

Acute Abdominal Pain Pathway

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Background

Alder Hey Children's Hospital has one of the busiest children's emergency departments in Europe with 68,000 attendances per year. Providing high quality, coordinated care for children and families presenting to this busy, acute setting presents a challenge. Recognising that children presenting with acute abdominal pain often experienced prolonged waiting times and inconsistencies of care, we selected this group in which to pilot Patient and Family Centred Care (PFCC) methodology in service improvement.

Aims and objectives

- To test the feasibility and suitability of the PFCC approach in an acute paediatric surgical setting
- To identify issues important to children presenting with abdominal pain and their carers/families
- To use this information to inform service improvements; to assess the impact of resulting changes in practice on patient experience and quality of care.

The project group chose acute abdominal pain as the focus of the project, for several reasons:

- It is one of the most frequent presenting conditions at A+E
- It didn't have an existing pathway in place
- The nature of the condition meant that each clinician dealt with the care differently, both clinically and non-clinically
- Numerous complaints had been received relating to this condition, resulting in potential litigation.

Staff Experiences of Care at Alder Hey

We knew the consultant was coming in; that made us feel well looked after

It wasn't as good as the care we got in India. Then again, that was private. You can't expect that of the NHS, can you?

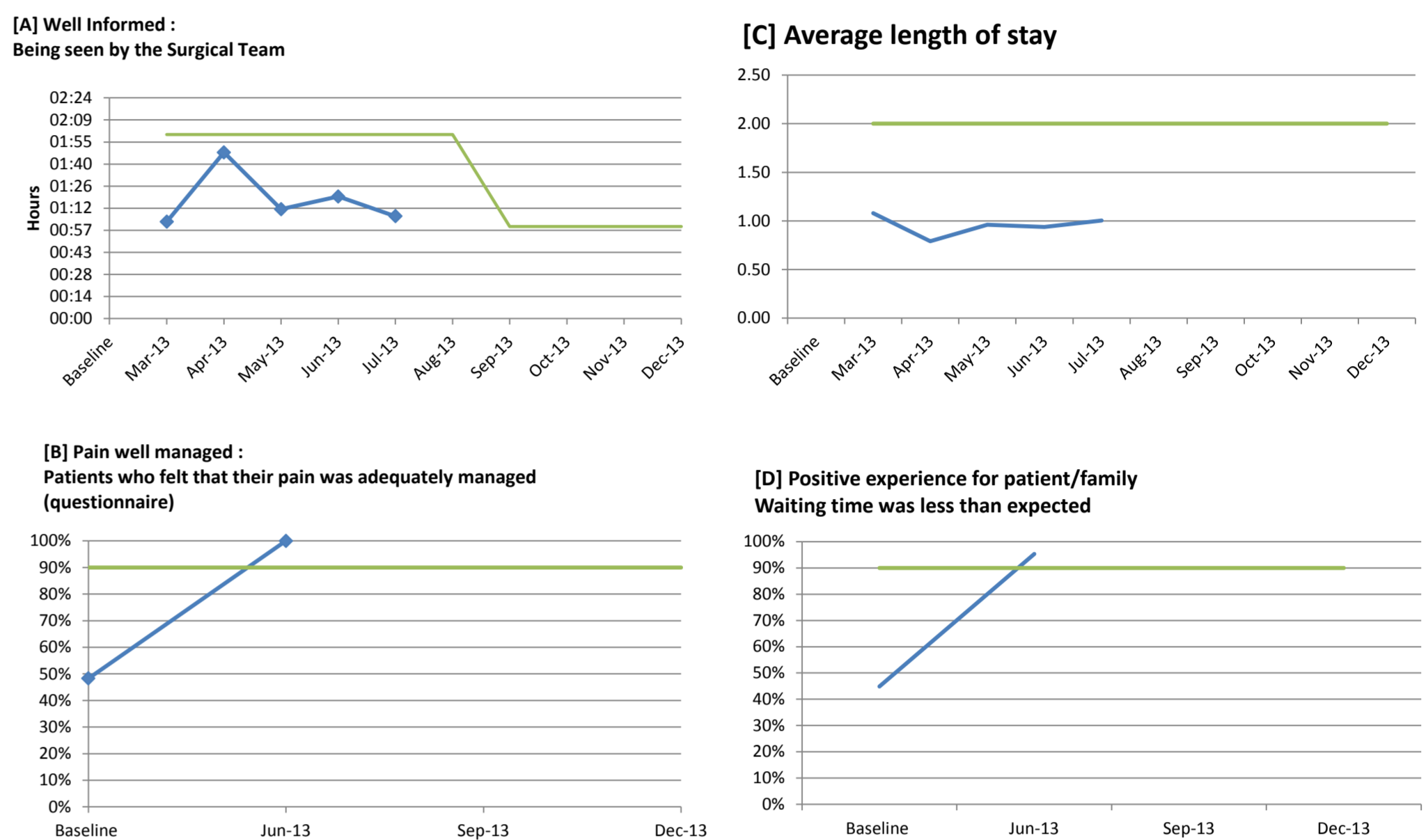
It didn't feel very smooth

The little things were really important, the things you don't get chance to do for patients because you're too busy, like turning the telly on

I expected more. I knew what should happen and I expected it to be better

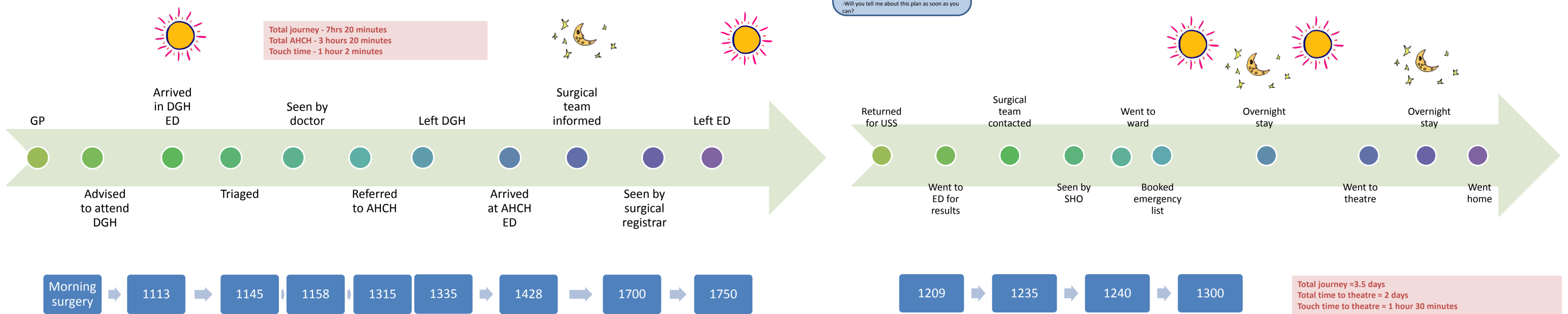
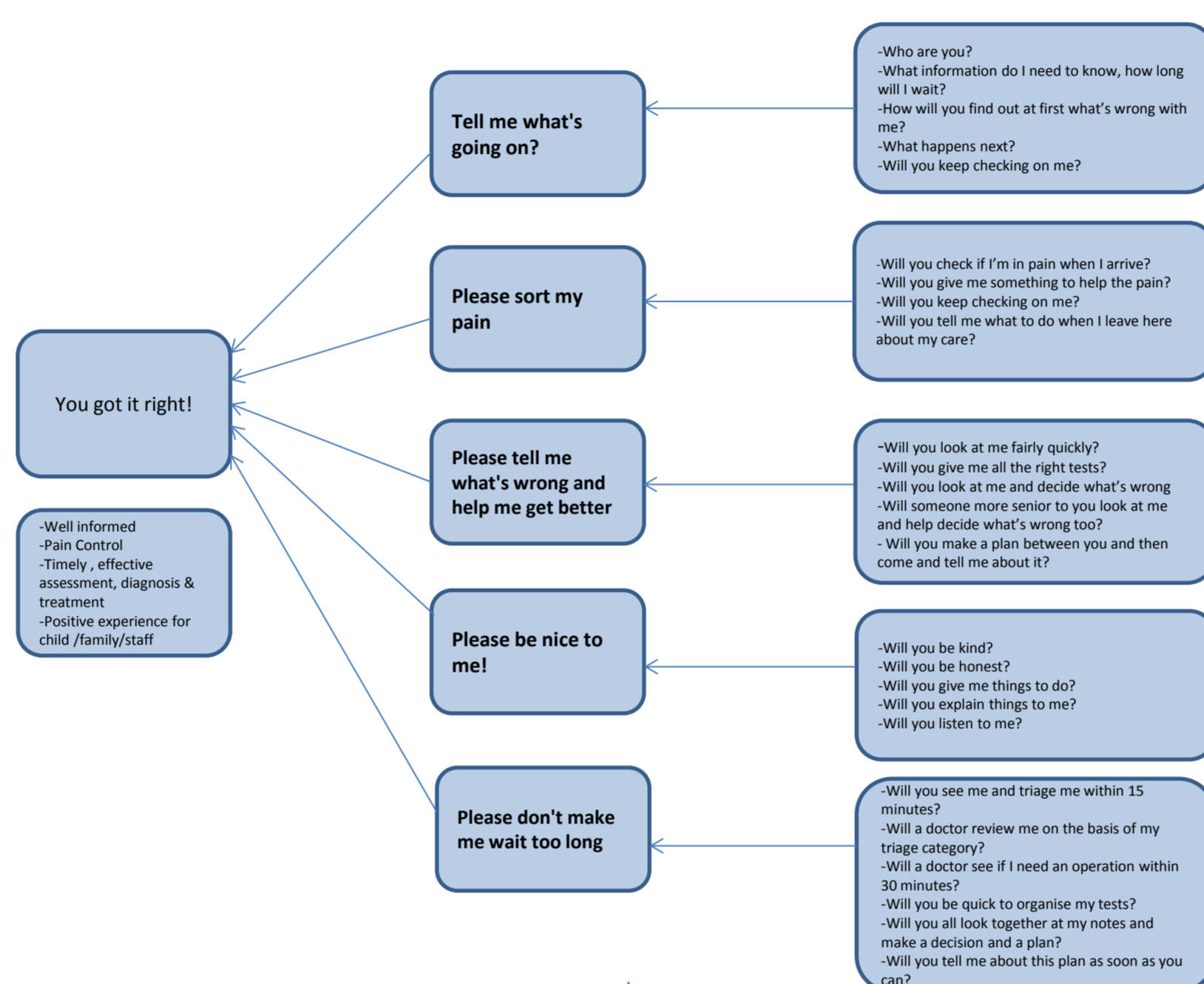
It was good, it flowed and they explained everything to us really well

