Building Brighter Futures: A Proactive Blueprint for Sustaining Higher Pediatric Admissions in Community Care

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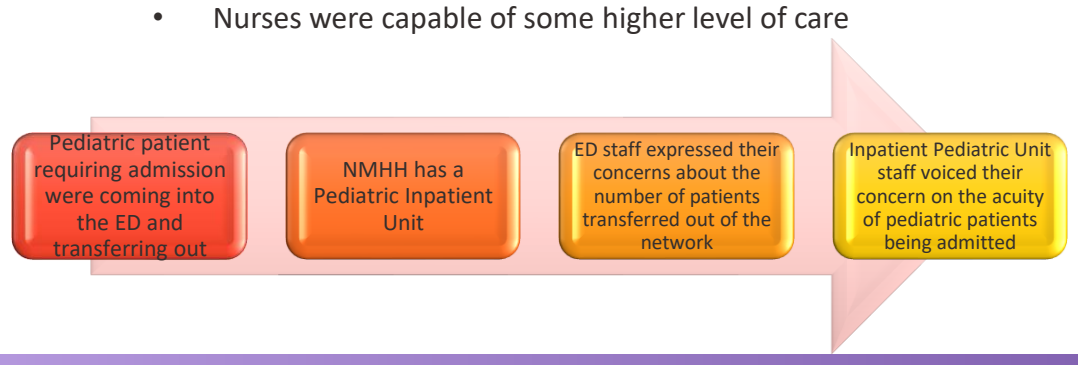
Successfully increased the average number of pediatric patients treated per month from 18 to 33 in Inpatient Med/Ped Unit (IMPU). This was accomplished by utilizing shared-decision making and contributions from the multidisciplinary team.

Background

Problem Statement:

- NM Huntley Hospital was experiencing a growing number of pediatric patients in our ED waiting on admission
- A need was identified to create alternatives for the transfer of pediatric patients because:
  - Pediatric Units in the State of Illinois were occupied
  - Families were experiencing distress as they had to travel several miles, sometimes out of state
  - Nurses were capable of some higher level of care



Goal

Continue to increase pediatric admissions on the IMPU by 25% compared to baseline data from FY22 and sustain growth through targeted strategies, including streamline admission criteria, continuous throughput and staff education.

Figure 1: *Patient per Month Pre-Data*

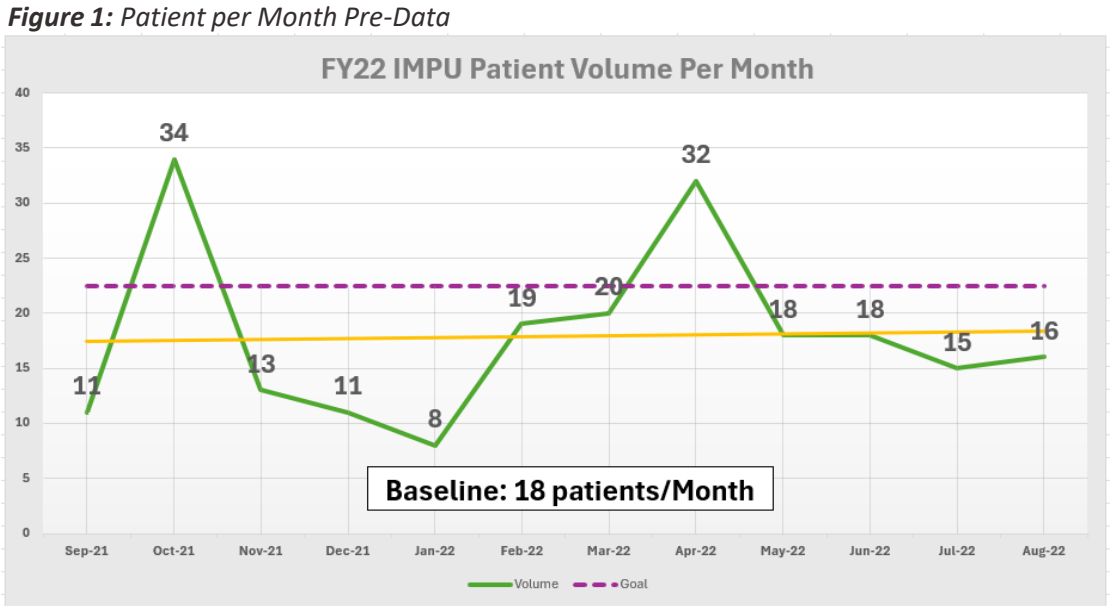
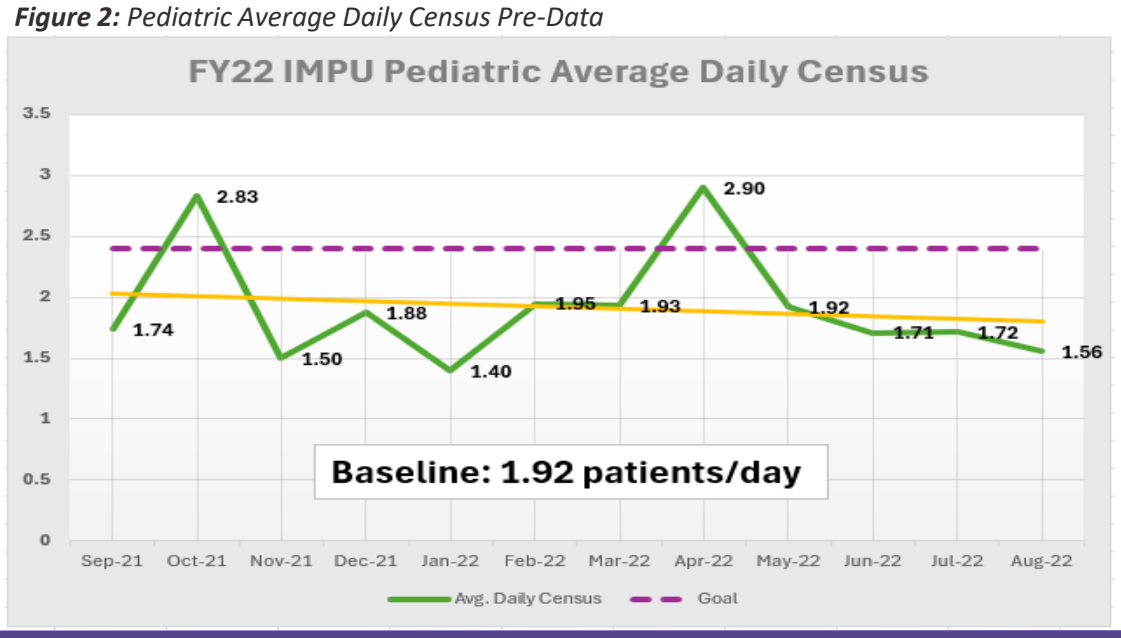


