

ACE Program

Accelerated Care through Emergency

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Background

- In Australia 44% of children “chronic condition”
 - 8% of children disabled AIHW 2005
- Changing medical needs of children
 - Increased survival for many disorders
 - Very low birth-weight infants, 29% moderately or severely disabled in adolescence. Doyle ADC 2001
 - Increased technological support to enable Pts to be cared for at home
 - Home ventilation, parenteral feeding, monitoring, baclofen pump
- These children frequently present to ED’s
 - Extensive histories
 - Specialized needs, multiple sub-specialities involved
 - Almost totally disengaged from community medical services
 - Often engaged with community support agencies

Ace program, Overview

- RCH Emerge Dept 55,000 pts/annum (busiest in state)
- Initially 97pts identified with > 3 visits/year
- ACE program inception April 2002, trial of 50 pts (>4 visits/yr)
 - Aims
 - Reduction in the use of Emergency department and inpatient facilities
 - To support and enhance the families' capacity to manage their children's conditions in the community
 - To create clearer clinical pathways to deliver improved continuity of care
 - To enhance proactive management of patients healthcare needs

ACE Program

ED based care coordination program

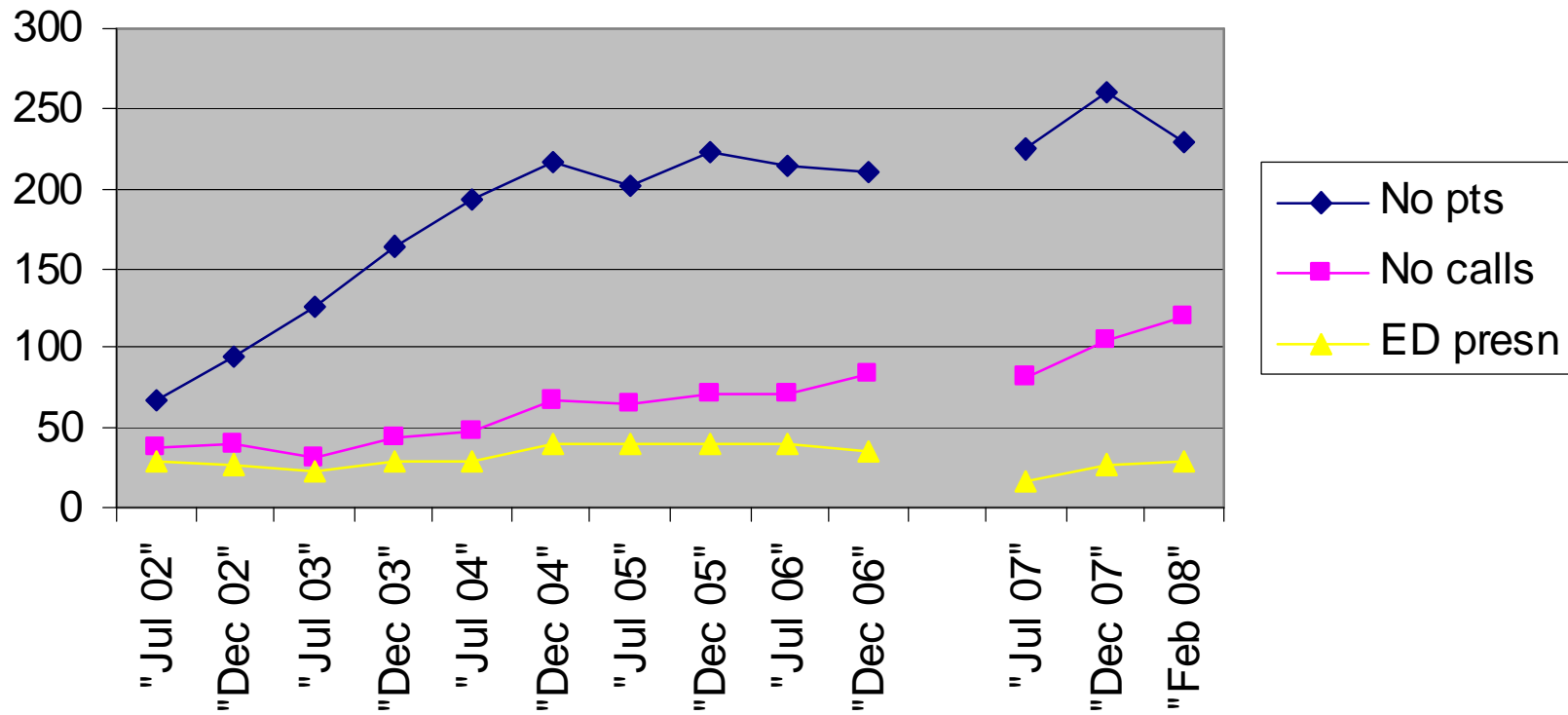
- **Coordination to streamline care team**
- **Coordination with subspecialty services to develop individual care plans**
- **Care plans carried by nurses on PDA's**
- **Phone triage (available 24/24)**
- **24 hr access to experienced paediatric nurses...specialist teams**
- **Advice and support**
- **Referral to community based agencies**
- **As required referred to ED**
- **Co ordinate with medical/ paramedical team**
- **ED presentation facilitated**
- **Advance notice provided by nurse**
- **Seen by ED consultant within 20 mins, rapid decision making**
- **Facilitated admission process**

