



Children's Ambulatory (Step- Up) Care Newsletter



Issue 2 - August 2017

This is the second of a regular newsletter which will provide updates on developments in the Children's Ambulatory Care Hospital at Home project in Children's Services.

The vision for Children's ambulatory care is to ensure that the whole system is designed to support self-care and community care at home. Patient and family empowerment is key to delivering this model.

In the last issue we highlighted The Step-Down ambulatory care service that commenced in February 2016. This was to provide children's community nursing (CCN) management for in patients who were well enough to have their care completed at home. In the main this has been for children requiring intravenous antibiotic therapy. In this issue we highlight a pilot 'Step Up model'

Over the last 12 months we have worked closely with our Clinical Commissioning Groups to review the urgent care pathway for children and develop a better model.

The key aims of the new model are to:

- 1) Improve the quality of care for sick children
- 2) Empower patients and families to manage illness and access health services appropriately
- 3) Reduce emergency referrals and admissions and length of stay
- 4) Reduce readmissions to secondary care
- 5) Enhance collaborative working with the CCG to meet local needs

This new model will be for CYP who are not unwell enough to require hospital observation/ admission but not well enough to send home from their GP, ED or CDA without a further specialist review. These children would have ordinarily been referred/ admitted to the CDA for a short stay in hospital.

The service will deliver management and targeted interventions according to disease specific guidelines. It will be delivered by appropriately trained community nurses (band 6) and supported by Consultants/ Senior Paediatricians. Pathways will be introduced in a step wise manner after a thorough evaluation of the previous pathway.

Final Version

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The nurses will provide assessment, care and support to children, young people and their carers during a period of illness in the community/home for up to 5 days. There will be access to telemedicine to provide decision making support.

The service model is based on the principle that the care provided is an 'instead of step' not an 'as well as step' in the care of the child. Step up care is focussed on avoiding a hospital attendance or admission.

It is expected that in time an increasing number of hospital attendances will be managed in the ambulatory setting.

We have been funded to undertake a 12 month pilot. If successful this service will be commissioned with a specific tariff.

The Project Manager is Denise Stewart and the Clinical Lead and Chair is Mat Mathai. There are 4 work streams each with a lead and many team members contribute across all work streams

Training and competence: Lead Kay Rushforth

Clinical Governance: Lead Kay Rushforth

Pathways: Lead Mat Mathai

Service configuration/ development: Lead Diane Daley

We have appointed 3 band 6 nurses for this project. In addition 3 of our existing CCNs who currently deliver step down care will also contribute to this project.

The first urgent care pathway to be used will be the wheezy child. The team will work 7 days a week between 9am and 9pm.

Key performance indicators will be:

KPI 1 - Achieve a minimum of 6 contacts each day.

KPI 2 - Accept 100% of appropriate referrals.

KPI3 - Make contact with family within 2 hours of referral.

KPI4 – 100% access to consultant/step up huddles.

The CCG have 12 outcomes that they will evaluate the service against.

We have also linked up with York University and the BIHR to undertake an academic evaluation of the service.

Progress to date

The Recruitment Process;

Project Manager. 0.5 WTE – is now in post

Band 6 community nurses. 2.61 WTE recruited commenced in post on 14 August. The band 6 nurses will primarily be delivering this service however the CCNT will support and deliver the service when required once they have also received the required education and training. The CCNT will continue to deliver the 'step down' model already in place.

Band 2 administration assistant- 0.5 WTE appointed 13 July 2017

Next steps

Dawn Hare, Laura Deery and Tamlin Walker with Emma Wilkinson and the Trust Education Team have developed a bespoke curriculum for training our new CCNs. This will include blended learning have been assigned a clinical supervisor and will have regular appraisal

Complete SOPs for escalation, full capacity protocol and paediatric huddles. Agree referral and discharge process.

To develop a tool to collect patient experience data and feedback from service users.

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To develop clear communication and recording processes between systemone, EPR and paper records and referrals

We are hoping to 'Go Live' with the Wheezy Child 'pathway late November/ December

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