Homeward Bound caring for Technology Dependant Children

(Home in hospital awaiting hospital at home)

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PROBLEM
Technology dependent children have a poor quality of life living in hospital. Children suffer developmental delay and their families experience trauma, transition to home is difficult

Background

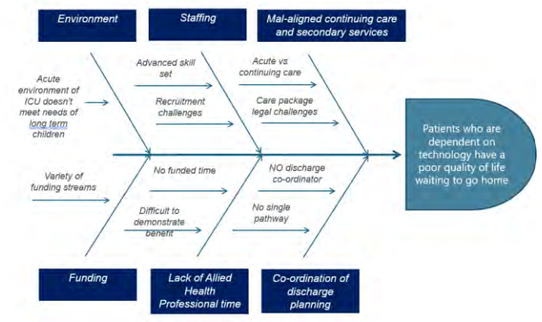
"living in hospital for most of her life was horrible, we had almost nothing, no home comforts and even managing to eat every day was hard"

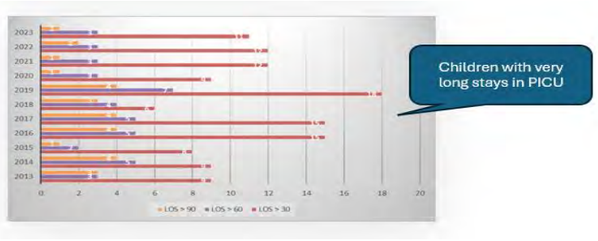
There have been lasting effects on my mental health.

In 2022 30 Children had operations cancelled on the day of surgery due to PCC bed availability
In 2023 to date, 20 children have had elective surgery cancelled due to PCC bed availability.

No natural light
No space for rehab
No play area
No sensory stimulation
Noisy
No day-night differentiation
Traumatic daily experiences
Parents far away

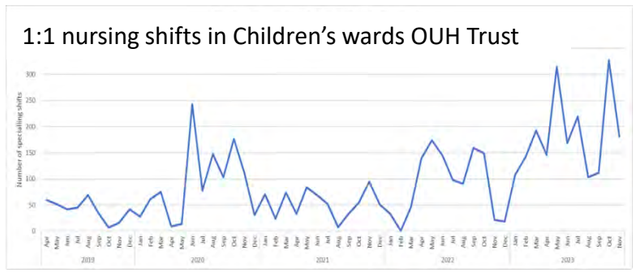
DIAGNOSTICS 1



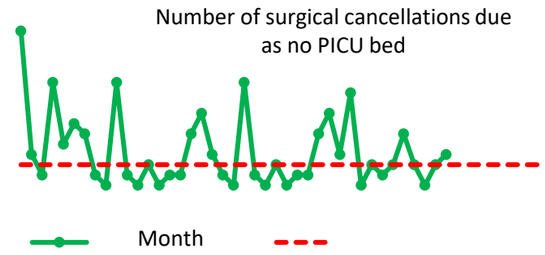


DIAGNOSTICS 1

1:1 nursing shifts in Children's wards OUH Trust



Number of surgical cancellations due as no PICU bed



AIM

AIM
Improve the lived experienced of Children who depend upon technology.
&
Improve Bed capacity in paediatric ICU and Children's Wards

change ideas	LOGICAL? Definitely = 2 Maybe = 1 No = 0	QUICK & EASY? Definitely = 2 Maybe = 1 No = 0	EXCITES ME? Definitely = 2 Maybe = 1 No = 0	SCORE Logic X Quick X Exciting
Stand alone LTV unit	2	1	2	5
Discharge co-ordinator	2	0	2	4
Remote monitoring at home	2	0	2	4
3rd party care agency provider for nursing support	0	0	2	2

PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Improve environment for Children dependent upon technology living in ICU	Funded Long term ventilation unit, as per other children's hospitals	Reviewed 10 years of data for numbers and bed days. Explored with OUH Trust. Not feasible	Number of patients do not support stan-alone hub business case. Need to think laterally
1.2	Improve environment for Children living in ICU Homeward Bound programme to change focus of care for long term patients.	Allow children freedom to use Children's hospital facilities, eg sensory garden	Staffing ratio and availability of ICU does not allow regular trips for children and parents. Baseline of 1 trip per month is inadequate.	Visits out of ICU baseline once per month, is poor Need to think laterally to remove staffing concerns.
1.3	Homeward bound programme, Allow 3rd party care agency to deliver care to medically stable long term patients.	Invite 3rd party agency for pilot. Approached first agency. Funding granted by ICB. Single agency agreed to staff pilot	Agency interested to develop idea. Concerns re honorary contracts and funding. Needed funding	Pilot funding secured from BOB ICB. Concern around 6m turn around for honorary contracts

PDSA Test #	PLAN	Do	STUDY	ACT
2.0	Develop pathway to timely honorary contracts	Single person in HR with Single HR rep from agency. Developed database of documents from agency	Aim for staff honorary contracts turnaround in 3 weeks rather than 6 months.	Data base now exists, regular contact to maintain and update fro rapid turn around of staff
3.0	Hospital Trust oversight.	Developed pathway papers Present to Division and directorate Quality oversite committee	Present to Quality committee for division and directorate	Safety concerns identified. Requested individual SOP's to be developed
4.0	Patient safety assurance Development of SOP's	SOP for all interventions and pathway (8 developed)	Presented to nursing staff and agency staff before Quality Committee review	Sign of by matrons in Children's Hospital and ICU
5	Patients on Children's Wards with similar care needs identified	Expand programme to include 2 key children's wards.	1:1 nurse staff ratios on children's wards- run chart. Noted that there was a significant problem .	3rd party agency also able to be recruited to deliver care on wards as ICU via Homeward bound programme

FEEDBACK

"From the perspective of a neurorehabilitation key worker and Clinical Psychologist, the project has the potential to be of huge benefit. The transition home can be overwhelming for parents of children with who suddenly have complex needs as a result of brain injury, particularly because they have never had to manage caring for their child's needs at home before.

Equally, it can be very difficult to find agencies who are willing to provide care for these children because their needs seem too great. Enabling carers to look after a child in the hospital first builds the parents' trust in the carers' capability and knowledge of their child's needs and also in the carers' confidence in their own ability to look after the child. It also allows relationships to form within the contained, neutral environment of the hospital before both carers and parents have to share the personal space of the child's home.

For these reasons, it is likely that the Homeward Bound project would improve the chances of a successful transition home, reduce the likelihood of care packages breaking down and reduce hospital re-admissions. In addition to releasing hospital beds, enabling the child to go home will have enormous psychological benefits for them, their parents and any siblings."

SUMMING UP

Successes	Challenges
Securing funding £120,000	Recruiting experienced care staff
Achieving honorary contract pathway [6m to 3w]	Sign-of by governance team in timely manner
Recruiting care agency	Gaining trust of important key people
Integrating new pathway	Large project for the time period!
Working as a multi professional team	

Acknowledgement: Heather Shearer, Mentor, QIClearn

improve ONE thing Change CHAMPION QIC learn