ACE program, Admission criteria

- **Chronic condition and ≥ 4 ED visits in prev 12 months**
- **Implanted device,(baclofen pump)**
- **Ex prem neonates with complex disorders (do not need to wait 12/12)**
- **Cardiac babes awaiting second surgery (BT Shunt)**
- **Pts under 4 yrs of age with Haemophilia**

ACE program, Growth

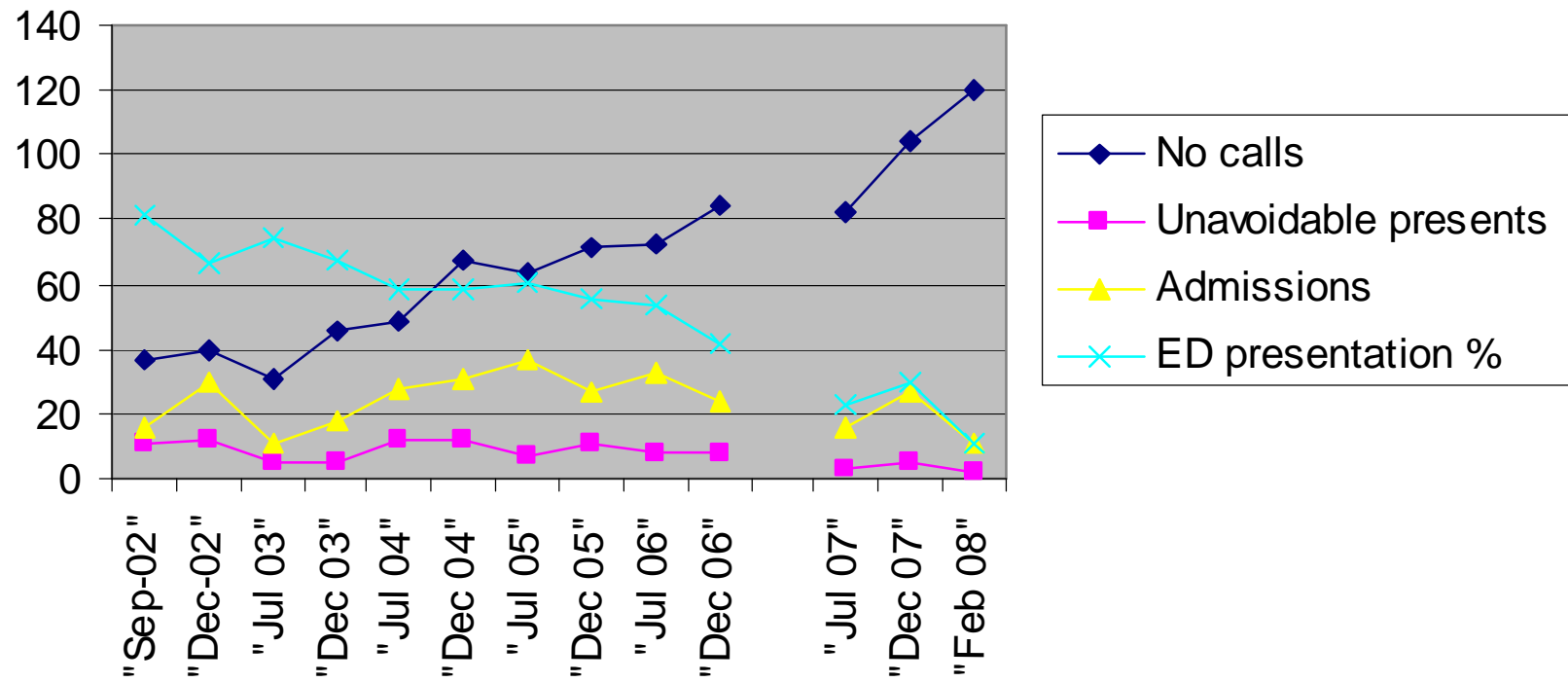
ACE program, Growth



ACE program, ED presentations

s2

ED presentations



Slide 7

s2

suttdnd, 04/04/2008

ACE Program - Demographics

- Patients enrolled (as at Dec 2006) 220
- Age (Mean, Range) 8.1y (3/12- 18y)
- Primary Diagnosis
 - Neurological disorders 25%
 - Genetic Disorders 19%
 - Developmental Delay 13%
 - Cardiac Disorder 13%
 - Respiratory Disease 4%
 - Other (metabolic, surgical, haematological) 27%

ACE Program- Demographics

- **Primary Hospital Service**

Child Development/Rehabilitation	40%
General Medicine	11%
Neurology	7%
Thoracic Med	7%
Other (cardiac, metabolic, gastro, haematology, surgical)	35 %

- **Number of additional services involved** (Inc
Community based services)

1 – 5 Services	60%
> 5 Services (range 6-22)	40%

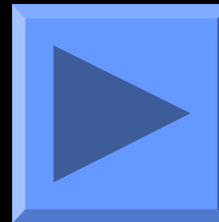
- **Technical Devices Implants**

1 Device/ Implant	49%
2 or more Devices/Implants	30%

Ace program, care plans

Pt referred by care manager's consultants, nursing staff, MSW's, parents

After referral information taken from Hx, consultant contacted for clarification, care plan formulated.



Parents contacted care plan discussed, consent obtained, ACE contact details given

