

CARE BY PARENT MODEL OF CARE - SCH

PROCEDURE [®]

DOCUMENT SUMMARY/KEY POINTS

- The Care by Parent Model of Care (CBP) accommodates children with high dependency needs who require on-site services but do not require inpatient care.
- CBP requires pre-approval, and criteria for admission apply.
- Parents/Carers are to provide all care for the child, including giving medication and taking children for tests and appointments, and supervision.
- CBP is intended to support children with high care needs from regional areas for short term stays during tests and treatment, or as a bridge from acute inpatient care to care at home.

CHANGE SUMMARY

- N/A – new document

READ ACKNOWLEDGEMENT

- Medical and nursing staff involved in coordinating Care by Parent Model of Care at SCH

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st July 2021	Review Period: 3 years
Team Leader:	Director	Area/Dept: Clinical Operations SCH

Care by Parent Model of Care

CBP consists of up to two beds situated on C3South at SCH. CBP may also be accommodated in other areas at the discretion of the Patient Flow Unit, to a maximum of two beds.

- Only one parent/carer can be accommodated overnight in the room for each patient, with options available for other parents.
- Parent/carers are not to leave their child unattended in the CBP model of care, and must stay overnight with their child.
- Parent/carers provide the care for their child. However nursing staff support and advice is available.

Process for Admission

Requests for admission shall be made on the CBP form in the electronic orders tab in EMR. The KIDS GPS Appointment Coordinator shall refer requests to the selection committee and communicate the outcome back to the referring clinician.

Requests shall be reviewed weekly by the selection committee, the membership being;

1. KIDS GPS Appointment Coordinator
2. Patient Flow Manager
3. Social Worker
4. Nurse Manager Ambulatory Services / Ambulatory CNS2
5. Medical Manager Patient Flow

Criteria for Admission

While individual circumstances will be considered, criteria are as follows;

- The child resides greater than 100 km from SCH
- The planned services (for example tests and treatment) are not available in the child's local area
- The child is highly dependent on care at all hours, which may include ventilation or wheelchair or bed dependency requiring lifting equipment.
- There are no alternative accommodation options that facilitate equipment required to care for the child.
- Accommodation is required for 72 hours or less.
- Transport arrangements to the hospital and home have been pre-arranged

CBP may also be considered for patients who have been inpatients of an SCH ward and are undertaking a **trial of discharge**; or highly dependent patients, residing a significant distance from the site, having **day rehabilitation**, where alternative accessible accommodation is not available. Referrals in this case are made by the treating team through the patient flow manager, who brings the case to the committee. The length of stay in these cases may be longer than 72 hours.

Parent/Carer Responsibilities

- Provide all care for their child including medication administration.
- Take the child to scheduled appointments/tests.
- Observe the projected length of stay and make arrangements for transfer to and from the hospital.
- Communicate with providers to arrange tests, treatment and appointments.
- Communicate in advance with local and hospital supports (e.g. family support workers, case workers, social workers) if needing assistance with the visit to SCH (e.g. transport, finances, etc.)

Ward Responsibilities

- Patients booked into the CBP model of care require an admitting medical officer.
- Parents caring for patients will have adequate orientation to the ward area. They must be familiar with all facilities and hospital practice with regard to handling linen, food, sanitary napkins, equipment and emergency processes (e.g. fire).
- The ward will secure or refrigerate medications if required, including safe storage of any patient's own controlled drugs.
- The ward will provide food, formula storage, linen, cleaning and waste services.
- The NUM or delegate will round with the family at least daily.
- The admitting medical team shall review the patient on arrival and monitor the ongoing plan of care, including ordering and reviewing tests and treatment and any required discharge information.

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Appendix 1: Care By Parent Flow Chart

