

## INVESTING IN OUR CHILDREN NEW MODEL OF PEDIATRIC CARE CASE STUDY



St. Elizabeth and our community pediatricians have developed a new model to care for children in the hospital setting. It will be an improved way to keep young patients closer to families, keep them in our community—and still deliver good quality pediatric care. A hybrid hospital/emergency care unit—a specialized separate area—will be located adjacent to the Emergency Department (ED) and

will be the Pediatric Place at St. Elizabeth – ER and Hospital.

Because of the widely fluctuating volumes of pediatric patients during the various seasons of the year, a dedicated pediatric inpatient unit on a hospital floor with pediatric nurses will be beneficial. Many times, the winter months would be busier, but the summers were very slow. There were even times in the past year when there were not any patients filling the dedicated inpatient beds.

This new plan has been developed following proven models in Maryland that were established and shown effective over the past 20 years. It combines pediatric emergency medicine with a pediatric inpatient unit—and a very important component is having dedicated pediatric staff care for children with both needs. Pediatric nurses want to work with only pediatric patients. Researchers reported in the *“Journal of Pediatric Nursing”* that pediatric nurses in a similar hybrid unit had more positive perceptions of unit support, workload and overall nurse satisfaction than their colleagues working in non-pediatric facilities.

For practitioners, the new role being created is an attractive one. It allows for a more integrated approach to illness. When children are emergently ill, they are seen in the ED, diagnosed and seen by the same staff when they then need to be hospitalized. The co-location of the ED with a pediatric observation unit would allow for one place for all pediatric patients to be cared for.

**NEW MODEL OF PEDIATRIC CARE CASE STUDY continued:**

The acuity or seriousness of the disease is used to confirm whether the child will be treated as an outpatient or inpatient. Therefore, sometimes the rooms could be used for observation, sometimes for inpatient, depending on the acuity of the illness. This area could be used well for diagnostic testing, outpatient procedures and brief therapies. Co-locating these services would improve consistency and safety of pediatric care with IV starts and labs done in a child-centered fashion, as well as pediatric medication and IV fluids given with consistent pediatric standards.

Any child needing intensive care or subspecialty services would still be transferred to a tertiary hospital, but the majority of care could be given in a quality manner--close to home, allowing for immediacy of treatment and reducing travel for the family.

The driving force of the whole plan, though, is a desire to improve the care for children—to give them their own place, away from adults having heart attacks or strokes—and to staff the area with doctors, nurses and technicians who are specially trained to take care of kids. Parents, too, would be comfortable in bringing their children for emergency and inpatient care to the Pediatric Place at St. Elizabeth because of the specialized approach.

To prepare the area for this new model, some renovation will be necessary. In our current area adjacent to the ED, eight rooms will be converted for this specialized use. A family waiting area will be added — and a separate entrance will be created for children and families.

An inviting and child-like atmosphere will permeate the entire area. Each of the eight rooms will have a unique theme based on the ecosystem that will welcome children and families. Naming opportunities will be available for those wishing to invest in the project.



**For more information, please contact:**

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