

Triggers to Consider Transition and Transition Pathway Thames Valley (Paediatric to Adult Transition in ICU)



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Paediatric to Adult Critical Care Transition Guideline

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What is Transition

"Process addressing the health, psychological and educational needs of young people as they move from childhood to adulthood"

*Transfer of care is the date that the young person has care taken over by adult teams

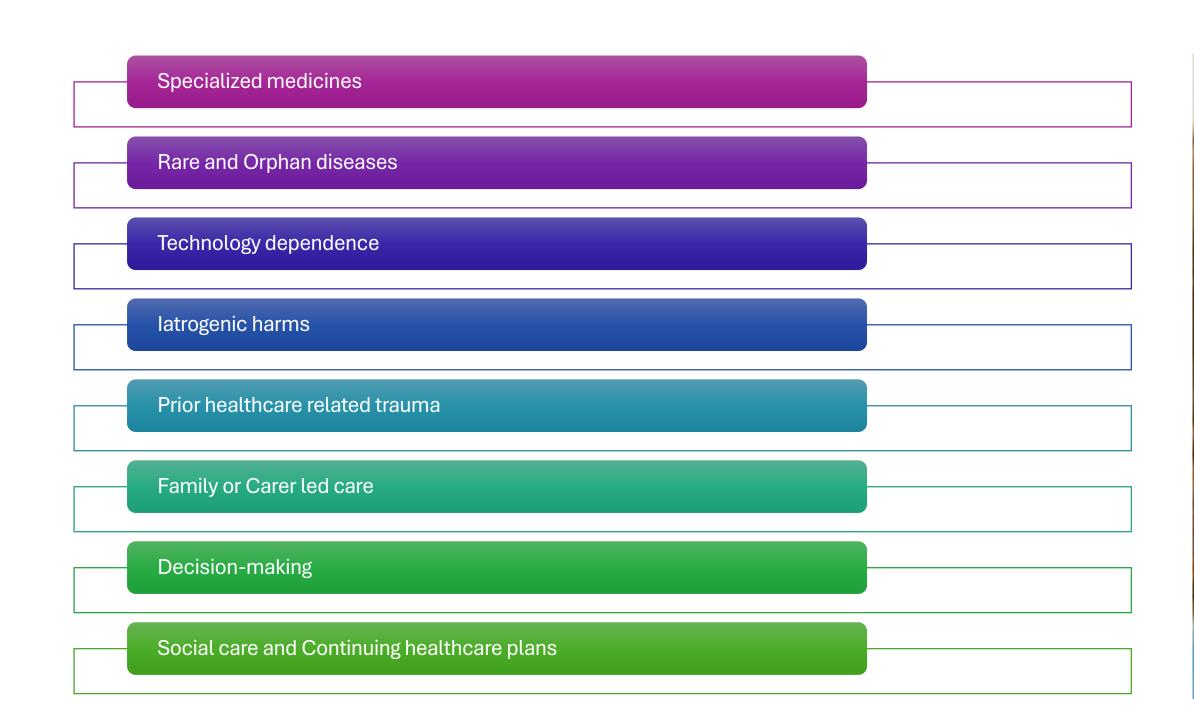


Why Critical Care Transition

Meet Steven*

- 19 year old male*
- MHx: Hypoxic brain injury at birth, cerebral palsy, learning disability, kyphoscoliosis.
- Social: Lives in supported living home, parents live 30 minutes away and visit daily to do chest physiotherapy and supervise feeds.
- Functional: Has a PEG, uses adapted wheelchair, physiotherapy twice a week. OT visits twice a year. Failed funding request for cough assist device in the last 12 months.
- Recent history: Seen in the Oxford Centre for enablement aged 18, in the last 5 years has been admitted to hospital on 4 occasions with aspiration pneumonia. Ward level care in paediatrics on two occasions and 2 admissions to pHDU in DGH for Non invasive ventilation. Slow wean back to baseline on each occasion.
- Acute admission to ED with respiratory failure presumed aspiration pneumonia, he has a low level of conciousness, AICU registrar asked to see regarding ICU admission.











