Young People and the Emergency Department

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Secretary of the YPHSIG
• What is the public and staff perception of young people’s use of the emergency department?
• Do these perceptions reflect true picture?
• What are the challenges for YP and staff?
• How do the RCPCH Standards support improvement in services for young people
I think the programme is absolutely brilliant, and it's a real eye opener into the world of the NHS that a lot of people are not aware of...

I am 21 years old and have suffered with an undiagnosed heart condition since a month after my 18th birthday. I was interested to see how young people would be perceived by NHS workers. Due to the nature of my condition I frequent A&E regularly. I was disgusted by the views ... I have experienced drunk people in A&E, but they were not exclusively teens; ... biased views against age and class and perpetuated unfair stereotypes, using a few examples from the minority and crudely editing it to seem like the majority...

... comments about the teenagers coming into A&E with drink related issues over the course of the weekend were absolutely spot on. What we saw coming into her department was a miserable soup of human beings who take no responsibility for their actions and the consequences of these...
Young People’s presentations to ED

- Increasing numbers of YP access ED rather than primary care
- If the ED is going to be used as a significant resource by YP needs to provide a service which addresses their needs

*Bridging the Gaps, RCPCH, 2003*

- Often this is their first conscious experience of health care
- Around 12,000 hospital admissions in 2009 for alcohol-related problems < 18 years old an increase of 32% between 2002 and 2007

*Alcohol Concern, 2011*
• “A network and wiring upgrade”

• Synaptogenesis of early childhood is followed in adolescence by:
  – Pruning
  – Myelination

• Most pronounced adolescent changes are in social parts of brain
  – Medial pre-frontal cortex
  – Parietotemporal cortex
Impact of development on adolescent mortality & morbidity

- Hypothesis: “Starting the engines without a skilled driver”

- Earlier onset of puberty and delay in psychosocial maturation
  - Mature body with sexually and emotionally active brain
  - Immature self control and affect regulation systems

- Increased risk for disorders of social-emotional regulation, affect control and decision making
Presentation of young people to the Emergency Department

Common Presenting Problems for Young People Attending the Emergency Department
Sands et al

- 13 – 17 year olds presenting
- Feb 07 – Feb 08
- Average 807 / month
- 72% presented with injury
- 75% were discharged
Presentation of young people to the Emergency Department

Age of Young People Attending ED

![Bar chart showing age distribution of young people attending ED](chart.png)
Presentation of young people to the Emergency Department

Attendances by month

[Bar chart showing attendance by month for males (M) and females (F)].
Presentation of young people to the Emergency Department

Attendances by hour
Referral Source

- WORK
- WALK IN CENTRE
- SOCIAL SERVICES
- SELF
- SCHOOL
- POLICE/PRISON
- PARENT OR GUARDIAN
- OTHER HOSPITAL
- OTHER
- NOTTINGHAM EMERGENCY MEDICAL SERVICES
- NHS DIRECT
- GP
- ED TEAM
- AMBULANCE/999
- ADVISED BY MEDICAL STAFF

0 1000 2000 3000 4000 5000 6000
Presentation of young people with intoxication

- Presentation with intoxication
  - 86% presented between 7pm and 7am
  - 69% presenting at the weekend (Fri-Sun)

- Disposal
  - 74% of young people presenting with intoxication were discharged home,
  - 15% did not wait or refused treatment
  - 11% required admission
Conclusions

• Young people use the ED for their health care throughout the day & year

• However reasons for presentations different from younger age group
  – 10 presentations account for almost ¾ of non injury presentations
  – More likely to medically unexplained physical symptoms
  – Self harm

• Often most challenging patients present out of hours when senior medical cover and community links may make safe discharge planning difficult
Challenges

- Self Harm
- Behavioural Disturbance
- Intimate partner violence
- Absence of supervision
- Homelessness
- Alcohol related presentations
What do young people need from emergency care settings?

• Confidential service
• Non judgmental care
• A positive experience with supportive follow up
• How do the standards help to address the issues raised?
• What is already available to support local services with implementation of these standards?
4. Environment in emergency care settings

Standards

1. Emergency care settings accommodate the needs of children, young people and accompanying families and comply with DH You’re Welcome and HBN 22 standards

2. As well as audio-visual separation from adults, consideration is given to security issues, availability of food and drink, breast-feeding areas, and hygienic, safe play facilities

3. At least one clinical cubicle or trolley space for every 5,000 annual child attendances is dedicated to children

4. Young people have access to quieter waiting and treatment areas, and age-appropriate games, music or films

5. Emergency departments seeing more than 16,000 children per year employ play specialists at peak times or have access to a play specialist service

6. Participation is encouraged by children, young people, siblings, parents and carers regarding on going quality and improvement of services or facilities
4. Environment in emergency care settings

Practical support available

Not just a phase

A Guide to the Participation of Children and Young People in Health Services

Department of Health

Quality criteria for young people friendly health services
4. Environment in emergency care settings

Access

• Young People can find it difficult to fit in paediatric or adult environments both in ED and as inpatient
• Concerns over their safety and that of others in the department
Paediatric or adult inpatient services?

