

HNE Health Grant and Awards Platform (2023)

Transforming Patient Experience Award (Program: HNE Research Office Grants and Awards)



aRzPOYKd

JHCH Respiratory Kids at Home

Entry details

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Number of people in entry team 11

Team Members

Nicole Cook – Physiotherapist and Project Officer
Sinead Redman - Acting Manager Community and Allied Health JHCH
Cathy Grahame - Nursing Manager Paediatric Ambulatory Care JHCH
Kiera Wray – Fundraising Officer JHCH
Jodi Hilton and Geshani Jayasuri – Staff Specialist Respiratory and Sleep Medicine JHCH
Linda Cheese – Paediatric Respiratory CNC JHCH
Michelle Cooper – HITH Nurse
Michelle Jenkins – Senior Pharmacist (Paediatric)
Carolyn Matthews – Head of Department (Paediatric Physiotherapy)
Rosie Day - Physiotherapist

Is footage available of this project? Yes

Project Name

Curing Homesickness for Chronic Respiratory Kids

Partner Organisation

John Hunter Childrens Hospital
Coles
Curing Homesickness
Families of children with chronic respiratory conditions (i.e. CF)

Abstract

The aim of the project was to reduce the length of stay for children with chronic respiratory conditions (e.g. Cystic Fibrosis).

The project tested a model of care which focused on empowering families to take control of their child's health and managing their health care needs within the home rather than via the traditional long stay inpatient admission. The model involved families having greater involvement in shared decision making, deliver of care and planning of care.

The model focused on providing home visits and Virtual Care by the Multidisciplinary team to support families at home. The family were provided education and training on administration of IV antibiotics and were upskilled prior to transfer to the home setting.

The pilot phase of the project was able to reduce hospital length of stay from the traditional fortnight of treatment to an average of 7.2 days saving the hospital 5.9 days of a hospital admission. This also freed up available single rooms for other inpatients. The family experience was improved with parents and carers not needing to take as much time off work and the child able to resume school earlier than if an inpatient.

Innovation and originality - *Maximum Score = 5*

Traditionally, children with chronic respiratory conditions such as cystic fibrosis would require admissions for exacerbations and planned admissions for "tune ups" with IV antibiotic therapy, medication review and intensive physiotherapy support which was historically 14 days.

They would require a single room admission to reduce risk of infection which impacted on patient flow and bed availability especially during winter periods. These stays had significant impacts on the family requiring to take time off work and school and be separated from their family unit.

Consumer consultation and engagement occurred to transform how this service could be run better to suit families.

Feedback from the families was that it was a long time to be separated and the added costs of taking time off work/school and parents using their annual leave to support their child's hospital admission.

Health staff were concerned that families would not be able to manage IV antibiotic administration and care in the home without patient safety risks. The feedback from families was that they would be willing to upskill and receive support from the team whilst at home.

A model of care was developed with families to create a hybrid inpatient admission and care in the home service when children with CF required IV antibiotics. The child was admitted to hospital and family education was provided with escalation plan for at home. Hospital In the Home provided ongoing nursing support and Physiotherapy provided home visits and virtual health. Medical staff provided virtual appointments to support the family.

Sustainable - *Maximum Score = 5*

The model of care and clinical governance to support the service were implemented including clinical guidelines and procedures. Hospital in the Home is an existing service and the nursing staff now have skills and experience to support children with CF. Physiotherapy can provide support virtually. Pharmacy support is available and medical follow up can be provided virtually.

There was no additional costs to the service in changing to this model.

This service model has been implemented at John Hunter Children's Hospital. The model can be replicated with other regional services who have access to Hospital in the Home or community nursing. Physiotherapy upskilling in these regional areas or a virtual care model would allow for children to receive clinical care in their home environment.

Scalable - *Maximum Score = 5*

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Better patient outcomes - *Maximum Score = 5*

The project has been successful in developing a paediatric specific service to allow reduced length of stay for children and young people with chronic respiratory conditions. Feedback from families have been incorporated into the service model to ensure that the service uses paediatric friendly treatment spaces and has access to specialised paediatric staff. Reduced length of stay by 45% for those requiring admissions allowed for the family to be together for an additional 6 days and less disruptions to their day-to-day life, including the freedom to move within home and usual community environment. 66% of children were able to return to school whilst still receiving IV antibiotic treatment. Consumer feedback surveys had a positive outcome in terms of quality of life for the children and their families with 92% indicating they would use the service again with benefits of being able to receive treatment outside of hospital.

