

# Children's Hospital @ Home

“Care as close to home as possible”

# Aims

1. To reduce length of stay
2. To promote early discharge
3. To provide sustainable home nursing care to children with acute illnesses

# Operational details

- Children with an Islington GP
- Seen between the hours of 8 am and 10 pm, 7 days per week (up to TDS IVAB)
- ‘Virtual ward’ with the child’s consultant maintaining overall responsibility for their care
- Capacity for 6-10 visits per day depending on acuity and travel time.

# Inclusion/Exclusion criteria

## Yes!

- Gastroenteritis- Hydration review
- Resolving sepsis requiring IVAB
- Cellulitis
- Pneumonia
- Infected eczema
- Feeding problems (NGT, BF support)
- Jaundice, home phototherapy
- Croup
- Asthma exacerbation
- VIW
- Bronchiolitis +/- Home O2
- Febrile convulsion
- LTC with viral URTI
- BD or TDS IVAB

## No!

- Unresponsive
- Resp rate > 60 (infant)  
> 40 12 months
- Saturations <92%
- Moderate –severe recession
- Severe stridor
- Severe dehydration requiring IV fluids
- Safeguarding support
- Drains
- Parental refusal

# 2016 data

- 231 children seen
- Average length of stay 4.1 days
- Majority of children <1yrs
- Approx 950 bed days saved
- No SI
- 100% of families would recommend

# The beginning....

- In 2012/13 CCG focus on improving OOH services in Islington for CYP with both acute and long term conditions
- A number of investments were made, including specialist community nurses, children's nurse in primary care and Hospital at home
- Initial aims of Hospital at Home were to reduce acute activity, length of stay and cost; improve patient experience and choice; reduce impact on family life and education and to reduce hospital acquired infections
- Hospital at Home was agreed in June 2013, planned to start in January 2014 but actually started in August 2014 following significant stakeholder engagement

# 1<sup>st</sup> year evaluation (2014-2015)

- Mixed method approach: Interviews, surveys, case studies, economic modelling
- Nurses in the team reported that they felt “empowered”
- 100% of families rated the service as “good” or “very good”. All would recommend to friends and family.

“Absolutely amazing”      “Really impressed”      “They were really, really good”  
“The whole experience was fantastic”

- Sustainable model with good skill mix
- Improved working relationships with secondary care
- Reduction in ED attendances, inpatient admissions and length of stay compared to non H@H patient with similar age and diagnosis
- Cost neutral

# Challenges

- Not 24 hour service
- Lack of robust evidence underpinning H@H model
- Capacity Issues as service grows
- Borough boundaries
- Isolating for staff
- Personal safety
- Different trust IT systems
- Engagement challenges with medical staff



# The future

- Discussions with neighbouring boroughs
- Pan London H@H support
- Complex care admission avoidance
- Broader range of conditions
- Aim to be cost effective
- Creative use of staff