

PICU To I See You;

Impact Of Pediatric Critical Care Outreach Team (CCOT) On Better Patient Outcome And Experiences.

BACKGROUND

The PICU is a high acuity environment that provides advanced technology, equipment, and the highest ratio of healthcare staff to patients.

Previous studies have suggested that 1.2–10.2% of patients require early (within 48 hr of discharge) readmission to the PICU .

A critical care Review team (CCRT) pilot program was introduced in February 2019 with proactive rounding on high-risk patients outside of the PICU in reducing readmission and patient and family experiences.

AIM

- 1.To develop a critical care Review team on improving the care of high risk patients outside the PICU and reducing readmission thereby improving the quality of care.
- 2.To reduce readmission related to illness within 48hours from 8% to 1% by end Dec 2019 which will sustained by continuous follow up by Critical Care Review Team.

Outcome Measure:

- 1.To decrease the No. of readmission to PICU from transfer unit 1% by end of Dec 2019.
- 2.To decrease the No. RRT calls initiated for the post transfer patients
- 3.To maintain 100% compliance of follow up for the RRT patients on the Pediatric floor .

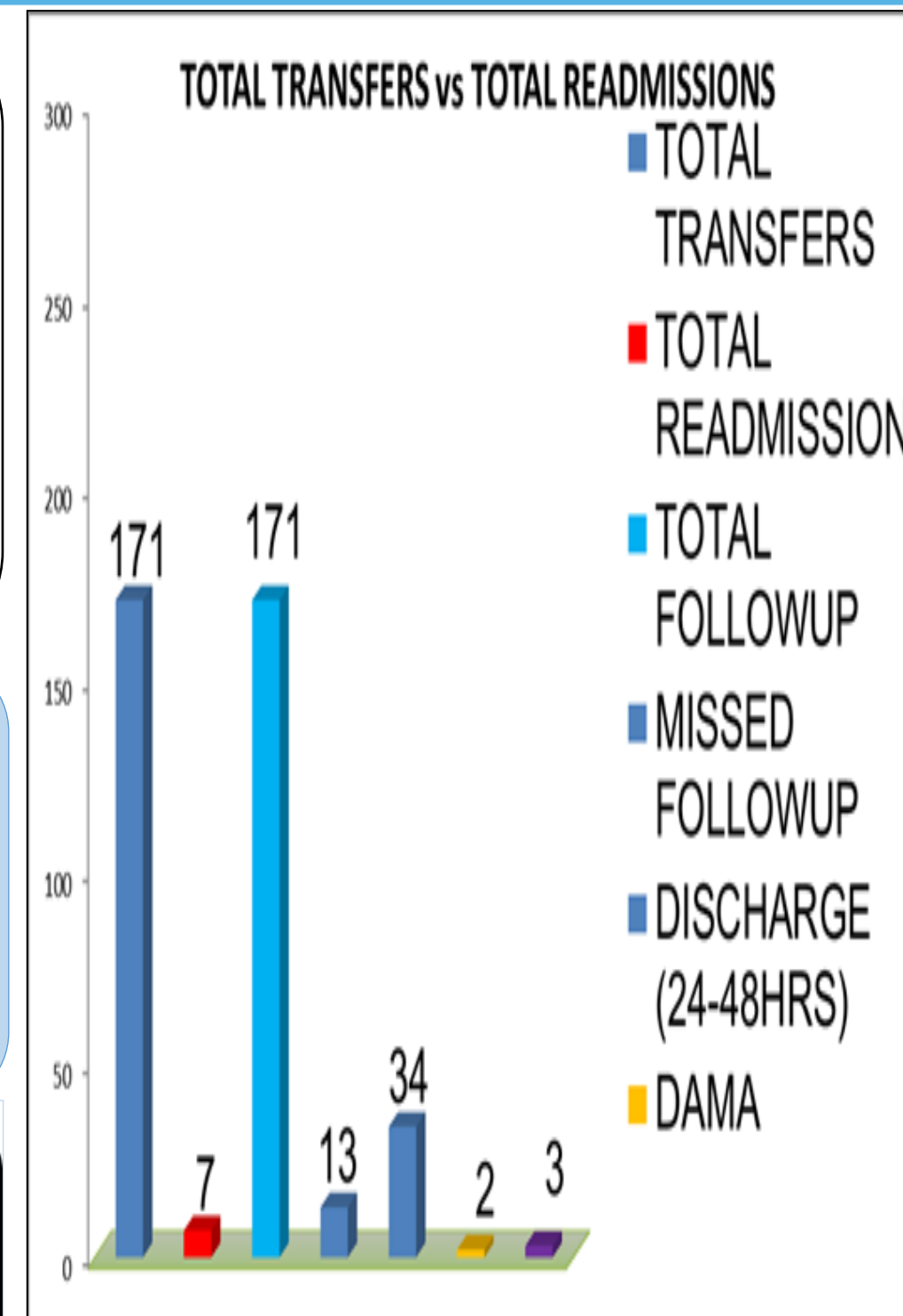
process measures:

- 1.100% compliance by critical care review team.

