

ACE Program

Accelerated Care through Emergency

David Sutton, Paul Stanley,
Fiona Phillips, Franz Babl

Emergency Department
Royal Children's Hospital
Melbourne, Australia

Background

- In Australia 44% of children chronic condition
 - 8% of children disabled AIHW 2005
- Changing medical needs for children
 - Very low birth-weight 29% moderately or severely disabled in adolescence Doyle ADC 2001
- Frequently present to EDs
 - Extensive histories
 - Specialized needs

Aims of the ACE Program

- For patients with chronic and complex medical conditions who have frequent ED attendances:
 - Is it possible to prevent ED visits?
Or if unavoidable
 - Is it possible to accelerate ED visits?
- Creation of the ACE Program –
Accelerated Care through Emergency

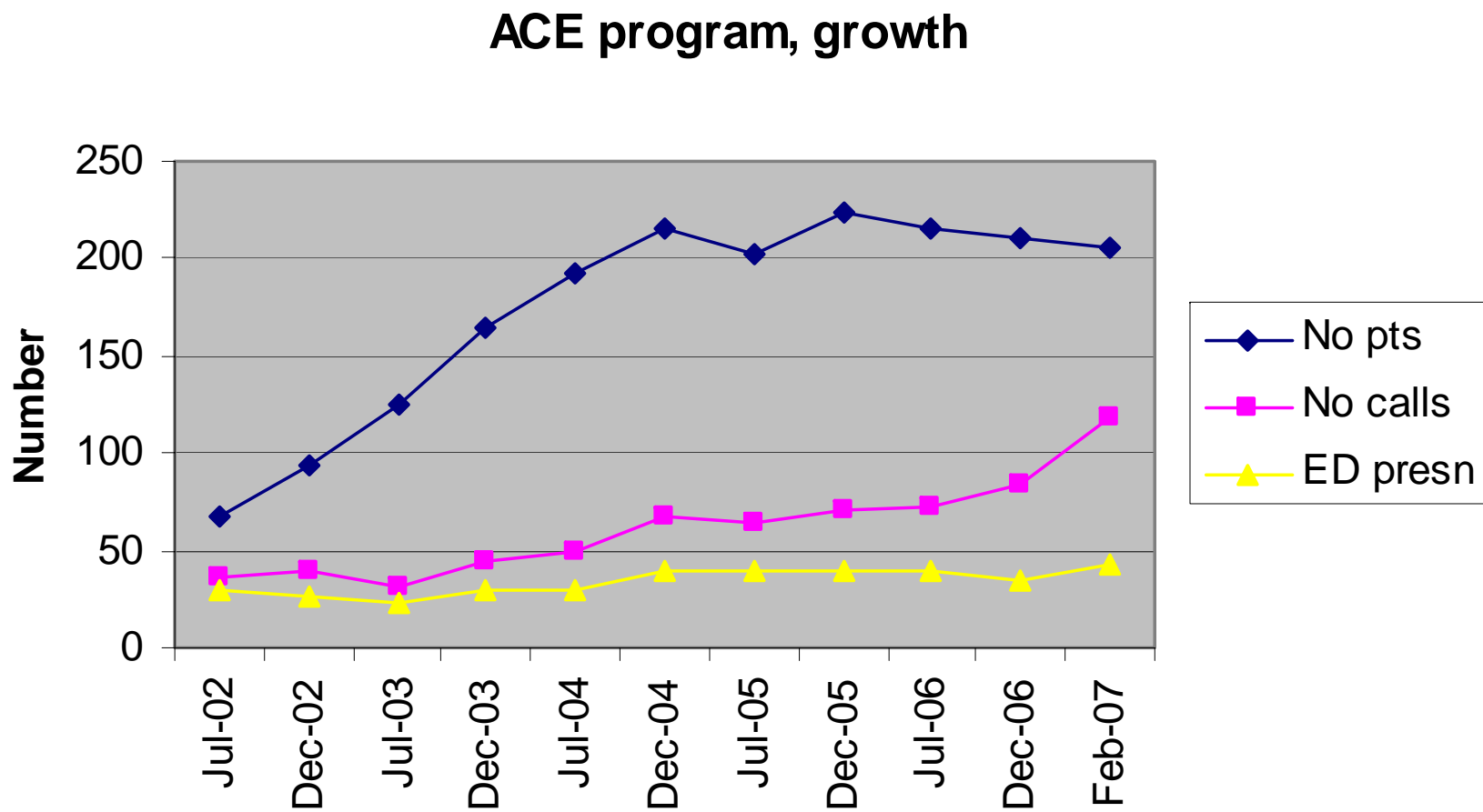
ACE Program

- Chronic condition and ≥ 4 visits/12 months
- ED based care coordination program
 - 24 hr access to experienced paediatric nurses
 - PDA based care plans
