PAEDIATRIC SURGICAL SERVICE LEVEL AGREEMENT – ST GEORGE HOSPITAL

1. Purpose	A guide to the admission of patients less than 16 years who are admitted under specific paediatric / surgical services at St George Hospital.
2. Risk Rating	Low
3. National Standards	1 – Clinical Governance 5 – Comprehensive Care 6 – Communicating for Safety
4. Employees it Applies to	All staff working across paediatric, critical care and/or surgical services at St George Hospital: ▪ Emergency ▪ Anaesthetics ▪ General Surgery ▪ Neurosurgery ▪ ENT Surgery ▪ Orthopaedic Surgery ▪ Plastic Surgery ▪ Urology ▪ Intensive Care Unit ▪ Department of Paediatrics ▪ Radiology ▪ Trauma Department ▪ Ophthalmology

5. PROCESS

- To ensure appropriate early referral, bed management and patient flow for patients aged less than 16 years presenting to ED with a surgical emergency.

DEFINITIONS

Paediatric: A patient is considered paediatric until their 16th birthday.

5.1 APPROACH

- In July 2014, NSW Kids and Families released the NSW Health *Surgery for Children in Metropolitan Sydney: Strategic Framework, Implementation Plan* and the ED Algorithm Template. A key objective of the Framework is to ensure safe and appropriate care of children presenting to all Emergency Departments with potential surgical conditions. The ED Algorithm Template (Appendix 1) was designed for local adaptation / implementation.
- This document acknowledges the existence of the 'Management of the Critically injured Child' at SGH, which endorses and acknowledges the occasional, but imperative, need for critical life, limb and sight saving procedures to be performed on children outside of the regular scope of work of the treating clinicians.
- The following table defines an agreed provision of service in an effort to respond to the document NSW Health *Surgery for Children in Metropolitan Sydney: Strategic Framework, Implementation Plan*, the implied aim of which is to reduce the age for ENT, Plastic and Orthopaedic surgery at St George Hospital to children aged 3 years and older and to reduce the age for non-complex abdominal or general surgery to children aged 12 years and older, this allowing appropriate care of our patient's in our local area and paediatric skill retention.
- Testicular torsion is a separate consideration and should be noted that if a patient is determined to have torsion at time of presentation and is less than 12 years of age, they should be discussed immediately with a Urology consultant directly.

Note: St George Hospital does not have on-site ophthalmological surgical capability

Service	Minimum acceptable age for Surgery or surgical admission at SGH	Anaesthetic Agreement	Department Signatory	Paediatric co-admission Exceptions/Considerations
General Surgery	Age 12 and above	Yes	Dr David Lubowski	Children > 7 but < 12 years of age can be managed on a case by case basis in discussion with Surgical AMO
Urology	Age 12 and above	Yes	Dr David Malouf	If patient determined to have torsion at time of presentation and <12 years of age, discuss immediately with consultant directly
ENT	Age 3 and above	Yes	Dr Michael Farrell	Paediatrician will be AMO2 if < 6 yrs Possible limitations with paediatric surgical equipment, paediatric surgical and paediatric anaesthetic skill and currency. To be discussed on case by case basis.
Plastic Surgery	Age 3 and above	Yes	Dr Darrell Perkins	Paediatrician will be AMO2 if < 6 yrs Hand injuries to be referred to SCH Burns that don't require transfer to Westmead Burns Unit, but need admission can be admitted at SGH
Orthopaedic Surgery	Age 3 and above	Yes	Dr Rob Molnar	Paediatrician will be AMO2 if < 6 yrs Complex injuries or prolonged stays may be referred SCH
Neurosurgery	Age 12 and above	Yes	Dr Mark Davies	Needs ICU support
ICU	Age 12 and above	Yes	Dr Frank van Haren	Paediatrician will be AMO2 if < 12 – 15 years
Emergency Department	Assess all age presentations	Yes	Dr Jacqui Weeden	Facilitate urgent treatment, referral and/or transfer