Community agencies involved notified of ACE involvement and contact details sent

Hospital computer programs configured to flag alerts at presentation

Parent Feedback

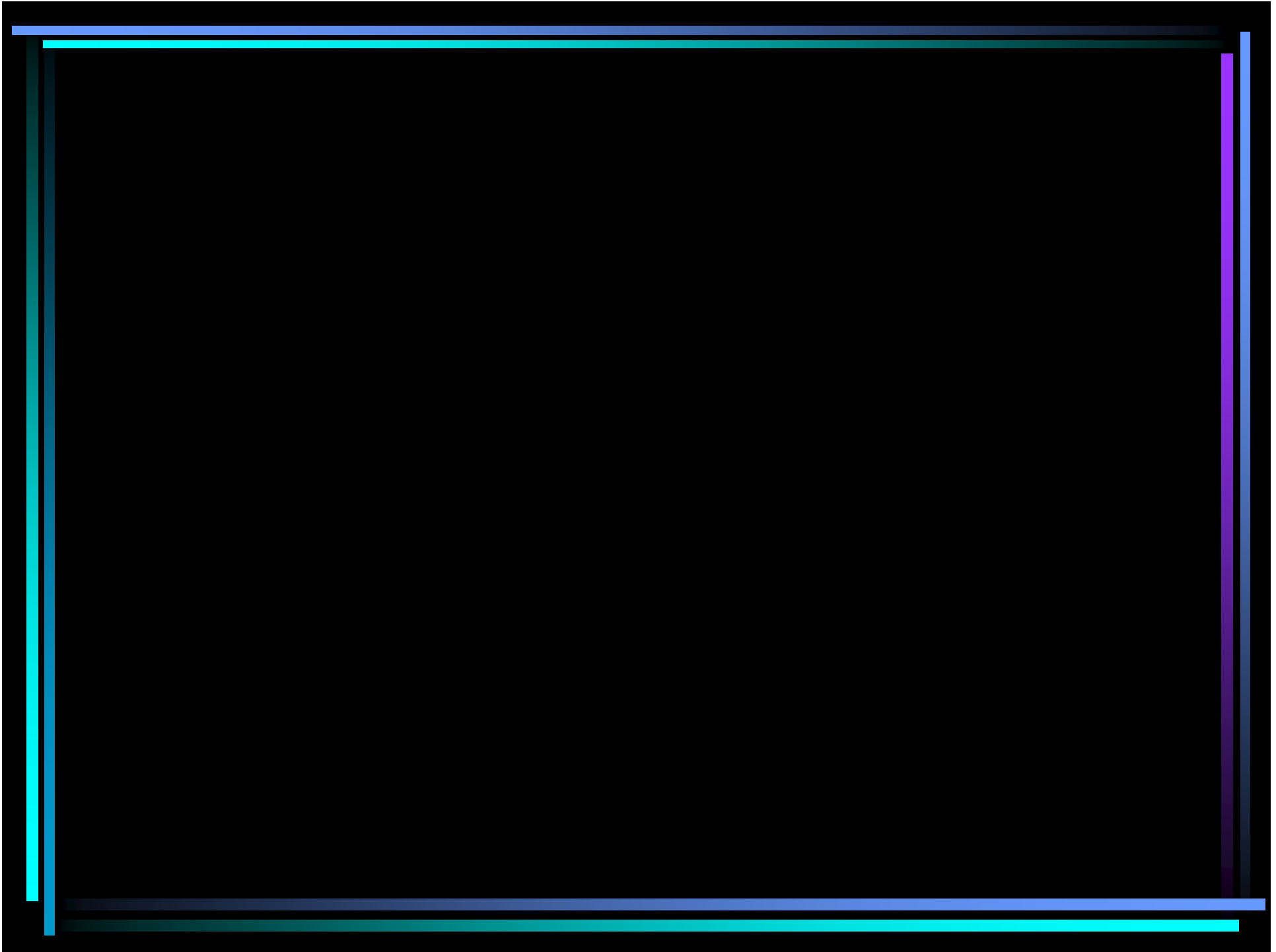
• Return rate	47%	2005	33%	2007
• Contact ACE				
– 1-5 times	65%		69%	
– 6-10	17%		18%	
– >11 times	13%		10%	
• Reasons for contact				
– Advice	51%		43%	
– Major change	45%		23%	
– Minor change	28%		15%	
• Mean satisfaction score	8.3		8.5	
• Have ED visits been avoided	54%		50%	

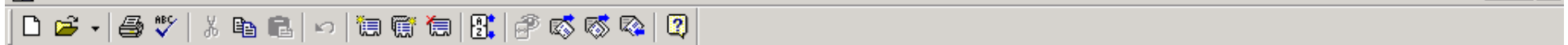
ACE Program – Cost/ Savings

- Total cost \$166,000/yr
 - Per patient \$750 (based on 220 patients)
- Average cost ED visit \$340 Not inc pathology, radiology etc
 - 2006 “avoided ED visits” 636
 - 2007 “avoided ED visits” 850
 - Total savings \$520,100
 - Nett savings \$188,000

Summary.

