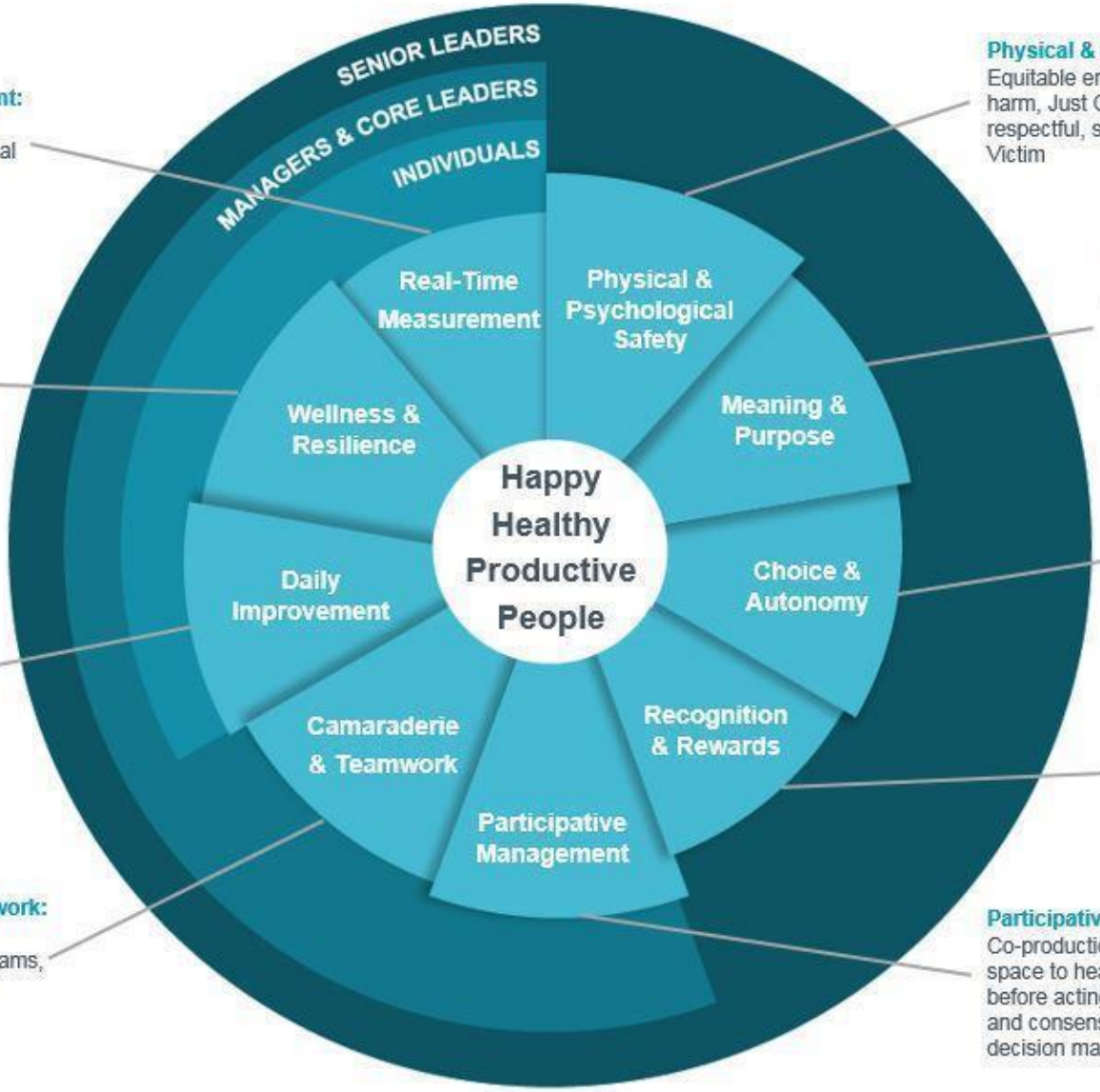
- **Direct GP referrals into service (with use of System1/CIE), co-creating new sustainable and truly integrated models of care**

- **Strong links with CC4C hubs and other key local GPs, and STP population health agenda (asthma), using WSIC database to target interventions of care**

- **Collaborative learning for child health professionals working across urgent care system to reduce unwarranted variation**

- **Work with NW London urgent and emergency care system to provide pivotal expert link for children across GPs UCCs, 111, LAS, community and acute trusts**

Joy in work IHI



Real-Time Measurement:
Contributing to regular feedback systems, radical candor in assessments

Physical & Psychological Safety:
Equitable environment, free from harm, Just Culture that is safe and respectful, support for the Second Victim

Wellness & Resilience:
Health and wellness self-care, cultivating resilience and stress management, role modeling values, system appreciation for whole person and family, work/life balance, mental health (depression, anxiety) support

Meaning & Purpose
Daily work is connected to what called individuals to practice, line of sight to organization mission and goals, constancy of purpose

