Improving Services for Paediatric ENT Surgery – Policy and Standards of Care for Paediatric ENT Surgery in Northern Ireland

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Introduction

Purpose

This policy aims to set out clearly standards for Paediatric Ear, Nose and Throat (ENT) Surgery in Northern Ireland. It is linked to the document *Improving Services for General Paediatric Surgery - Policy and Standards of care for General Paediatric Surgery in Northern Ireland* (2010).

The Children’s Surgical Forum (CSF) of the Royal College of Surgeons represents the full range of professionals involved in delivering surgical services to children. In July 2007, the CSF published its report entitled *Surgery for Children: delivering a first class service*¹. The report sets out up-to-date, definitive standards on the organisation and delivery of surgical care to the young. Given the broad representation and professional standing of the CSF, this Royal College report forms the basis of the 2010 policy for provision of all paediatric surgery in Northern Ireland.

By distinguishing elective paediatric ENT services from emergencies and the care of older children from the care of children under six months, this policy is intended to ensure that:

- all children who require emergency or elective paediatric ENT surgery are managed in an appropriate environment by staff with the requisite skills

- assessment of emergency cases occurs locally as this will minimise the risks and distress associated with unnecessary transfer

- consultant-level senior decision makers determine the need for transfer to ensure that transfers are clinically appropriate

- children who need transfer to specialist paediatric ENT surgeons in Belfast are transferred quickly

- emergency surgery in children aged six months or over is provided locally in an appropriate environment

- that, where clinically appropriate, elective paediatric ENT procedures are performed locally for children aged six months or over without significant co-morbidities with the benefits that brings to children and their families

- an audit and peer review process is developed to assure the quality and safety of care.

¹ [http://www.rcseng.ac.uk/rcseng/content/publications/docs/CSF.html](http://www.rcseng.ac.uk/rcseng/content/publications/docs/CSF.html)
Background

A Paediatric ENT Working Group was established to draft a policy to improve provision of paediatric ENT surgery in Northern Ireland. The Working Group had multidisciplinary representation from across Northern Ireland. To inform this policy, the Working Group tested it at a workshop with a wider group of stakeholders involved in paediatric ENT surgery.

The drafted policy was then issued for public consultation in October 2009. This final version of the policy is a result of a consideration of the comments received from consultees who responded to DHSSPS.
Definitions

Within this policy document, the following definitions apply:

**Paediatric patients:** children up to their 13th birthday

**ENT surgery:** surgery carried out by an ENT surgeon

**Elective surgery:** planned surgery, either in-patient or day-case
Standards of Care for Paediatric ENT Surgery

1. Location of Elective Paediatric ENT Services

All children who have not reached six months of age should normally be transferred for surgery to a specialist paediatric ENT surgeon.

If the child is aged six months or over and does not have significant co-morbidities, the surgery should normally be performed within the local Trust.

2. Elective Paediatric ENT Services - In-patient

Many paediatric ENT surgery procedures can be performed on a day-case basis. In-patient stays should be based on clinical indications.

In-patient elective paediatric ENT surgery in children who have not reached their 13th birthday should only be undertaken in sites which have:

- On-site in-patient paediatric medical units. Capacity issues mean that Trusts may need time to achieve this. In the interim, in-patient paediatric ENT services must have a formal robust arrangement for paediatric input. There must be a written agreement to this effect signed by the relevant Trust Clinical Director, Medical Director and Chief Executive

- Paediatric trained nursing staff

- Anaesthetists assisted by dedicated staff (operating department practitioners, assistants, anaesthetic nurses) with specific paediatric skills and training

- Emergency ENT and anaesthetic cover for paediatric ENT in-patients

- Direct access (without need for ambulance transfer) to an emergency theatre that is appropriately equipped for paediatric ENT surgery

- A child-friendly environment including appropriate security, furnishing and play opportunities

- Child-only theatre lists or lists which group children separately from adults

- A child protection policy including staff training
Peer review of practice and outcomes.

3. Elective Paediatric ENT Services - Day-case

Hospitals with on-site in-patient paediatric medical units should meet the following standards in order to provide day-case paediatric ENT surgery:

- Parents and carers should receive clear instructions on follow-up and written information on arrangements to deal with any post-operative emergency (including out-of-hours contact telephone numbers)
- Day-case sessions staff must include children’s nurses
- Development and implementation of a pain management policy, including advice on pain assessment and management at home and the provision of ‘take home’ analgesia
- A child- and family-friendly environment, with input from play therapists
- A child protection policy including staff training
- The pattern of day-case activity should be audited and regularly reviewed
- Peer review of practice and outcomes should be undertaken
- A clear protocol for contact with PICU to arrange the transfer of patients should complications arise.

Centres with no on-site in-patient paediatric medical unit which undertake day-case paediatric ENT surgery should also meet the following standards:

- The surgery should be undertaken by a surgeon experienced in the condition
- The surgeon or anaesthetist must remain at the hospital until arrangements have been made for the discharge of all patients or (exceptionally) patients have been transferred to the surgeon’s base hospital
- At least one member of the team involved in treating day-cases should hold the APLS/EPLS certificate and other team members must have
up-to-date basic skills for paediatric resuscitation

- While the child is in the unit, at least one member of staff with up-to-date skills in basic paediatric life support should be present.