- 2.To increase the patient and family satisfaction by CCOT .

Family Comments Experiences on CCOT

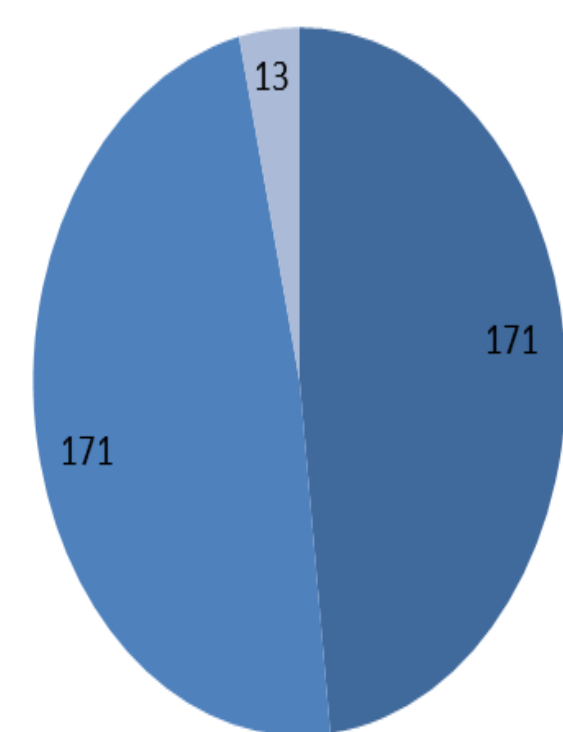
- ◆ Patient and family found it is best approaches after the PICU experiences
- ◆ It was reassuring experience and showed the continuity of care after the PICU transfer
- ◆ CCRT team was excellent in their approaches and made sure that my child in comfortable hands.
- ◆ Communication and recommendation of CCRT team were appreciable



- PDSA-1 Assessment of transferred patient once per day –no tool
- PDSA-2 Formulated the team
- PDSA-3 Developed assessment tool
- PDSA-4 Comprehensive education
- PDSA-5 Assessment/Reassem entxq4 h/q8h
- PDSA-6 Transfer criteria checklist
- PDSA-7 Staff &family satisfaction survey