What were the results?



Average time to being seen by the surgical team is now less than 2 hours, with a reduction in average length of stay overall for acute surgical patients to less than 2 days. The number of patients who felt that their pain was managed well improved from 48% to 100%. 95% of families said their overall waiting time was as expected or less, compared to 45% at baseline. 86% of families felt well-informed; an improvement from 28%.

PFCC methodology is appropriate and effective in the paediatric acute surgical setting. Using patient experience as a driver has produced measurable improvements in quality of clinical care and experience. Reduction of length of stay seems likely to offer advantages in efficiency and resource utilisation.



What we did

Key contributors and stakeholders were engaged to generate a shared ideal vision, and a collaborative approach adopted to produce a driver diagram and develop aims and measures for the project based on the experience data collected. Qualitative and quantitative data were collected through patient stories, journey mapping, patient shadowing, PICKER questionnaire and "Two Minutes of Your Time", and from standard computerised hospital records.

Initial improvement aims related to timely diagnosis and treatment, effective pain management, delivering adequate and appropriate information and achieving a positive care experience for children, parents and staff.

Specific interventions which were developed included a multi-professional abdominal pain pathway and creation of a 'surgical decision unit'.



What's next?

For Alder Hey, this project was very timely due to the impending move to the new-build hospital, 'Alder Hey in the Park'. A Trust-wide approach to prepare the staff to move themselves and their services has been undertaken with a 2 year strategy, led collectively by the Trust's Transformation Team and Alder Hey in the Park team: 'How We Will Work In The Future' (HWWWITF).

HWWWITF is a whole organisation approach that is aligned to the Trust vision in a robust and structured way, which requires front line staff to take ownership and control for its delivery. The PFCC methodology is being used as the HWWWITF team goes out to visit each of the 62 teams within the hospital, with a clear message that this will continue to be our way of working.

The PFCC team continues to support this work as champions and developing the Trust's own Faculty of Experience Expertise.

