

# Taking diabetes out of hospital to the home and community: A new paediatric model of care

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**Government  
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SA Health



**FLINDERS  
MEDICAL  
CENTRE**



# ***Background***

- ~ 200 children with diabetes attending FMC
- 4 general paediatricians
- 0.2 FTE diabetes educator
- shared dietitians and psychologist
  
- Routine 3-4/12 outpatient medical review
  
- Hospitalisation for:
  - all newly diagnosed children
  - majority of pump initiation
  - acute problems after hours
  
- Multiple admissions to hospital and frequent DNA's
  - Kids with special needs not being met

# Intervention

- recruitment of clinical practice consultant



Cannot duplicate existing services

Services must be out of hospital

Hospital avoidance

Save money for health service

- different to usual practice
  - effective and safe



## ***Developing the Role***

- Review and complement existing services
- Potential out of hospital changes
- Target Group
  - Frequent ED presentations or admissions
  - Frequent DNA's to Clinic
  - Significant social or mental health issues
  - Transitioning to adult services
  - HbA1c >9.0%
  - Newly diagnosed
  - Pumps and CGMS



# Southern Adelaide Paediatric and Adolescent Diabetes Service (SAPADS)



# *Model of Care*

If they can't come to us.....  
I'll go to them

# Home Visits



Frequent DNA, at risk kids

Early discharge:

- day 1 or 2 for newly diagnosed
- acute problems
- ED presentation for acute complication

Less trauma / stress

Convenient

Flexible

Insightful - privilege

Safe

# Outreach Clinics



Two sites each month  
Flexible hours - 7pm  
Senior school students  
Joint paed , CPC , dietitian  
Transition planning  
Distance