% percentage of CCOT team

CCOT COMPLIANCE



- Total No. Transfer
- Total No. CCRT follow Up
- Missed Followup For 48 hours

Next steps

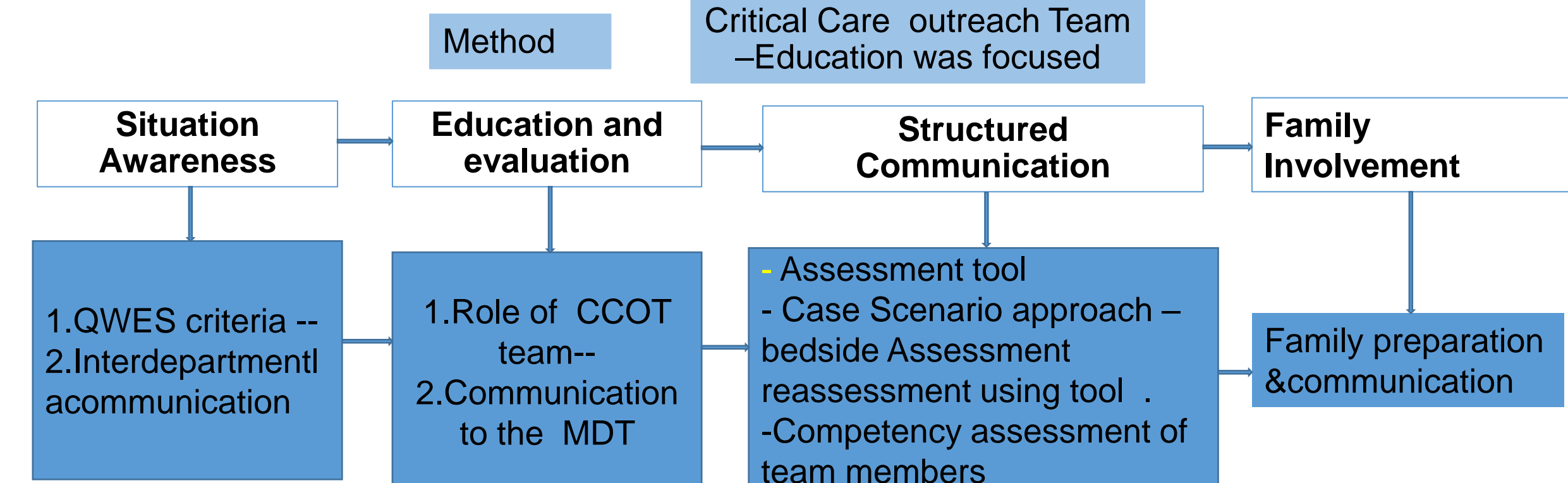
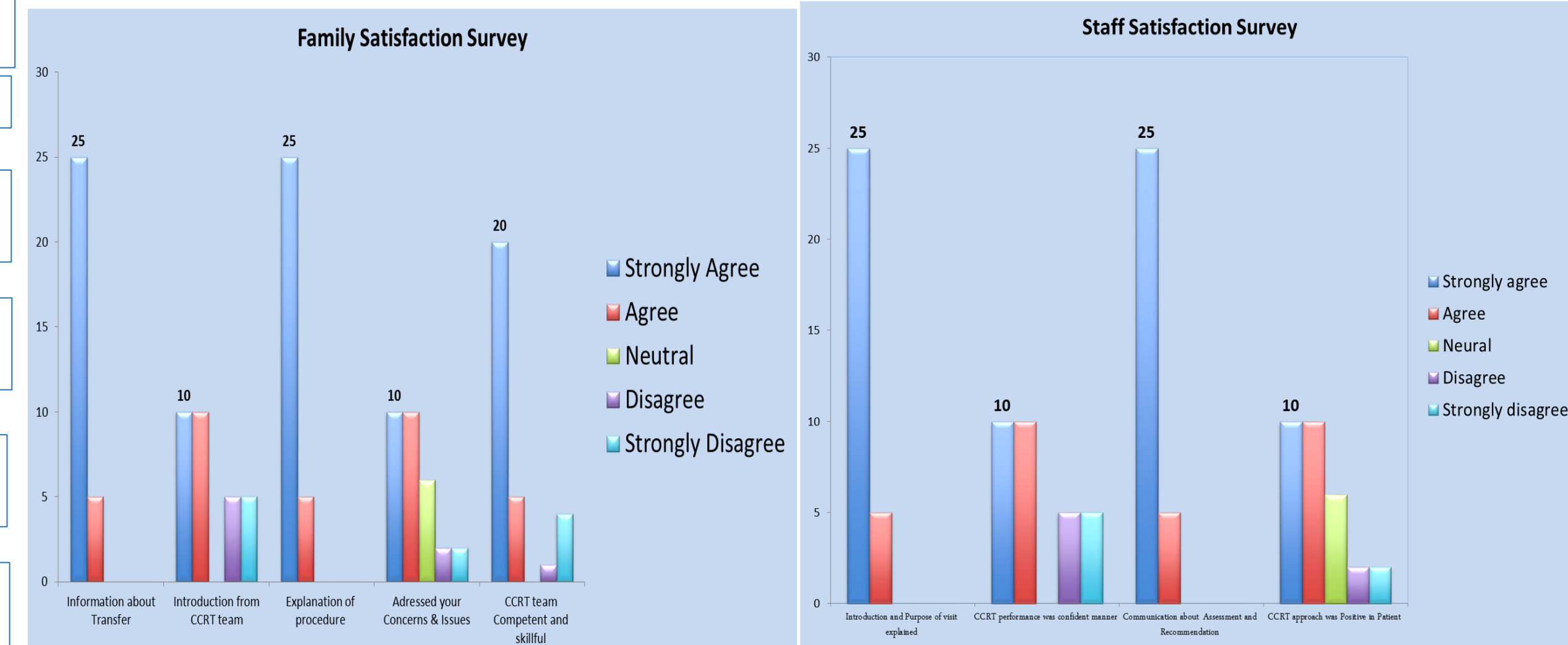
- *involvement of RTs of for respiratory cases for follow up.
- *Plan to follow up Post Procedure requiring IV sedation for 24hours
- *Auditing and Reviewing all readmission and sustaining the results
- *Involving patient as support group for project

References

Is the readmission Rate a valid Quality Indicator? A Review of Evidence-Claudia-Fishcher ,Hester .F.Lingsma 1 ,Perla J. Marang-van de Mheen2,Dionne . Kringos3. Niek S. Klazinha3, Ewout . Steyerberg;1Department of public health ,Centre for medical decision Making ,Erasmus MC ,Rotterdam, the Netherlands, 2Deatment Of Medical Decision Making , Leiden University Medical Centre, Leiden, the Netherlands, 3Department of public Health , Amsterdam Medical Centre, Amsterdam, The Netherlands.

ICU Readmission; Good for Reflection on performance, but not a reflection of quality Thomas Bice,MD, Msc1 1 Division of pulmonary and critical care Medicine, University of North Carolina, Chapel Hill , MC.

Child /Family &Staff Satisfaction



Key to Success

- *Dedicated team –Comprehensive Education
- *Utilizing HDU –PICU beds(4) –to prevent premature transfer.
- *Interdepartmental acceptances and collaboration Between PICU and other units.
- *Communicating the data and monitoring of areas of improvement.
- *Leadership Support

Poster Category:

Better patient experience

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