Service (cont)	Minimum acceptable age for Surgery or surgical admission at SGH	Anaesthetic Agreement	Department Signatory	Paediatric co-admission Exceptions/Considerations
Department of Paediatrics	All children for whom a [general or subspecialty] surgical condition can be admitted to the paediatric ward under the surgeons	N/A	Dr Bob Fonseca	Surgeon will be AMO1 and paediatric staff will be AMO2 till surgical problem excluded. As AMO2, paediatric staff will be available to advise on analgesia and fluids and review patient as requested.
Department of Trauma	Age 12 and above	Yes	Dr Mary Langcake	Single system injury Case by case basis
Ophthalmology	***Nil capability at any age***	No	Sydney Eye Hospital	Lateral canthotomy/cantholysis on site as needed

6. Cross References	NSW Health *Surgery for Children in Metropolitan Sydney: Strategic Framework, Implementation Plan* SGH ICU WPI 014 *Management of the paediatric patient* SGH BR758 *Management of the Critically injured Child at SGH*
7. Keywords	Paediatric, surgical, agreement
8. Document Location	SGH-TSH Business Rule intranet page under ED, Trauma, Paediatrics, Anaesthetics, ICU
9. External References	Nil
10. Consumer Advisory Group (CAG)	Not applicable
11. Implementation and Evaluation Plan Including education, training, clinical notes audit, knowledge evaluation audit etc	**Implementation:** The document will be published on the SGH-TSH business rule webpage and distributed via the monthly SGH-TSH CGD report. **Evaluation:** Monitoring IMS+, incidents tabled for discussion at department Patient Safety & Quality Committee meetings.
12. Knowledge Evaluation	Q1: What is the age cut-off for considering a child an adult for admission A1: Children are managed by adult services once they turn 16 Q2: At what age should all children with surgical needs be managed at SGH? A2: Children aged 12 and older should remain at SGH for their management of any standard surgical presentation Q3: At what age should ENT, Plastics and orthopaedics care for children at SGH A3: Aged 3 and above
13. Who is Responsible	Medical Director Emergency Department, SGH

Approval for: **PAEDIATRIC SURGICAL SERVICE LEVEL AGREEMENT – ST GEORGE HOSPITAL**	
Nurse Manager (SGH)	Name/position: Melanie Lax Nurse Manager | Emergency Department Date: 18.10.2022
Nurse Manager (TSH)	Name/position: Jacqui Weeden, Director, Emergency Department Date: 30.09.2022
Executive Sponsor	Name/Position: Hayley Smithwick, Divisional Director Date: 08.11.2022

Contributors to ClBR E.g. CNC, Medical Officers (names and position title/specialty)	**Contribution**: Donovan Dwyer, Staff Specialist Emergency Department
	Consultation: Andrew Bridgeman (Divisional Director Surgery) Dr David Lubowski (Surgery) Dr Frank van Haren , Intensive Care Unit Dr Bob Fonseca, Director of Paediatrics Dr Jacqueline Weedan, Director of Emergency Department Dr Mary Langcake, Director of Trauma Dr Darrell Perkins (Plastics), Dr Mark Davies (Neuro-surgery) Dr Michael Farrell (ENT) Dr David Malouf (Urology Dr Robert Molnar (Orthopaedics), Dr Elizabeth Mackson (Anaesthetics)

Revision and Approval History				
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due
Nov 2022	0	New	Kate Jarrett (A/CNC)	Nov 2027