# Out of hours support





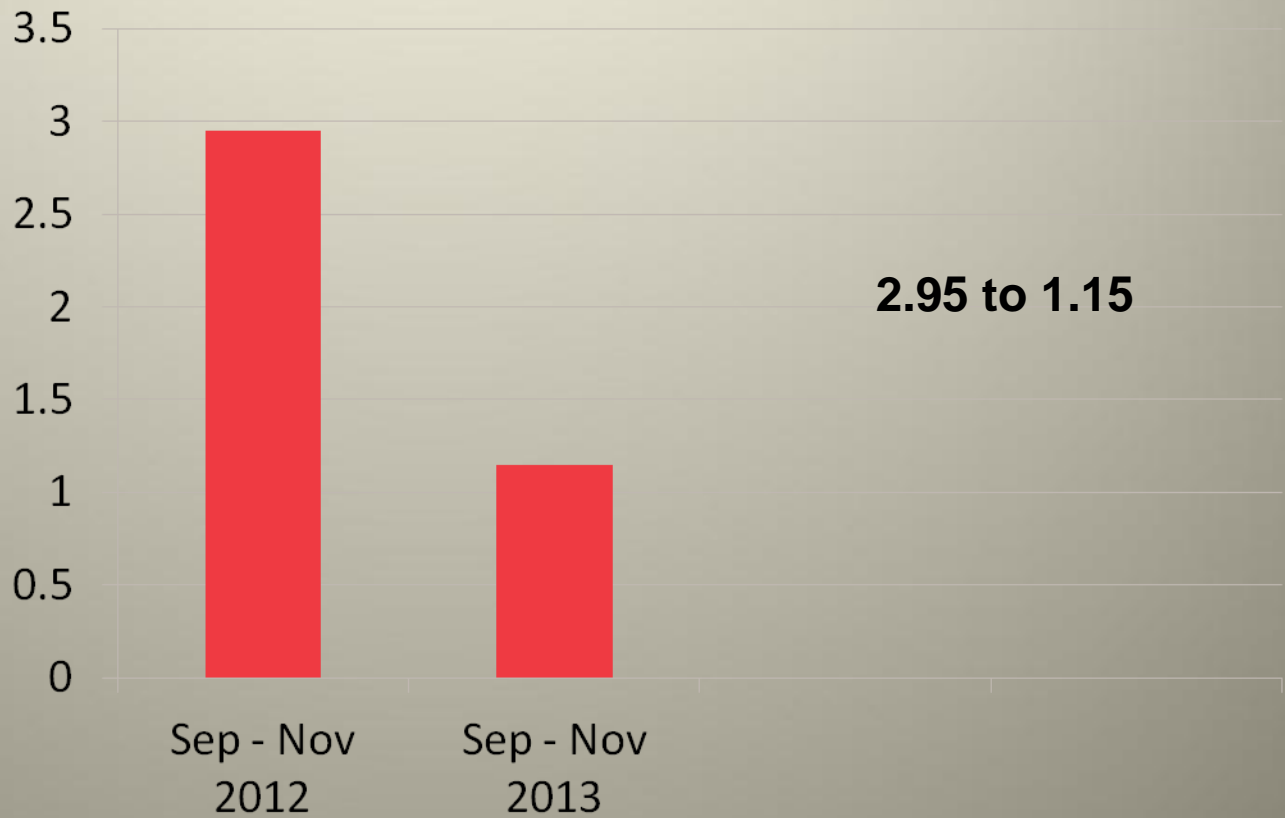
# Outcomes

- Commenced in August 2012
- Approx 60 patients
- Quarterly reports to Primary Health and Transition Services
  - Record of Key Performance Indicators

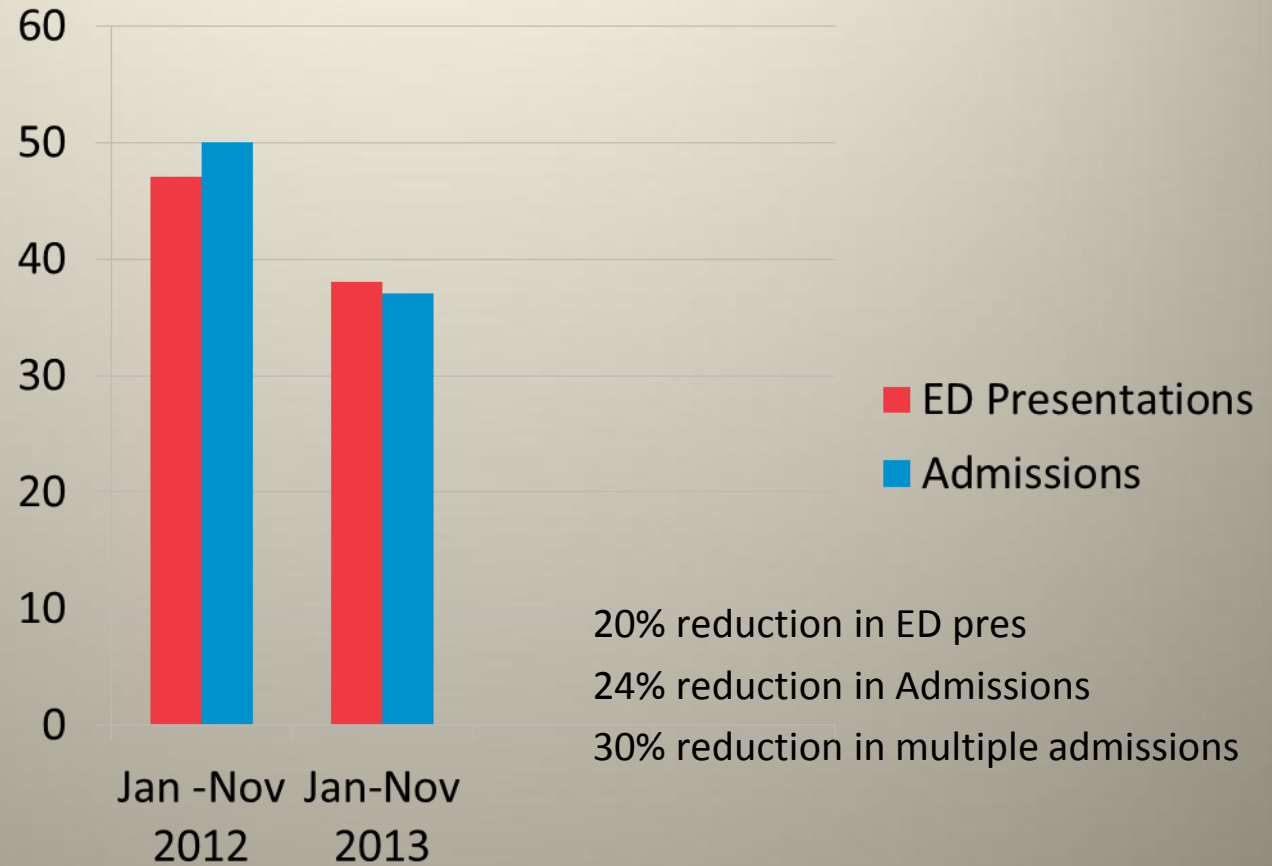
| Occasions of Service | ED presentation saved | Avoided admission from ED | Admission saved | Reduction in LOS in days | OP visits saved | Admitted but ICU prevented |
|----------------------|-----------------------|---------------------------|-----------------|--------------------------|-----------------|----------------------------|
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# Outcomes

