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**One small hospital is  
one small hospital.  
Role delineation and capacity  
building for paediatric medical  
services in Hunter New England**

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## Setting the Scene: Hunter New England Health



Facilities include:

- 1 Tertiary hospital
- 4 Rural Referral Hospitals
- 14 Community or District Hospitals
- 18 Multipurpose facilities



## ED presentations 0-16y 2006/7

• JHCH	16847	21.8%
• RRH	29980	38.7%
• CDH	30618	39.6%



## ED presentations & Admissions 06/07 <16yrs & distance from Inpatient specialist Paediatric Unit

	ED	Adm	km		Role delineation for Paediatric medicine*
• Barraba	448	21	89	T	1
• Bingara	225	9	149	T	1
• Boggabri	151	3	113	T	1
• <b>Glen Innes</b>	<b>1203</b>	<b>206</b>	<b>96</b>	<b>A</b>	<b>1</b>
• Gunnedah	1681	172	71	T	3
• Guyra		18	36	A	1
• Inverell	2635	190	123	A	3
• Manilla	625	27	45	T	1
• <b>Moree</b>	<b>2396</b>	<b>308</b>	<b>260</b>	<b>T</b>	<b>3</b>
• Narrabri	1487	227	163	T	2
• Tenterfield	297	86	186	A	1
• Quirindi	520	0	67	T	1
• Vegetable Ck		3	135	A	1
• Walcha	395	28	60	A	1
• Warialda	278	67	188	T	1
• <b>Wee Waa</b>	<b>753</b>	<b>189</b>	<b>200</b>	<b>T</b>	<b>1</b>



## ED presentations & Admissions 06/07 <16yrs & distance from Inpatient specialist Paediatric Unit

	ED	Adm	km	Role delineation for Paediatric medicine*	
• Bulahdelah	269	2	65	MR	1
• Gloucester	598	29	72	MR	2
• Cessnock	4809	131	27	M	3
• Dungog	476	1	54	M	1
• Merriwa	309	14	153	M	1
• Muswellbrook	2004	196	96	M	3
• Denman	200	17	103	M	1
• Scone	928	119	121	M	3
• Singleton	3334	154	46	M	3
• Murrurundi	117	8	90	T	1
• Tomaree	2486	2	60	J	1
• Kurri Kurri	1994	163	12		2



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# Quality care as close to home as possible

- Hospital Role delineation
- Clinical Networks, NCHN & HNE CYPCN
- Security of Children in Hospital
- Credentialing of clinicians
- Escalation of Care
- Clinical Practice Guidelines
- Education and support



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# Level One

## Paediatric Medical Role Delineation

“No planned inpatient paediatric medical service or designated beds. Provides primary and emergency care; and stabilisation for children prior to moving to appropriate higher level of service. Quality assurance activities.”

*Interpreters as per Circular 94/10”*



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## Level Two

# Paediatric Medical Role Delineation

“Designated paediatric inpatient in a general hospital in an outlying and geographically isolated area. May have isolation capacity. Accredited Medical Practitioner on call. Formal consultative links with paediatrician. Would be used for only minor medical conditions or convalescence following referral from a higher level unit. RNs with skills consistent with a competent Paediatric Nurse. Continuing nursing educational programs available. Able to provide accommodation for parents or carers.”



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# Level Three

## Paediatric Medical Role Delineation

“As level 2; plus designated paediatric ward/area with patient amenities. Has isolation capacity in separate rooms. Provides for common medical conditions. NUM, preferably with post basic clinical qualifications or access to CNC within the area and RN’s with skills consistent with a competent Paediatric Nurse. Some RNs undertaking relevant post graduate studies. Has 24 hour access to Medical Officer on site or available within 10 minutes. Access to allied health professionals. Formal link to community child and family health service. Formal quality assurance program.”



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# Review of Role Delineation HNE Paediatric Facilities

- In June 2007, the AET advised of their support for the CYPF Clinical Network to work with senior managers and clinicians to appraise the current delineated role of all paediatric medical services within HNE Health. The AET noted that this process would assess the current capacity of HNEH facilities to deliver services to children and young people and would recommend strategies for development and enhancement. This initial focus is on Paediatric Medicine.
- During 2007, site visits were conducted to all HNE Health facilities



# Review of Role Delineation HNE Paediatric Facilities

- These visits assessed the capacity of facilities to deliver paediatric medical services to children and young people. A variety of tools were used in these assessments. These included:
- Current role delineation
- Professional communication with senior managers and senior clinicians
- Data:
  - ED presentations
  - Paediatric admissions
  - Births
  - RCA's
- Chart audits
- Visual assessment of the wards where children are admitted and the space configuration
- Demonstrated access to Paediatric Clinical Practice Guidelines.