- Novel ED based program for children with chronic and complex illnesses
- Over time more phone calls with lower % ED visits/admissions
- Saves money
- Able to enhance families capacities to manage child's condition in community
- Well accepted by families, ED and subspecialty services





ACE project

Patient details

RCH UR DOB 22/12/2004
 First name Age Months
 Last name Gender
 Mother
 Father
 Address
 Suburb PC 3029
 Home
 Mobile Status Active Non-active



Medical Contact

Family choice

Primary Consultant
 Second Consultant
 Pager Ph
 Email address
 Community Dr
 Address
 ph Fax

Existing conditions

-
-
-
-
-
-

Respiratory Care

- I/N Oxygen
- Mask Oxygen
- BIPAP
- CPAP
- Tracheostomy
- Oxygen
- Physiotherapy Daily
- Physiotherapy when unwell
- Suction when unwell

Development

- Walking
- Crawling
- Sitting up
- Stroller
- Bed bound
- Talking
- Makes sounds
- No speech
- Other...

Schooling

- Attends school
- Special school
- Kindergarden
- Creche
- Carer
- Other...

Gastrointestinal Care

- Nil orally
- Gastrostomy feeds
- Nasogastric feeds
- Intravenous feeds
- Central line
- Infusaport
- Oral diet
- Fluids only
- Other...

Output

- Indwelling catheters
- In Out catheters
- Condom drainage
- Metrofanoff
- Colostomy
- Nappies
- Toilet
- Other...

Physical assistance

- Hearing aids
- Hip brace
- Hand splints
- Crutches
- AFO
- Other...



ICE project

Client details

Client details
Client name
Client name
Mother
Father
Address
Suburb
Home ph
Mob ph



DOB 8/05/1989
Age Months
Gender F
PC 3130
Status Active Non-active

Medical Contact

Family Choice No

Primary Consultant Dinah Reddihough
Second Consultant Tony Catto-Smith/ Simon Harvey
Pager Ph
Email address
Community Dr Dr Scott Gardiner
Address Blackburn Clinic, 195 Whitehorse Rd .
ph 9875 1111 Fax

Send email

Existing conditions

- Cerebral palsy
- Epilepsy
- Spastic quadraplegia
- Scoliosis
- Limb contratures
- Gastrostomy

Find New Sort Show all List

Home plan Potential Problems ED Contact

Respiratory

- Respiratory distress
- Chest infection
- Severe scoliosis with Resp compromise

Cardiovascular

- Intermittent Low serum Albumen
- Decreased circulation to lower limbs

Neurological

- Seizures
- Developmental delay
- Vision impairment

Endocrine

- Altered albumin levels

Gastrointestinal

- Gastrostomy problems
- Dehydration

Social

- Part of family choices program
- Lives with family
- Has respite care at VSK

Other

- Dry Skin
- Pressure areas
- Pain in hips



ACE project

Patient details

CH UR NO:
 First name:
 Last name:
 Mother:
 Father:
 Address:
 Suburb:
 Home ph:
 Mob ph:
 Medical Cont:
 Primary Cons:

DOB: 23/09/1994
 Age: Months
 Gender: M
 PC: 3041
 Status: Active
 Non-active
 Advice: No
 Antolovich



Consultant: Virginia Maixner
 Pager: 7903 Ph: 4813
 Email address: giuliana.antolovich@rch.org.au
 Community Dr: SIA Medical Centre
 Address: 1138 Mt Alexander Road, Essendon, 3040.
 ph: 9374 1322 Fax: 9374 1546

Send email

Existing conditions

- Spastic quadraplegia
- Gastrostomy
- Intrathecal Baclofen Pump
-
-
-

Find New Sort Show all List

Home plan Potential Problems ED Contact

Allergies

NKA

Angel cream

Yes

IV access

Difficult: ICU/anaesthetics

Treatment commencement

Equipment required

Gastrostomy 18Fr. 1.7cm Bard Button

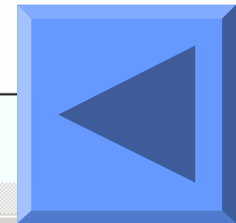
Equipment

Intrathecal Baclofen Pump

Preferred ward in hospital

Comments

This Child has an Intrathecal Baclofen pump insitu. The ITB co-ordinator MUST be contacted on pager no 4813 WHENEVER this child presents to ED. Need to observe child for symptoms of baclofen overdose/ underdose. The symptoms can be life threatening. If any doubt the child must present to the ED.



Browse

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