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An evaluation of staff transitioning from a combined adult/child emergency department to a new paediatric emergency department: A qualitative study

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ABSTRACT

Background: Provision of paediatric specific service areas within a hospital servicing both adult and paediatric populations is relatively novel. In Australia this is an emerging model for service delivery that takes into account the specific health needs of paediatric patients. To date, information related to the practice transition required by staff when adopting this model of care is lacking. Such information can contribute to informing service quality and identify staff perceived barriers and enablers during adoption of the model. The potential benefit of such knowledge is the early mitigation of issues and delineation of professional development requirements. The aim of this study was to investigate staff experiences of transitioning from an essentially adult emergency department with minimal paediatric presentations to a new co-located paediatric emergency department.

Methods: A qualitative descriptive design was used. Semi-structured interviews were conducted with 18 emergency department staff (10 Nursing, 8 Medical) before and after the opening of the paediatric emergency department. Data were analysed thematically.

Results: Five themes emerged from the data analysis, these were: (1) I am really scared that I won't have the skills necessary, (2) Having a good knowledge base helps, (3) Open, transparent communication is definitely the best thing, (4) Personality plays an important role and (5) Perceptions regarding need to separate the services.

Conclusions: The findings demonstrated the complexity of the change process and highlights various factors that staff found contributed positively to the change process. These included the need for clear and open communication at all levels, focused educational opportunities, and employment of staff with a positive attitude towards change.

Relevance to practice: Clear organisational communication and professional support are central components identified by staff to enable a more successful transition from one type of service to another.

Introduction

In Australia, the vast majority of hospital-based children's emergency services are provided within a general hospital with an emergency department (ED) that incorporates both adult and paediatric patients – often referred to as a general or mixed ED – or within a paediatric-specific hospital with its own ED. Provision of a paediatric specific emergency department within a hospital servicing both adult and paediatric populations is uncommon.

Paediatric emergency care in Australia has a history of evolution and improvement through an ongoing review process [1]. An Australian government report about ED services is produced annually, providing data that can help to identify areas where health care can be improved. The most recent report identified 290 EDs across Australia, of which ten were previously identified as being located within paediatric-specific tertiary hospitals [2]. These paediatric hospitals were situated mainly in major cities and provided

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a very broad range of paediatric-specific specialist services. Overall, nearly seven and a half million ED presentations were reported, of which 1.6 million were paediatric presentations under the age of 15 years with another million aged between 15 and 24 years [2]. Although the report does not provide a breakdown of each hospital where paediatric presentations were reported, 280 non-paediatric specific EDs treated paediatric cases.

From the earliest research into children's experience of hospitalisation, there have been persistent themes around the need for an appropriate environment, privacy and access to age appropriate activities [3–7]. However, there has been little research into the provision of child-focused services in EDs, especially mixed EDs, which may have been designed with little consideration of the particular needs of children and their parents/guardians. Some professional consensus guidelines are available that offer suggestions about the most effective design of paediatric EDs [8]. In summary, these guidelines suggest child friendly clinical cubicles should be available, waiting areas should be large and audio-visually appropriate for children, all paediatric areas should be separate from adult areas to limit potential stress caused by adult patients, bereaved parents or carers should be accommodated within private areas, and all children's areas should be well monitored and secure to protect children from potential harm. However, in a 2010 study that aimed to develop recommendations for improving emergency services for children and youth, a survey of 197 Australian hospitals with identified EDs revealed that only 11 had paediatric waiting rooms within their general ED [9].

Although a search of the literature failed to find any studies that have evaluated paediatric EDs, a study was found that assessed patient and staff satisfaction of a dedicated paediatric area in a general ED[10] and two studies were found that explored paediatric ED throughput and how they were utilised by the general population [11,12]. Both concluded that parents of children with injuries were more likely to attend the ED closest to them whether it was a designated paediatric ED or not. On the other hand, when parents perceived that their child was likely to require further medical treatment beyond the ED, they were more likely to travel further, if necessary, to a designated paediatric ED.