# Paediatric baseline standards

- Any facility in Hunter New England Health caring for paediatrics would have meet a base standard of care and facilities.
- Paediatric Bed standards defined in security policy.
- All staff
  - Access to appropriate education
  - Access to consultative services eg Paediatrician, Emergency Physician or CNC Paediatrics
  - Access to the internet and current information
- Medical Officers
  - Accredited Medical Officer will be on call
  - Formal consultation links with Paediatrician
  - Emergency access to Paediatrician or Emergency Physician
- Nurses
  - Competent Paediatric Nurse (according to ACPCHN)
  - Other competencies outlined in Staff Credentialing (appendix 7)
  - Access to CNC Paediatrics
- Quality Assurance
- Some QA activities, specific to paediatric clinical care



## Policy: Paediatric safe area

Children who present or are admitted to hospital will receive care & management that:

- Is safe and appropriate meeting physiological, psychological & developmental needs
- Clinical needs eg protocols, appropriate equipment, education
- Physical environment eg toys, own toilet
- Physical location eg easy vision by staff
- Carer's needs eg overnight facilities



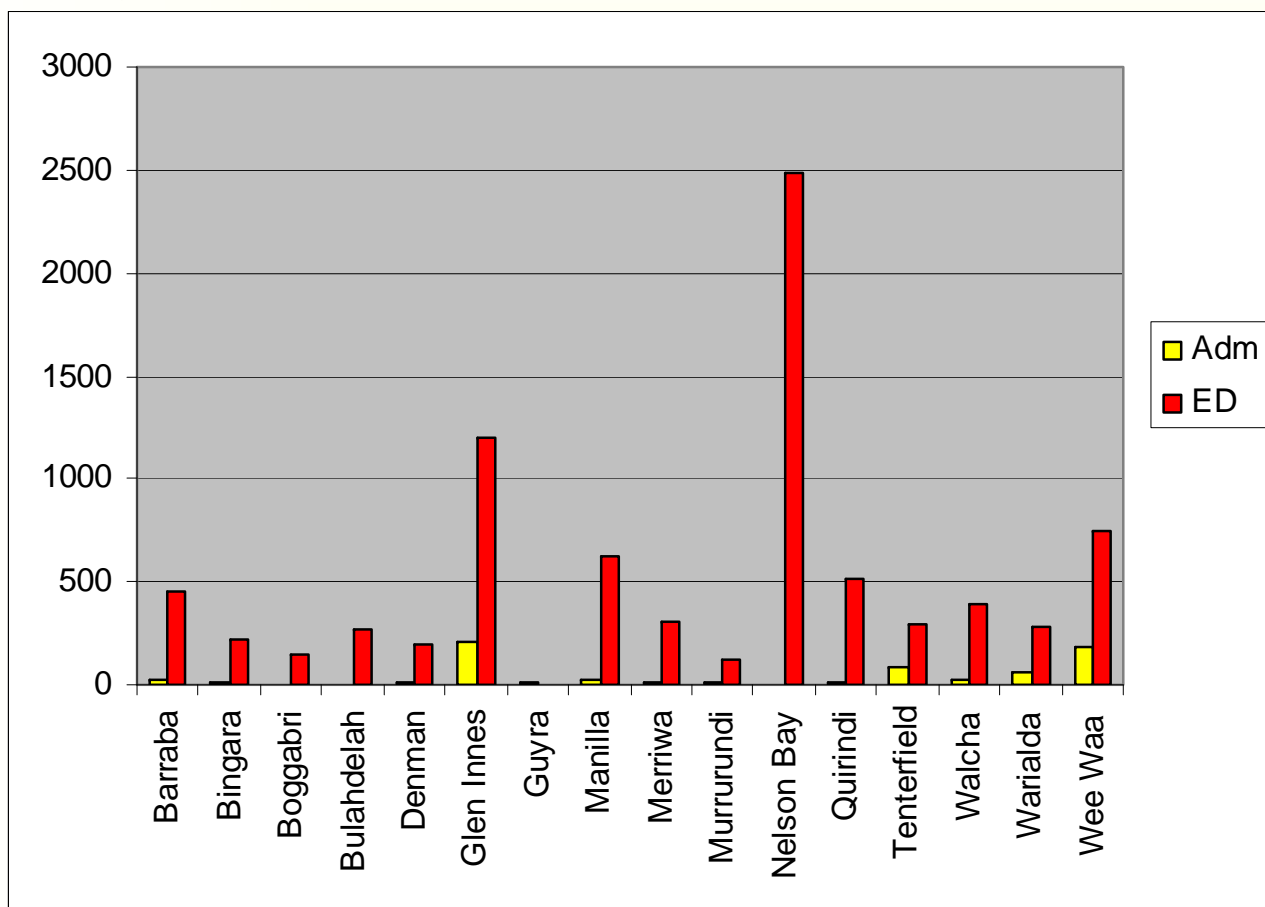


# Actions

- Area-wide policy development, addressing the needs of small as well as large institutions
- Secondments and Backfill
- Local education and training
- Resource nurses
- Implementation of CPGs
- Equipment
- Staff credentialing proposal