Figure 2: *Pediatric Average Daily Census Pre-Data*



Methods

Approach: Multidisciplinary Team created a comprehensive plan by

1. **Developing a Pediatric Respiratory Detailed Admission Criteria**

Pediatric Respiratory Detailed Admission Criteria

General Respiratory Patients 1:4 Ratio Include:

- Assessment and interventions no more frequent than Q4 hours.
- Short-term intervals of increased frequency of assessment/interventions due to a procedure or infusion.
- Oxygen via standard nasal cannula or face mask.
- Nasopharyngeal suctioning.

Pediatric Patients High Flow Nasal Cannula Admission Criteria:

- Pediatrics requiring High Flow Nasal Cannula that respond favorably to High Flow O2 *after* one hour
- Responding to interventions and are stable with <1.5 liters/kg.
- Less than or equal 50% FiO2.
- Higher requirements are a consideration for immediate transfer for higher level care.

Lurie's Hospitalist
- Pediatric patient arrives McHenry, Woodstock, Huntley ED
- Collaboration with ED physicians, respiratory therapists and physical assessment determines the pediatric patient meets criteria for admission

Charge Nurse
- Lurie's hospitalist alerts Charge nurse of pending admission
- Review resources available for optimal quality of care and patient safety according to our guidelines
- Once establishing the patient meets criteria for admission, review the bed availability and resources determining safe care. Escalate concerns to the unit manager

Unit Manager
- Collect relevant information for the Unit Manager to make informed decision to transfer in alignment with NM Patients First Mission
- Final decision for admission/transfer of patient depends on Manager and Lurie's hospitalist after careful review of each case

2. **Implementing "Bed Ahead" (guaranteed bed availability for pediatric population) for continuous throughput for pediatrics**
   - Collaboration with Charge RN and bed placement to transfer adult patient(s) to alternative unit to accommodate up to 12 pediatric patients
3. **Ensuring the right nurses for the right patient**
   - All nurses on IMPU are PALs certified
   - Maintain pediatric skills – low tech/high tech simulations, pediatric return demo competency, etc.

