

We need to do this now!

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The Ipswich Hospital **NHS**
NHS Trust

Our Passion, Your Care.

Aim

- The aims of this presentation
 - To highlight the integration of assessment, preparation, play and treatment of children in ED
 - To demonstrate multi professional collaborative working
 - To explore role development for HPS



Children in the ED

Children often present to the ED

- Tearful
- Upset
- Frightened
- Withdrawn

Accompanied by parents who have clear expectations about the the service offered in terms of speed and quality



Parents expectations

- Quick effective timely assessment
- Early analgesia and appropriate first aid
- Clear outline of expected plan of care and any intervention
- Prediction of waiting time



Responsibilities of a paediatric ED

To ensure

- ✓ Effective initial assessment
- ✓ Anticipated care needs for the child and injury are identified
- ✓ Resources to carry out treatment are identified and in place
- ✓ Social care issues identified early on



Team in the paediatric ED

- 2 trained nurses
- ENP (not dedicated)
- Doctor (not dedicated)
- HPS (1WTE) has worked in ED as HPS since 2000



Our ED at Ipswich

- 60,000 patients per annum
- Approximately 12,000 are 0 – 18
- New PFI
- Workload is unpredictable
- Staff in paediatric ED may have to flex and move areas within whole ED if workload dictates



The HPS

Traditionally HPS undertake the following

- ✓ Preparation
- ✓ Play
- ✓ Distraction
- ✓ Work is planned

They traditionally do not

- # Carry out interventions
- # Undertake assessments of clinical presentations



Our HPS

- HCA
- NNEB
- HPS since 2000
- Clinical background prior to HPS
- Working in an ED that has had to meet the challenges of 98% target



Role development

Role of HPS developed in ED because

- At times of increased work load there were delays in assessment of children
- ENPs & middle grade doctors were developing skills in distraction and preparation after working alongside HPS and using more regularly



- HPS working with new rotating junior doctors was using clinical knowledge to advise of plans of treatment and what may be possible to achieve initially with respect to wound closure.
- Working with junior nurses who have had limited exposure to children and advising about approach to children and their care.



Assessment

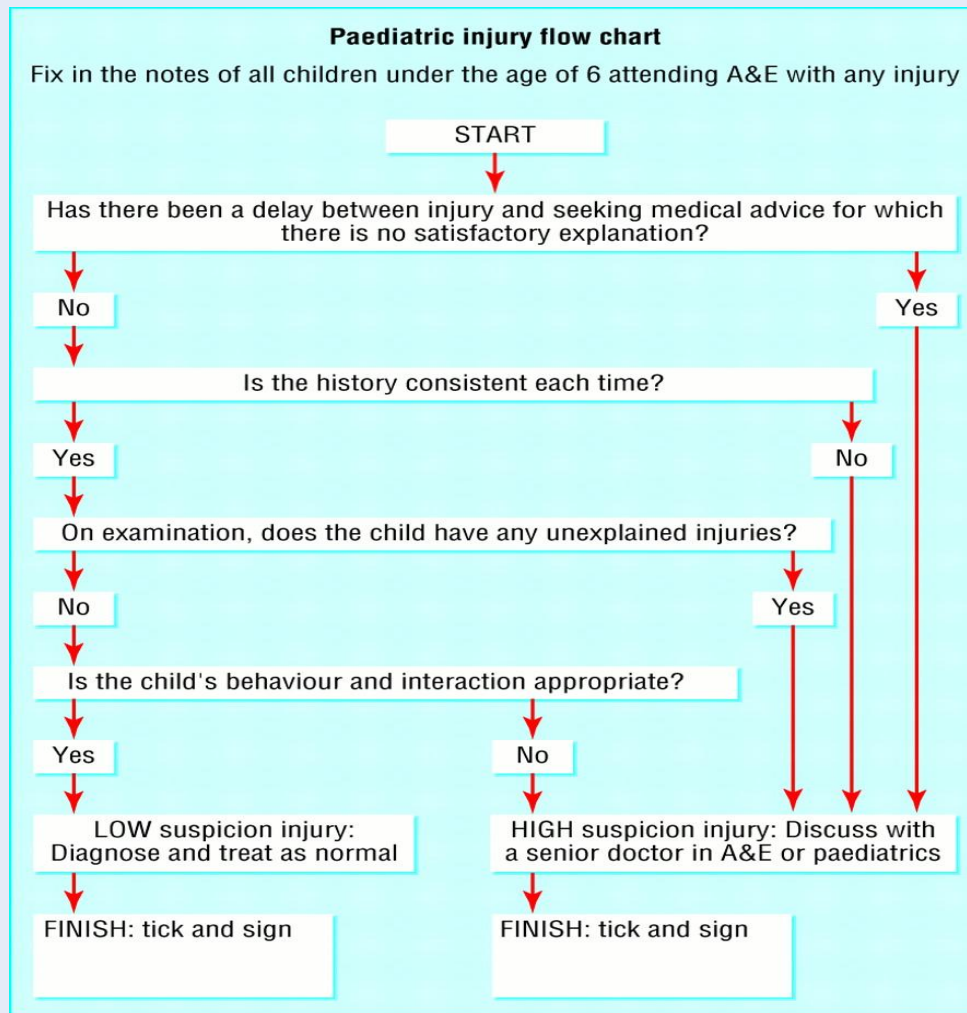
- Condition
- Witness
- Incident
- Location
- Time
- Escort
- Description