 - Coordination with subspecialty services
- Phone triage
 - Advice and support
 - Referral to community based agencies
 - As required referred to ED
- If presents to ED seen by senior staff

Methods

- Identification of ACE patients
- Review of ACE phone logs
- Review of Hospital Administration System log
 - Demographics
 - Phone calls
 - ED visits
 - Admissions
 - Waiting times
- Parent survey (single mail out)
- Ethics committee approved

ACE Program-Growth



ACE Program - Demographics

- Patients enrolled (2006) 220
- Age (Mean, Range) 8.1y_(3/12- 18y)
- Primary Diagnosis
 - Cerebral Palsy 25%
 - Genetic Disorders 19%
 - Developmental Delay 13%
 - Cardiac Disorder 13%
 - Chronic Lung Disease 4%
 - Other 27%

ACE Program- Demographics

- Primary Hospital Service

Child Development/Rehabilitation	40%
General Medicine	11%
Neurology	7%
Other	42%

- Number of additional services involved

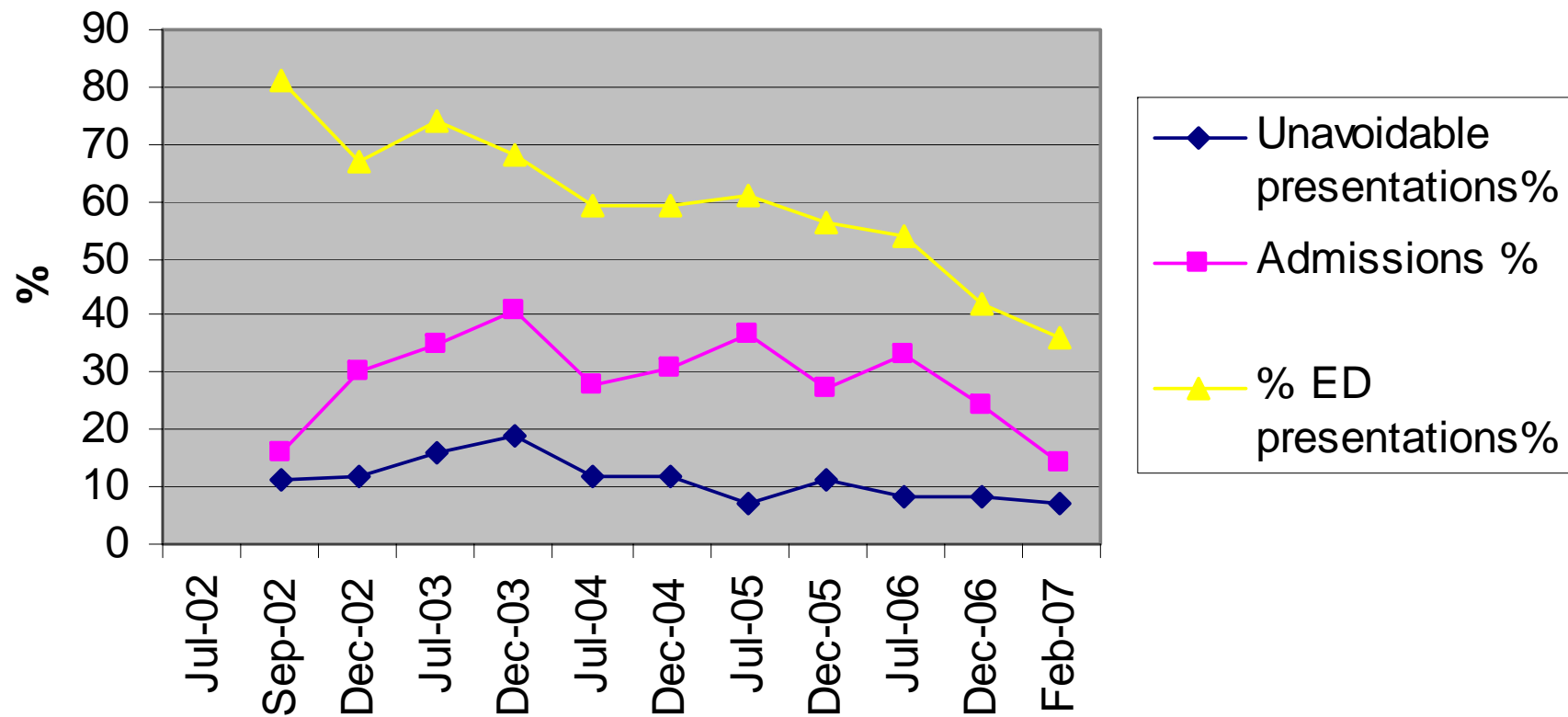
1 – 5 Services	60%
> 5 Services (range 6-22)	40%