Is the young person currently under follow up with a hospital or community paediatrician?

Yes

15 years and under

Between 16th and 17th birthday

In Year 11

Informed Choice

Wherever young people under 18 years are cared for safeguarding, consent and confidentiality policies should be followed

Paediatric Services (Robin Hood & Blandy)

No

Between 16th and 17th birthday

Left Year 11

Between 17th and 19th birthday

19 years and over

Exceptional circumstances
• Requires specialist care or services located on a particular ward e.g surgical or gynaecological
• Psychosocial issues best managed on a particular ward
If these circumstances met then alternative pathway can be followed ensuring that...
• Informed choice wherever possible
• Adult and Paediatric Consultant and relevant ward leader agreement

Yes

No

Yes

No
Standards

1. All facilities receiving sick or injured children are equipped with an appropriate range of drugs and equipment (appendix 2)
2. All children attending emergency care settings are visually assessed by a registered practitioner immediately upon arrival, to identify an unresponsive or critically ill/injured child
3. An initial clinical assessment occurs within 15 minutes of arrival
4. A system of prioritisation for full assessment is in place if the waiting time exceeds 15 minutes
5. Initial assessment includes a pain score
6. Analgesia is dispensed for moderate and severe pain within 20 minutes of arrival
7. Individualised management plans are accessible for children who attend the emergency care setting with priority access e.g. ‘emergency passport/card holder’
8. Systems are in place to ensure safe discharge of children or young people, including advice to families on when and where to access further care if necessary
9. All urgent care attendances in children and young people are notified to the primary care team: ideally both the GP and the health visitor/school nurse
6. Staff and training issues

Standards

1. Nurses working in emergency care settings in which children are seen require a minimum level of knowledge, skill and competence in both emergency nursing skills and in the care of children and young people.

2. Acute healthcare providers facilitate additional training in paediatric skills for the nursing staff in the emergency department, and have a long-term strategy for recruitment and retention of registered children’s nurses.

3. All clinical staff working in emergency settings have a minimum level of knowledge, skills and competencies in caring for children and young people, e.g. recognition of serious illness, basic life support, pain assessment, and identification of vulnerable patients.
• Adolescent Health Project
  – Free e-learning modules
  – Suitable for all levels and grades including reception staff

• Competencies within SSM for sub speciality trainees
Discharge, safeguarding and mental health / substance use

7. Safeguarding in emergency care settings

8. The primary care team, including GP and health visitor/school nurse, are informed, within an agreed timescale, of each attendance

8. Mental Health, substance and alcohol misuse

1. Emergency clinicians with responsibility for the care of children and young people receive training in how to assess and manage their mental health needs and support their family/carers
2. Emergency clinicians are familiar with current legislation surrounding consent, confidentiality, and mental capacity and safeguarding
3. Local policies are in place for the involvement of a mental health practitioner for those children and young people at immediate risk
Confidentiality v’s Safeguarding
Potential consequences of neglect

- Depression
- Self harm
- Drug & alcohol abuse
- Early & risky sexual activity
- Anti-social behaviour

- Professionals and YP have a poor understanding of
  - adolescent safeguarding & struggle to know how to
  - respond
Publications

CONFIDENTIALITY
Your right to privacy and how we look after information about you
A Guide for Young People 12-19 Years

CONSENT
Your right to involvement in decisions about you and your healthcare
A Guide for Young People 12-19 Years

HAVING YOUR SAY
Your right to participate in your healthcare and decisions effecting you
A Guide for Young People 12-19 Years
you may tweet

we won’t twitter

We provide a confidential service to young people

The doctors and nurses provide a confidential service for young people – this means they will keep what you tell them private.

To give you the best care we usually let your GP and school nurse know about your visit.

If we have serious worries about you, your safety or the safety of someone else, we have a duty to keep you safe & must tell other people who can help us to do this. This doesn’t happen often and we will always try to talk to you about it first.

If you have any questions, comments or worries about this please talk to one of the doctors or nurses looking after you.
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<th>Comments</th>
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<tr>
<td>C</td>
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<td></td>
<td>Have you or anyone else ever been CONCERNED about your alcohol or drug use?</td>
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<td>Do you ever use alcohol or drugs to HELP you relax, feel better about yourself or fit in?</td>
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<td>Has your use of alcohol or drugs EXPOSED you to risk? (e.g. violence, accidents, in a car with intoxicated driver, unwanted sexual contact / Sexually Transmitted Infections) (Are there any safeguarding concerns?)</td>
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<td>Do you ever use alcohol or drugs when you are ALONE?</td>
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<td>PRESENTATION: Do you think that you are in hospital now because of alcohol or drugs?</td>
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Summary

• Young People use the emergency department as a significant resource
• The public and staff perception of use is often negative
• Evidence suggests perceptions may not always reflect true pattern of presentation
• Remain significant challenges for YP and staff
• RCPCH Standards support improvement in services with some specific standards for young people
• Resources are available to support with implementation of these standards