- A neighbouring children’s service within the parent Trust should take formal responsibility for the children being managed in the unit. There must be a written agreement to this effect signed by the relevant Trust Clinical Director, Medical Director and Chief Executive.

- Agreed and robust arrangements should be in place for paediatric assistance and transfer if required. Protocols must be in writing and all staff must be aware of these and trained to maintain and test that awareness. All transfers of children from the unit following surgery must be investigated and the investigation report signed by the relevant Trust Clinical Director and Medical Director and Chief Executive. Any concerns about the safety or quality of care in the unit should be addressed through the Trust’s governance arrangements.

When day-case tonsillectomy is being considered, each Trust must agree patient selection criteria, and ensure these are consistently applied.

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4. Surgeons

A surgeon who performs elective Paediatric ENT surgery must:

- undertake sufficient volume of paediatric ENT surgery to maintain skills and competence. This could be demonstrated by the equivalent of at least one elective paediatric ENT list per month, or ideally, one per fortnight.

- audit their practice on key outcomes, including but not limited to mortality, unexpected readmission rate, and complication rate.

- participate in audits involving surgeons from other sites or Trusts.

- have their audit results signed off as satisfactory by their Clinical Director, e.g. through their annual appraisal.

- update their skills by participating in CPD events with other ENT surgeons, including advanced resuscitation.

Day-case surgery may be undertaken by senior, experienced trainees or other experienced non-consultant career grade surgeons, but only under appropriate consultant supervision.
5. Anaesthetists

Each Trust providing paediatric ENT surgery must have one designated lead anaesthetist for paediatrics who has undergone additional training. The lead anaesthetist should undertake the equivalent of at least one child-only list per week which can include ENT, dental, or other specialty cases.

All other anaesthetists must undertake a sufficient volume of paediatric anaesthesia to maintain skills and competence. This could be demonstrated by the equivalent of at least one child-only list per month or, ideally, one per fortnight which can include ENT, dental, or other specialty cases.

All anaesthetists who provide anaesthetic services for elective paediatric ENT cases:

- Must have sufficient training, and maintain their skills in paediatric resuscitation to the level of advanced paediatric life support or equivalent
- Must audit their practice on key outcomes, including, but not limited to mortality, unexpected readmission rate, complication rate, and unexpected onward referral to RBHSC
- Must participate in audits involving anaesthetists from other sites or Trusts
- Must have their audit results signed off as satisfactory by their Clinical Director, e.g. through their annual appraisal
- Must update their skills by participating in CPD events with paediatric anaesthetists, possibly through in-reach or outreach arrangements, including advanced resuscitation.

Anaesthesia for ENT surgery may be undertaken by senior, experienced trainees or other experienced non-consultant career grade anaesthetists, but only under appropriate consultant supervision.
6. Emergency Paediatric ENT Services - Assessment in Emergency Departments

Staff in Emergency Departments or other units that receive children must maintain the skills and competence to undertake resuscitation of a collapsed child in an emergency.

At all times, at least one member of the team on duty should have completed APLS/EPLS training. In addition, any anaesthetist should be prepared to manage children in such an emergency. This recommendation is in line with DHSSPS policy as set out in a letter to Trusts and Boards on 8 November, 2005.

Staff in Emergency Departments and other units that receive children must maintain the skills and competence to accurately assess and diagnose children with ENT conditions.

7. Emergency Paediatric ENT Services - Observation in the Local Setting

Children who require observation, including those under six months of age, should be admitted under the care of an ENT surgeon to the local paediatric in-patient unit.

Paediatricians should be involved in the management of acutely unwell children, particularly in the very young. This is of particular relevance regarding fluid balance and pain relief.

8. Location of Emergency Paediatric ENT Services

If needing surgery, or likely to need surgery, all children who have not reached six months of age should be transferred for surgery to the regional paediatric ENT service unless:

- the child’s clinical condition is time-critical, e.g. acute airway obstruction.

If the child is aged between six months and five years and an anaesthetist with appropriate skills is available, the surgery should normally be performed in the local paediatric in-patient unit, unless there are clinical reasons why the child should be transferred to a different unit.
If the child is aged over five years, the surgery should normally be performed in the local paediatric in-patient unit, unless there are clinical reasons why the child should be transferred to a different unit.

Practical arrangements for transfer

- The final decision on the need for transfer to the regional paediatric ENT service should be taken by a consultant in the local unit

- The consultant in the local unit should contact the on-call consultant ENT surgeon in the regional paediatric ENT service to discuss the case and arrange transfer. Following consultant-to-consultant discussion, children who need transfer will be transferred. A bed must be found in the regional centre as if the patient had presented there in the first place

- The child’s parent(s) should be involved in the decision and given a clear explanation of the reasons for transfer

- The NI Ambulance Service should be alerted to the possibility of transfer at as early a stage as possible

- The arrangements for transfer will depend on the clinical condition of the child and should follow agreed Trust transfer procedures

- Each Trust should have a protocol on the transfer to the regional centre for paediatric ENT of emergency ENT cases which should be consistent with the recommended pathway for emergency ENT outlined in this policy.

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9. Child Protection

All units, including those offering day-case treatment, with no on-site paediatric unit must have child protection policy and appropriate staff training.

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