Average LOS (days)



# Outcomes



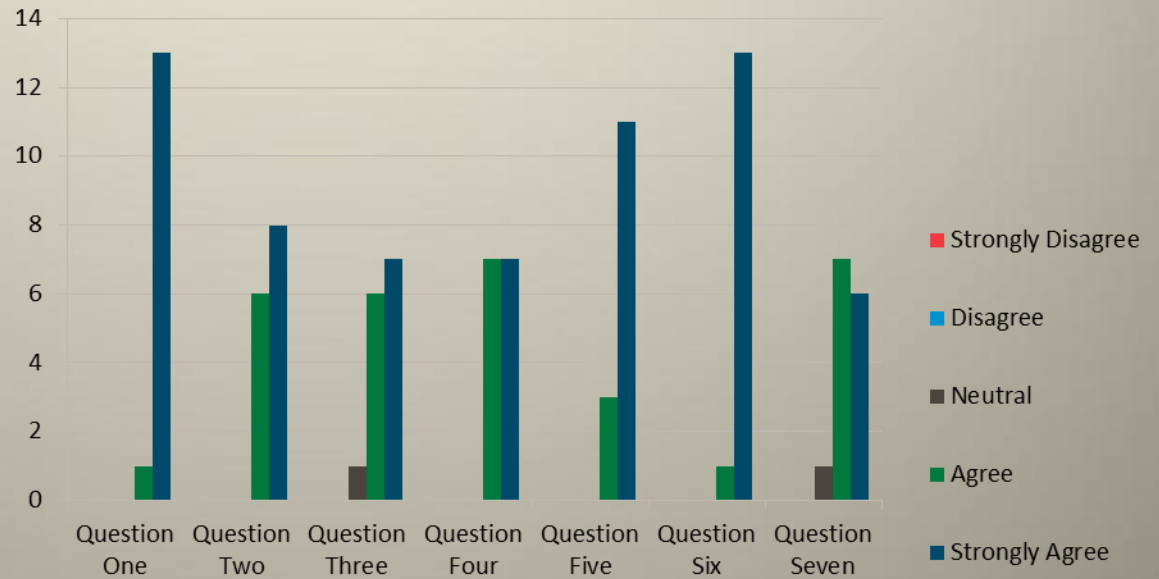
# *Outcomes*




- Estimated savings close to \$200,000 by end of 2013

# Outcomes

Graph of Responses for Survey Questions 1 - 7



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- *“Noarlunga Clinic is fantastic, so close to home. FMC has access problems and is much further from home”*
  - *“I have four other kids. It is easier to be at home with a home visit and not be away from all of my other kids”*
  - *“It is amazing to have a home service”*
  - *“My child has autism as well so to go to the paediatric outpatient clinic is very stressful and overwhelming. My child has a meltdown every time. So the nurse does home follow up and liaises with the Dr”*
  - *“There should be more people doing it”*



## ***Conclusions***

- Out of hospital care is achievable and successful
- Saves money for health service

### ***More importantly***

- Increased child/family satisfaction and QOL
- Safe, no re-admissions or adverse outcomes
- More engagement with “at risk” kids
- Disadvantages
  - ED and ward staff losing diabetes skills
  - only one person...changing