
Access Queensland Children's Hospital Program

Initiative Type

Service Improvement

Status

Deliver

Added

02 September 2019

Last updated

25 December 2023

URL

<https://test.clinicalexcelsence.qld.gov.au/improvement-exchange/access-queensland-childrens-hospital-program>

Summary

The Access Queensland Children's Hospital Program is an evidenced-based and clinically-led program of end-to-end access and flow improvement projects across the QCH. The program is one of many initiatives Children's Health Queensland (CHQ) is undertaking to implement our 10-year clinical services plan, the [Children's Health and Wellbeing Services Plan 2018-2028](#). The program

takes a systemic approach to improvement across the hospital, with a cross-divisional, cross-professional and cross-clinical unit Steering Committee overseeing a whole-of-hospital Diagnostic, as well as strategically-aligned access improvement projects already established in Oncology and Hospital in the Home. Numerous additional projects prioritised from the recommendations of the diagnostic reports for ED, Inpatients and theatres are currently being scoped and resourced. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.

Key dates

Oct 2018

Jun 2020

Implementation sites

Queensland Children's Hospital

Partnerships

The Healthcare Improvement Unit is represented on the Access QCH Steering Committee to support opportunities for collaboration.

Key Contacts

Jason Beem

7372

[Anonymous](#)

Program Manager, Access QCH, Strategy, Planning and Improvement

Children's Health Queensland Hospital and Health Service

(07) 3068 1387

Aim

The purpose of the Access Queensland Children's Hospital (QCH) Program is to provide children and young people with timely access to appropriate care at the QCH, an essential element of high-quality care.

Benefits

- The key performance indicators (KPIs) for the program align to the access KPIs in our Service Agreement with the Department of Health, such as Emergency Department (ED) Length of Stay and Elective Surgery (ES) Treated in Time.
- Individual projects have more specific and holistic outcome measures based on the 'Quadruple Aim' of improved outcomes, value, patient experience and provider experience. For example, establishing a quarterly Oncology Family Forum is one outcome measure for the Access Oncology project.

Background

Performance against key access measures such as Patient on Stretcher Time (POST), Emergency Length of Stay (ELOS), ES Treated in Time and Specialist Outpatients (SO) Seen in Time has steadily declined since mid-2016. Additionally, the implementation of ieMR Advanced in April 2018 had a significant impact on efficiency and flow across the hospital, most notably in the operating theatres. A consistently high level of bed occupancy has been a major driver of access block, with 60per cent of inpatient wards having an average overnight occupancy higher than the recommended rate. Between July 2018 and February 2019, there were more Level 2 and Level 3 capacity alerts than the previous full financial year. To shift the dial on access to the QCH, it was determined that a systemic and coordinated approach to improvement was required.

Solutions Implemented

To date, the Access Oncology project is the only project to reach implementation phase. Solutions

implemented include:

- A home hydration pilot for pre- and post-chemotherapy hydration through Hospital in the Home for eligible children and families.
- An Outpatient Department (OPD) hydration model for 9-hour post hydration to enable children and families to be completed as a day case instead of an overnight stay.
- Enabling children and families to utilise private pathology services to have bloods taken the day before planned chemotherapy to reduce occasions of cancellations on the day of planned treatment due to poor counts.
- Participation in a multi-paediatric hospital research study on risk stratification and treatment through Hospital in the Home (HITH) for febrile neutropenia.
- A re-configuration of cohorts of patients in the hospital to enable a consistent level of quality care and patient experience for Oncology children and families outside of the Oncology home ward.
- The introduction of a quarterly Oncology Family Forum and a regular Oncology Family Newsletter.

As of May 2019, the Access HITH project is transitioning into implementation phase with the following solutions to be implemented:

- The introduction of a HITH Medical Governance model.
- Direct referral pathways from the Emergency Department to HITH.
- Antibiotic pre-approvals for common referral conditions developed by the Antimicrobial Stewardship team.
- A new clinical pathway for jaundice that links with Children's Health Queensland Hospital and Health Service community services to prevent admission.
- Pre-admission booking capability for HITH.
- Streamlining referral processes including enabling digital referrals.
- An Acute Review Clinic, including telehealth options, for patients referred by the Emergency Department who would normally be admitted.

Evaluation and Results

Access QCH projects will undergo robust evaluations for each intervention / improvement implemented. This section will be updated as these evaluations are completed.

Further Reading

[Children's Health and Wellbeing Services Plan 2018-2028](#)