- Technical Devices Implants

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

Ace Program - ED Presentations

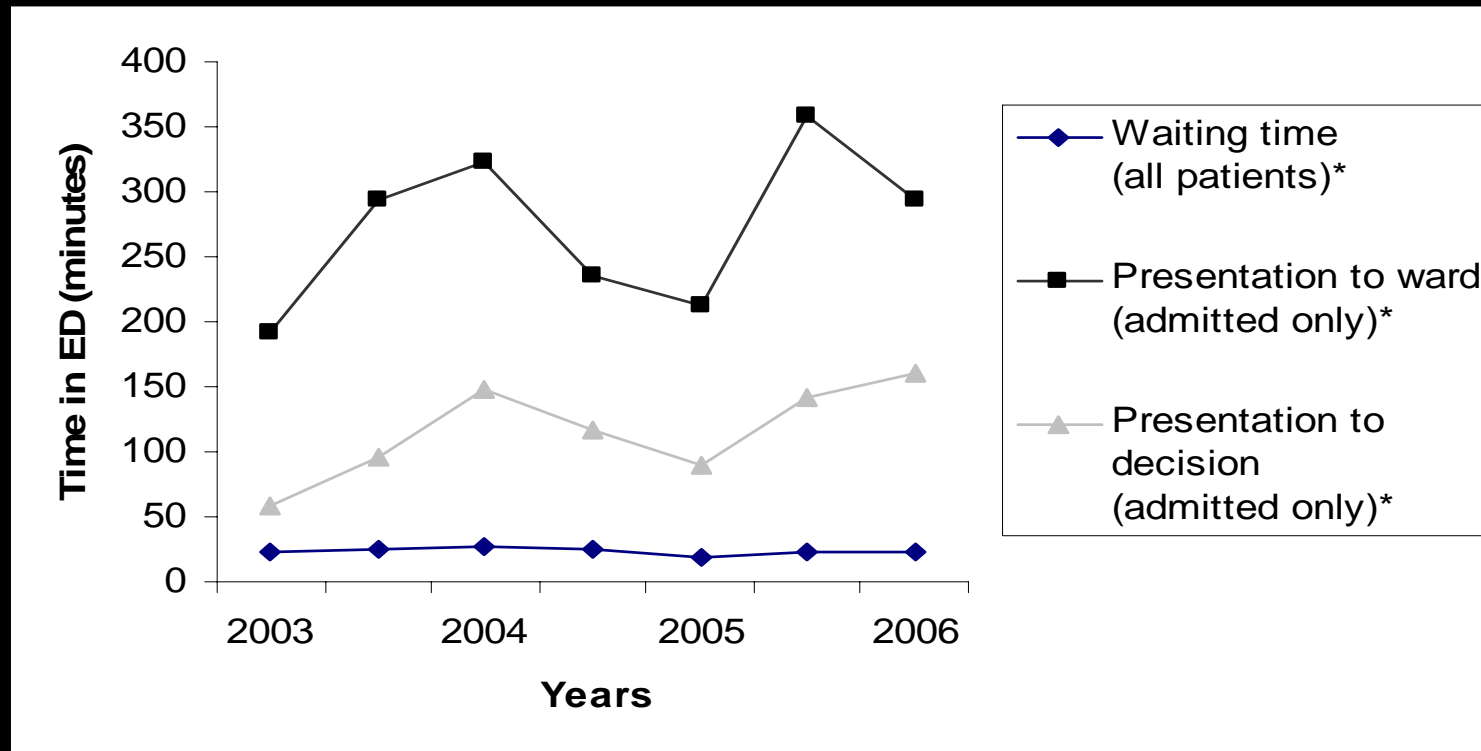
%Pts that present to ED



ACE Program-ED Visits and Admissions

	2003	2006	
ED visits vs phone calls	74% (95% CI 55-88%)	50% (95% CI 37-62%)	P=0.02
ED visits vs enrolled patient	18% (95% CI 12-26%)	15% (95% CI 10-20%)	P=0.4
Admissions vs enrolled patient	8% (95% CI 4-14%)	7% (95% CI 4-11%)	p=0.67

ACE Program – ED Waiting Times



In all ED patients ED stay >12 h increased from 2003 (0.6%) to 2006 (1.5%)

Parent Feedback

- Return rate (1 mailing) 47%
- Contact ACE
 - 1-5 times 65%
 - 6-10 17%
 - >11 times 13%
- Reasons for contact
 - Advice 51%
 - Major change 45%
 - Minor change 28%
- ACE advice helpful 96%
- Have ED visits been avoided 54%

ACE Program - Cost

- Total cost \$166,000
(salary 1.2 FT, phone, admin)
 - Per patient \$750 (based on 220 patients)
- Average cost ED visit \$340
 - In 2006 est. “avoided ED visits” 636
 - Total \$216,000
- Potential cost savings \$51,000

Discussion

- Novel ED based program for children with chronic and complex illnesses
- Well accepted by families, ED and subspecialty services
- Over time more phone calls without ED visits
- Unable to show significant drop in ED visits or admissions
- Potentially saves money
- Able to enhance families capacities to manage child's condition in community

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ACE project