Background

A new paediatric ED has recently been built in south east Queensland, Australia comprising twelve consultation rooms. In the context of Australian healthcare, its service model is somewhat unusual in that it is co-located with an adult ED. The paediatric ED was specifically built beside the adult ED but does not share staff, entrances or triage with its neighbour, and is supported by a co-located short to medium stay paediatric ward. It is serviced by paediatricians, emergency medicine specialists and paediatric ED nurses, and provides specialist services such as X-ray and outpatients, and social work, psychology, occupational therapy, dietetics, and speech therapy services.

Although the authors are aware of one similar paediatric ED, in the northern suburbs of Melbourne Australia (which is much smaller with four consultation rooms), there are no reports in the literature of co-located adult/paediatric ED services that provide such a comprehensive paediatric service. Although there are several EDs within NSW and elsewhere that have co-located paediatric EDs, these do not have a separate entrance or triage areas that are child-specific. Furthermore most of these facilities do not treat children beyond 24 h nor provide specialist paediatric allied health care services.

The main impetus for building this paediatric ED was to address state structural changes. In the south east, the government determined that where there were two major paediatric hospitals, only one large tertiary paediatric hospital was required to service the population. As part of this reform of paediatric health services, the state government identified a need for more paediatric emergency centres to address the needs of the growing population in the northern and southern suburbs of the greater Brisbane area. This change in Queensland paediatric health care services provided an opportunity to create a functional paediatric ED that would provide more comprehensive services for the Metro North Hospital and Health Services district of north Brisbane.

Managing the transition to the new paediatric ED was particularly challenging in that the study hospital did not provide any inpatient paediatric services prior to this service delivery shift. The need for paediatric specific services in the area arose with the amalgamation of two specialist paediatric hospitals onto the one site on the other side of the city. Co-locating this new paediatric ED alongside the existing adult ED led to a major increase in paediatric presentations as well as the complexity and acuity of these presentations.

The paediatric ED itself was designed for functionality and considers the particular needs of children and their families. It has a separate entrance and triage area plus specific nursing, medical and administrative staff are allocated to the department (although some may also work in the adult department on other occasions). It has twelve separate consultation rooms, two fast track bays and two treatment rooms, and is supported by a further twelve beds in the form of a short stay ward (run by ED physicians) and a general paediatric ward (run by paediatricians) plus an on-site outpatient clinic. With respect to shared services, major resuscitations are performed within the adult department with a combined resuscitation team (drawn from both areas) and allied health support and ED-specific imaging facilities are also shared.

This study investigated emergency staff's experiences of transitioning from the adult ED to the paediatric ED. Although adult ED staff with paediatric experience were invited to apply for a position in the paediatric ED most of the new staff were paediatric-trained ED staff, with many moving from a local tertiary ED providing soon-to-be-closed paediatric services (as part of the district health paediatric services redesign).

In preparation for the new paediatric ED, nursing staff moving across from the adult ED were taken offline for one month in the lead up to its opening and were provided with intensive education in the form of workshops and simulation exercises, in-service *teaching sessions*, and online modules. Medical staff were educated using similar methods but their preparation was spread over a period of several months.

Given the historical context of the pre-existing ED and the transition to a new co-located adult/paediatric emergency service, as well as a gap in the literature around paediatric ED evaluation, it was relevant to undertake a comprehensive evaluation of the new ED. A multi-phase evaluation study was therefore designed to investigate the service from the perspectives of staff and consumers, as well as exploring how this service is being utilised and the acuity/case-mix of the patient throughput.

This paper presents the findings of the first phase of our evaluation, which examined staff's experience of transitioning to the new service model. By providing insight into health professionals' experience of preparation for and implementation of a new paediatric ED, the findings of this study may help inform health service decisions when planning the development and implementation of future similar services.

Study aim

The aim of this study was to investigate staff's experiences of transitioning from an adult ED with minimal paediatric presentations to a new co-located paediatric ED. Ethical approval