Results

- Post-intervention number of patient treated per month increased from 18 to 33 patients
- Average daily census increased from 1.92 in FY22 to 3.12 by end of FY24

Figure 3: *Patient per Month*

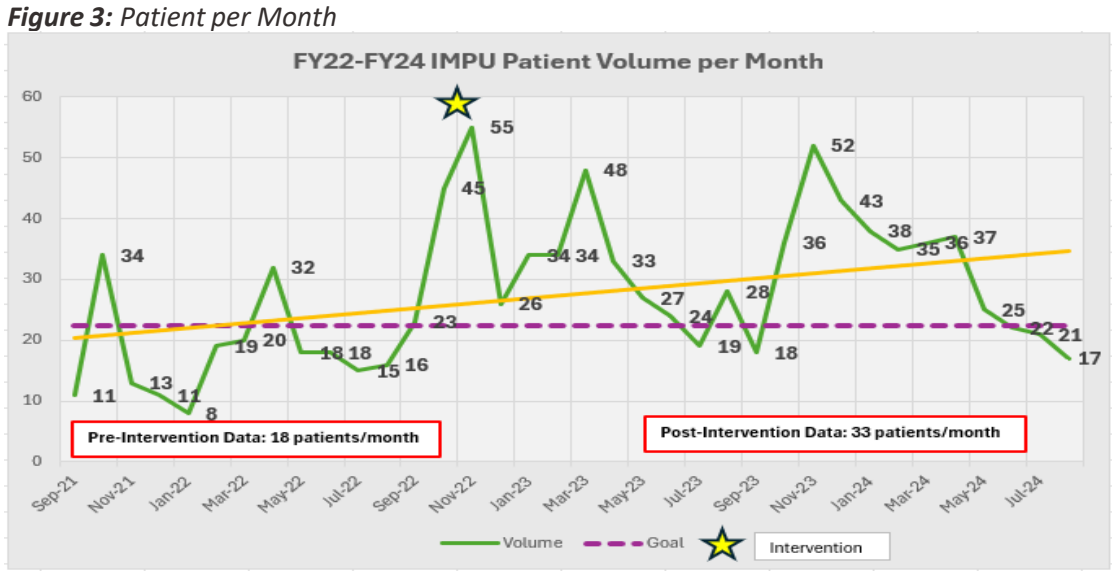
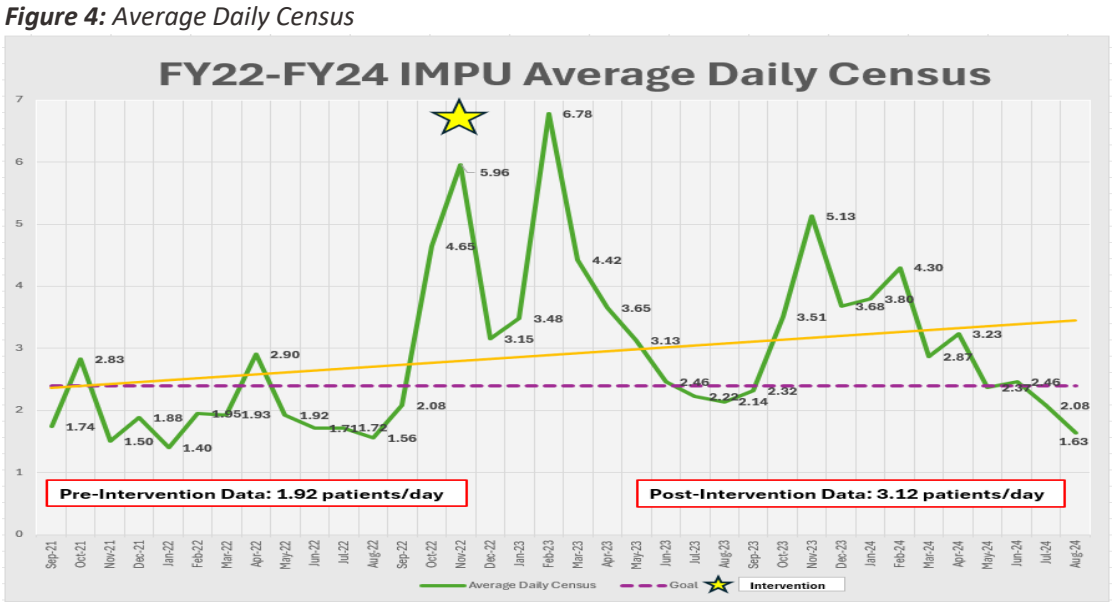


Figure 4: *Average Daily Census*



Conclusion

- All Inpatient Med/Ped nurses trained in PALs and have competencies to care for pediatric patient
- Achieved hospital wide goals by going above and beyond to keep families within our community
- Followed guidelines for assessment, diagnosis, and treatment
- Make certain that thorough reassessment is complete prior to transfer
- Ensure correct patient, correct bed and correct care team

Reference

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