Guidance for:

Paediatric to Adult **Critical Care Transition**

- 1. manner.
- 2. complete.
- 3. process.

All young persons who are likely to require future input from adult critical care services must be identified in a timely

A suitable transition pathway to adult critical care services must be initiated and followed for all eligible young persons. Admission to adult critical care must not occur until this is

A bespoke Critical Care Transition Pathway must be in place to ensure clear documentation and communication through the

Triggers to Consider **Critical Care Transition**

M Raffles, J Ngengo, H Turnham

Triggers to Consider Study

transition

To compliment transition pathways already in place

Aim: Identify simple, *clinically relevant* 'triggers', for pediatricians to consider alongside specialty

Study phases





Observation

Investigation



Confirmation

Observation (

- Transition leads in pediatric specialties
- Identification of key markers of medical complexity
- Noted patterns of escalating care prior to threshold for ICU admission



* 5 years is significant as transition occurs within the 5 years prior to transfer of care.. ie from age 13

Medical Complexity identified in Childhood

And

3 admissions or 1 admission >21d*





Test triggers to consider transition in two hospitals in the ODN

One AICU within same trust as tertiary Children's hospital and one large District General Hospital feeding into trust

- Oxford University Hospitals NHS Trust
- Royal Berkshire Hospital, Reading

Data gathered from patient notes

- All admission to AICM 16-25 years old -
- ICD codes identifying medical complexity
- Length of stay
- Number and duration of admission into Hospital in the 5 years prior to transition -

Confirmation

- Statistical significance of the likelihood of an Adult Critical Care Admission based on Child ED Admissions meeting the TCT in CYP
- Secondary Uses Service (SUS) data was accessed to identify CYP (aged 12-17 year) with emergency admissions into the two hospitals OUH and RBH in the period 2010-2023.
- Critical Care Minimum Dataset (CCMDS) data was used to identify those aged 18-25 \bullet admitted into adult intensive care in the years 2016-2024 in both OUH and RBH

Critical Care Transition in Thames Valley

Every Young Person

- Medical Complexity
- Risk of ICU admission

Meets the needs of individual trusts

Digit

Equity across region



Compliments systems already in place

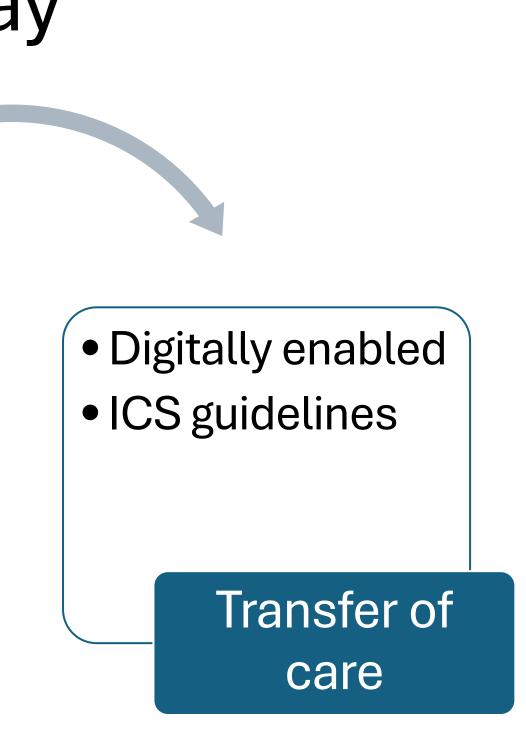
Digitally Enabled

Critical Care Transition Pathway

- Medical Complexity &
- 3 admission in 5 yrs

Paediatrics Trigger Enter local pathway

- Compliments local systems
- Locally led



What do you need.....