Productivity and value for money - *Maximum Score = 5*

This project indicated that this service model was cost neutral i.e. no additional costs to deliver this new model of care. A significant reduction in hospital length of stay from 13.1 to 7.2 days, reduced disruptions to family life i.e. parents were able to work and their child were able to attend school. This allowed for reduced pressure on the inpatient service as single room hospital beds were available for an additional 6 days per child on this program.

Collaboration - *Maximum Score = 1*

A strong partnership was developed to navigate a new service model including physiotherapy, the respiratory team, the HITH service, pharmacy and families of children with chronic respiratory conditions. This collaboration across multiple disciplines to deliver outpatient services would not have been possible without the families who engaged in this project.

Openness - *Maximum Score = 1*

Interviews were conducted to partner with consumers, allowing a transparent process when implementing the project with children, their families and hospital services. A Steering committee was established to provide support and clear expectations for the project and measurement of outcomes.

Respect - *Maximum Score = 1*

Patient information and feedback from parents and carers was treated confidentially. Consent was obtained where required. All parties involved were updated with delivery of the new model of care and working relationships were maintained to develop and adapt according to feedback provided.

Empowerment - *Maximum Score = 1*

There was a large component of upskilling families in how to troubleshoot and manage antibiotics at home with reduced access to nursing care. The families assisted in guiding the service model and design of the project. The project enabled families to have greater flexibility in terms of managing their child's care in their home environment whilst obtaining sufficient support.

Teamwork and Partnerships - *Maximum Score = 1*

Cross discipline partnership included medical, nursing, allied health, administration and families. This is the first time a project partnership has been established via a fundraising program through Coles and Curing Homesickness.

Strategic relevance to Future

Health Please tick each appropriate priority your project is linked to; please note you can select more than one:

- ✓ Patients and carers have positive experiences and outcomes that matter
- ✓ Safe care is delivered across all settings
- ✓ People are healthy and well
- ✓ Our staff are engaged and well supported
- ✓ Research and innovation, and digital advances inform service delivery
- ✓ The health system is managed sustainably

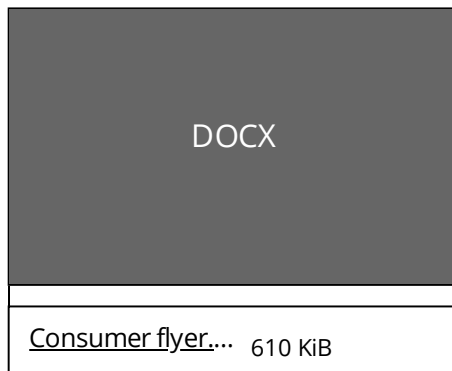
Facility / Dept / Service Manager Name

Sinead Redman

Facility / Dept / Service Manager
Position Title

Acting Manager Community and Allied Health Services CYPF

Facility / Dept / Service Manager Email
Address



We're looking at ways to reduce the amount of time children and young people with CF and other chronic respiratory conditions are spending in hospital



We are doing a trial of **Hospital in the Home** so that patients can have their IV antibiotics at home with support from doctors, nurses, physiotherapists and the rest of the CF team

This means spending **less time in hospital** away from family, friends and school

These services will only be offered to families who live around 45 minutes of John Hunter Children's Hospital

During this trial if your child becomes unwell and needs to be admitted to hospital you may be offered to have your IV antibiotics at home after a few days in hospital

- You will have a video call with your doctor every day and will come in to clinic to see the doctors each week
- The nurses will come and visit you at home if needed or will call you each day to check in
- The physiotherapist will come and see you every day during the week and will also do a video call each day

You may also be offered to see the physiotherapist at home each day if you have a drop in lung function or a productive cough but don't need IV antibiotics

If you have any questions about this project or would like any more information please ask your care team