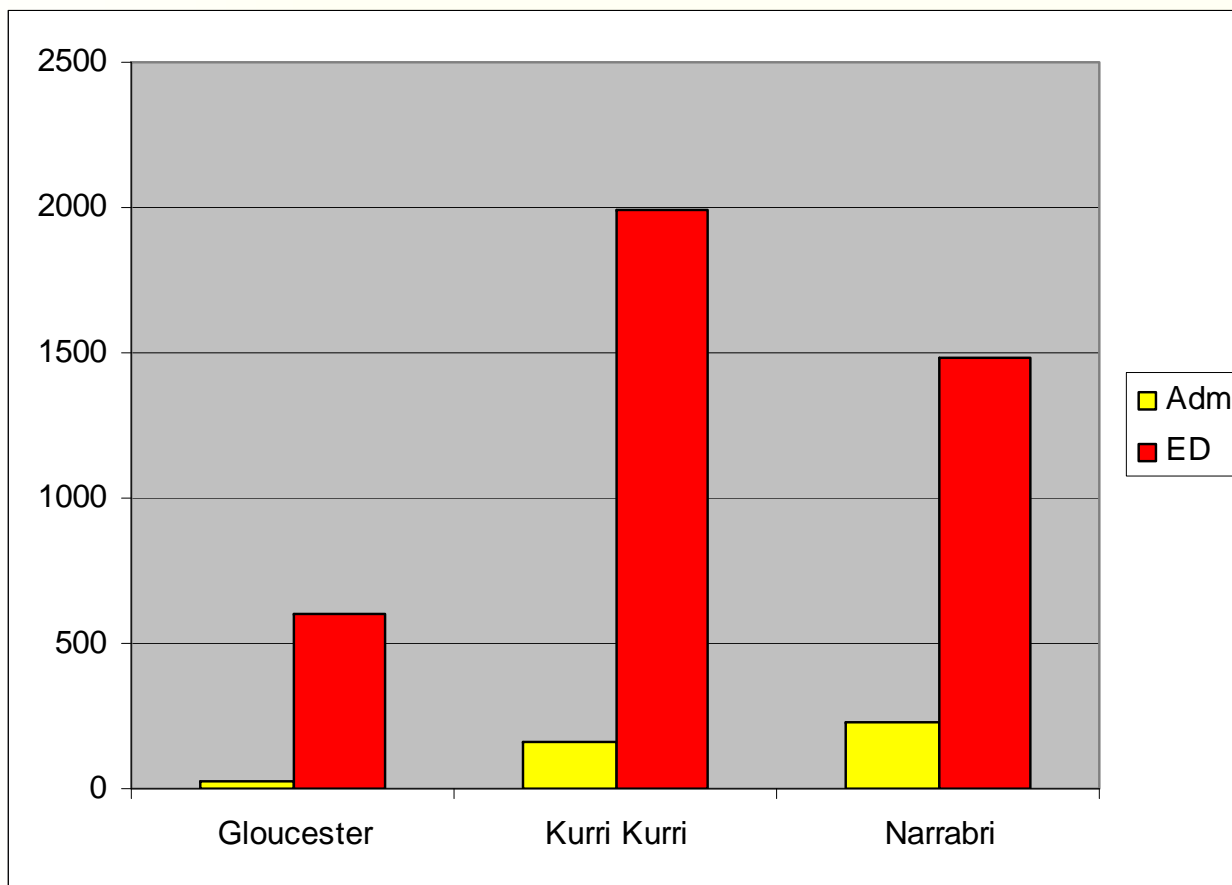


# Admissions and ED presentations <16 yrs – 2006/07 – Level 1 Facilities



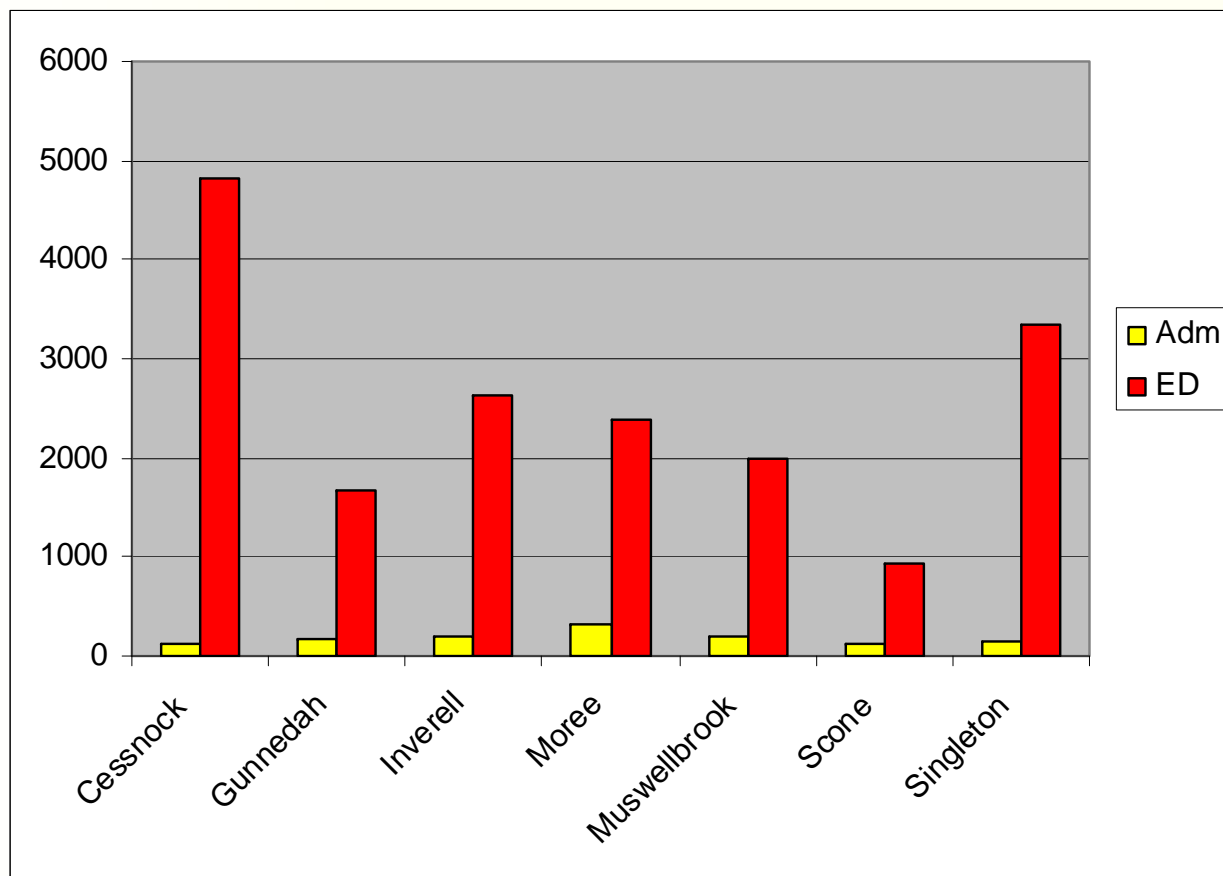


# Admissions and ED presentations <16 yrs – 2006/07 – Level 2 Facilities





# Admissions and ED presentations <16 yrs – 2006/07 – Level 3 Facilities





# Paediatric admissions to HNE hospitals

	JHCH	R/referral	C/district	Total
02/03	7179	6093	3653	16925
03/04	7172	5761	3492	16425
04/05	6897	5734	2747	15378
05/06	7343	5578	2744	15665
06/07	7705	5701	2453	15860



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