Daily Improvement:
Employing knowledge of improvement science and critical eye to recognize opportunities to improve; regular, proactive learning from defects and successes

Choice & Autonomy
Environment supports choice and flexibility in work, hours, and use of electronic health records

Camaraderie & Teamwork:
Commensality, social cohesion, productive teams, shared understanding, trusting relationships

Recognition & Rewards:
Leaders understand daily work, recognizing what team members are doing, and celebrating outcomes

Participative Management:
Co-production of joy; leaders create space to hear, listen, and involve before acting; clear communication and consensus building as a part of decision making

Zoe Tribble *– Senior nurse, Integrated Paediatrics Clinical Lead, Mile End Hospital , RLH, set up numerous H@H teams across London and leads H@H forum*

Mastery

Motivation

Membership

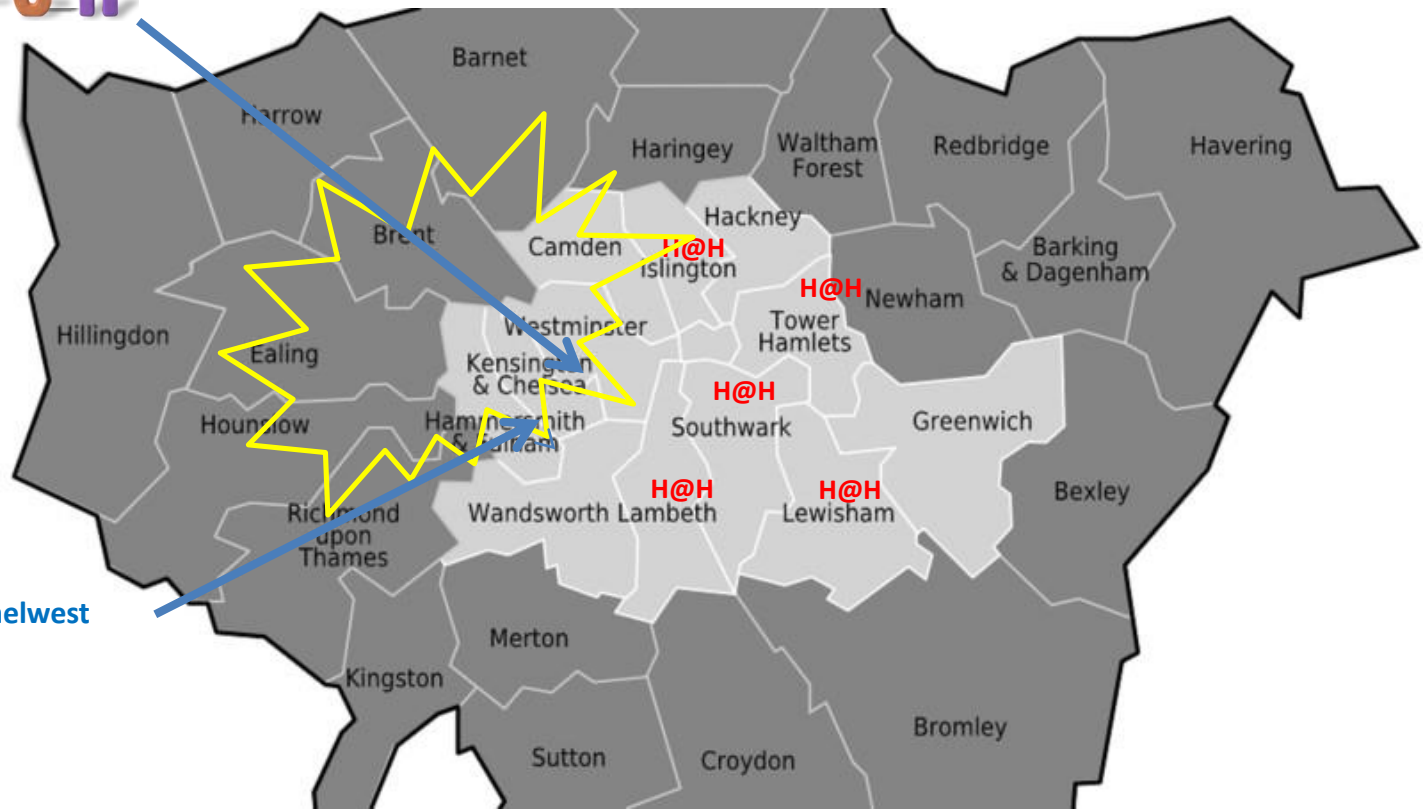
Meaning

H@H teams across London

PATCH

?PATCH@Hillingdon

?PATCH@chelwest



PATCH

providing assessment and treatment for children at home; empowering and supporting families to care for their unwell children and better understand when they need to seek help; developing a cohort of clinicians working across the traditional boundaries of the urgent and emergency care pathway in new ways that genuinely integrate how we make children better and keep them well

- **patch** *noun* - used to strengthen a weak point
- **integrate** *verb* – combine things to make a whole

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