Assessment

- Completion of paediatric injury assessment chart
- Adapted form BRI as a flow chart to think about NAI
- Needs to be accurate and appropriate





Benger, J. R et al. BMJ 2002;324:780-782

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Assessment

- Not traditionally done by HPS
- Limited to injury rather than illness in the first instance as has a higher degree of predictability and a more clear cut care pathway
- Uses our HPS back ground within ED
- On going supervised practice to develop assessment skills further



Assessment

- It is important that the individual carrying out the assessment develops a rapport with the child and the parent.
- If the rapport is good and they have gained the child's confidence and cooperation then they may be the best person to identify if any HPS skills are required



Assessment

- In our ED initial assessment is carried out by nurses, ENPs, doctors or HPS who ever is free and can provide timely intervention



Preparation and distraction

- Usually done by HPS
- These are integrated
- Due to nature of ED and close professional working may be done by any member of the team: Nurse, ENP or Doctor
- These health professionals have learned these skills by working with the HPS and have seen their value. In order to provide a standardised service, use these skills when HPS not available.



Preparation and distraction

- Box of distraction equipment is available in paediatric ED to be used, even when HPS not on duty.
- Preparation may need to be directed towards parent/carer as well as child



When & where does preparation and distraction occur?

- Now – part of the assessment
- In 5 mins – because that is when the staff or the resources will be available
- In clinic (physio/follow up)
- Half way through a procedure/examination
- In resus/X ray/waiting room etc



Treatment

- Can be done by anyone trained with necessary clinical skills
- Should be done by the person with the best rapport with the child and family
- Could be HPS even though it goes against traditional HPS philosophy and working practices



Treatment

- Has required further development of existing clinical skills for HPS and introduction of new ones to maximise impact of developing role
- Done using a competency based framework



Developing HPS role

- Developing the role to include assessment skills and treatment skills has taken time, agreement of the multi-professional team to support this development and motivation on part of HPS



Benefits of this development

- Better service for the patients
- Improved flow
- Sharing of skills for HPS and nurses/ENPs/doctors
- Improved communication between professional groups
- Enhanced preparation/play/distraction skills in ED



Summary

- The role boundaries of the traditional HPS have been enhanced and developed within the ED
- Preparation, play, assessment and treatment have become more integrated regardless of the health professional seeing the child