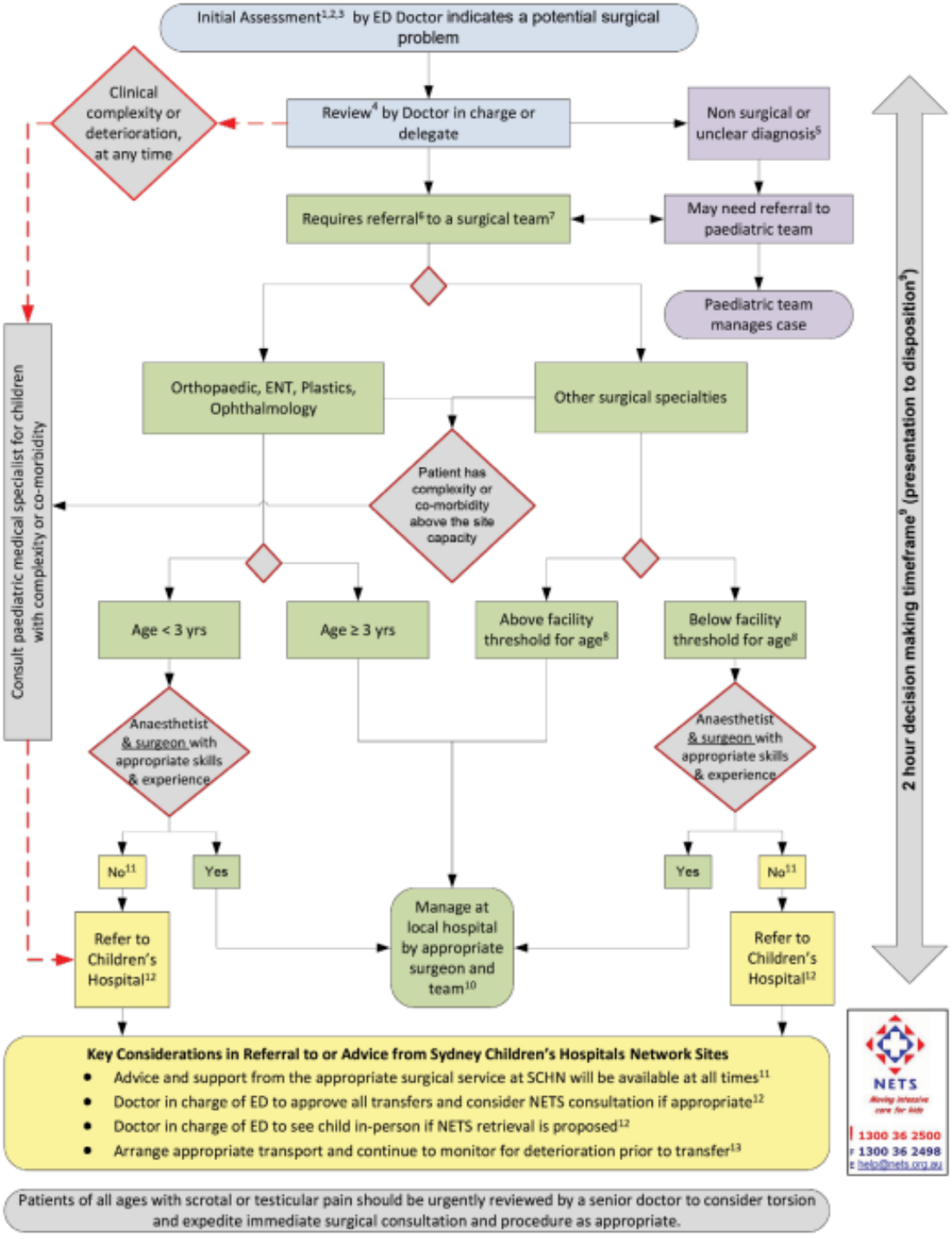
General Manager's Ratification
Name: Angela Karooz (SGH) Date: 09.112.2022

Appendix 1: Surgery for children in the Metropolitan Sydney – ED Algorithm template

APPENDIX 4 – NSW HEALTH: ED ALGORITHM TEMPLATE

Management of Children (up to 16th birthday) with Surgical Problems in the Emergency Departments of Metropolitan Sydney LHD – Designated Paediatric Surgical Sites

"Years" or "Years of Age" refer to respective birthday onwards. Superscript refers to items on page 29.