Patient details

CH UR NO
 First name
 Last name
 Mother
 Father
 Address
 Suburb
 Home ph
 Mob ph

DOB
 Age Months
 Gender
 PC
 Status Active
 Non-active

Medical Contact

Family choice

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

[Send email](#)

Existing conditions

-
-
-
-
-

Respiratory Care

- I/N Oxygen
- Mask Oxygen
- BIPAP
- CPAP
- Tracheostomy
- Oxygen
- Physio therapy 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...



CE project

Client details

Client ID: aaaaa
 Surname: aaaaa
 First Name: aaaaa
 Address: aaaaa
 Suburb: aaaaa
 Home phone: aaaaa
 Mobile phone: a

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

Medical Contact

Family choice

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.,
 Phone: 9875 1111 Fax: _____

[Send email](#)

Existing conditions

-
-
-
-
-
-

Respiratory

-
-
-
-

Cardiovascular

-
-
-
-

Neurological

-
-
-
-

Endocrine

-
-
-
-

Gastrointestinal

-
-
-
-

Social

-
-
-
-

Other

-
-
-
-



ACE project

Client details

Client details

Client ID: CH UR NO

First name: aaaaaaa

Last name: aaaaaaa

Mother: aaaaaaa

Father: aaaaaaa

Address: aaaaaaa

Suburb: aaaaaaa

Home ph: aaaaaaa

Mob ph: aaaaaaa

Medical Contact: aaaaaaa

DOB: 23/09/1994

Age: Months

Gender: M

PC: 3041

Status: Active Non-active

Choice: No

Primary Consultant: Virginia Antolovich

Second 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

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.