Additional Notes relating to Superscripts:

1. Within triage category time Australasian Triage Scale. If clinically referred (eg. GP) consider referral information.
2. Children in extremis must be taken to the resuscitation room and managed by a resuscitation team led by the Doctor in Charge of the Emergency Department (ED). In these circumstances surgical treatment at the presenting hospital in children of any age may be necessary and senior surgical anaesthetic and paediatric assistance should be summoned as rapidly as possible. Clinicians should be specifically credentialed in their scope of practice that they "can act in an emergency to preserve life and/ or reduce life-long serious disability if the risk of immediate intervention is less than the risk of transfer and subsequent delay".
3. Consideration for non-accidental injury should occur and this should be managed according to state-wide and hospital policies, with clear communication to the receiving team of actions taken and those which remain outstanding.
4. An in-person review by Doctor in Charge of ED (or delegate) should take place whenever possible. However a telephone consultation could be negotiated in exceptional circumstances and at the discretion of the Doctor in Charge/delegate. This should be decided on a case by case basis or as clinically indicated.
5. Where the assessment/review outcome of a child by ED staff and/or surgical teams is "non surgical" or an "unclear" diagnosis, advice from the paediatric medical team should be readily available. A period of observation in consultation and collaboration with the paediatric medical team may be appropriate. This may be particularly the case for younger children or those with medical histories.
6. For all ages, appropriate surgical review and management should be available within one hour of request by ED staff.
7. If presentation is surgical and a surgical team within the hospital is not involved in the management of the patient reasons and actions must be documented.
8. Metropolitan LHD to set lower age thresholds in "other surgical specialties" for each LHD-Designated Paediatric Surgical Site. Thresholds must be 12 years old or less, given prior SST recommendations for patients over 12 years. The goal is to progress towards a threshold of 3 years for most activity without complexity or co-morbidity. For intra-abdominal surgery, the comparable goal is to progress towards a threshold of 8 years, within the context of the LHD process for scope of practice.
9. The aim of the decision making time frame is to encourage working together across all hospital teams (and NETS staff where applicable) for timely response. Disposition refers to the end decision point decision to admit/operate or a decision to transfer.
10. Role delineation dictates that only Children's Hospitals will undertake surgery in the first months of life.
11. The SCHN should have 24/7 expert rosters to support LHD clinicians at the metropolitan referring sites, as well as consider the appropriate timing and site of transfer. Beyond metropolitan Sydney, JHCH will be part of the support system.
12. Ultimate responsibility for the decision to transfer rests with the Doctor in Charge of ED at the presenting hospital. Transfer related communication between senior doctors (ED and Surgical) is recommended. If there are concerns about aspects of transfer, this should be rapidly escalated to the relevant senior doctors at both hospitals for resolution. Transfer should not be delayed by unnecessary investigation. The contacted receiving hospital should assist the referring site to locate an alternative hospital should they be unable to accept the patient.
13. It is the responsibility of the ED team to ensure all children awaiting transfer from that ED continue to be monitored for deterioration prior to leaving (in partnership/consultation with other hospital teams and NETS as appropriate).

The Algorithm is intended as an accompanying guide to existing policies, procedures and guidelines including (although not restricted to):

- Triage of Patients in NSW Emergency Departments PD 2008_009
- NSW Health Clinical Practice Guidelines for Paediatric Care
- Recognition and Management of Patients Who Are Clinically Deteriorating PD 2011_077
- Children and Adolescents - Guidelines for Care in Acute Care Settings PD 2010_034
- Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
- Emergency Paediatric Referrals - Policy PD2005_157
- Emergency Department Patients Awaiting Care PD 2010_031
- Clinical Handover - Standard Key Principles PD 2009_060
- Guidelines for Networking of Paediatric Services in NSW (2002)
- Australasian Triage Scale and Guidelines for the Implementation of the Australian Triage Scale in Emergency Departments (Australasian College of Emergency Medicine - ACEM 2000)
- Australian College of Emergency Medicine's Statement on Responsibility for Care in Emergency Departments
- Ideal Emergency Department Patient Journey (NSW Emergency Care Taskforce)