Adolescents in KAOS: demonstrating the need for more age appropriate care in an inner London teaching hospital

Simon Chapman BA FRCPCH
@eatyourpeas

Dina Hanna MBBS MRCPCH
Paediatric Registrar (ST6)

Meghan Pexton
4th Year Medical Student, KCL

KAOS_Kings
kch-tr.KAOS@NHS.net
020 32999000
2 Projects

Quantitative
- 130 young people
- 3 month period
- Aged 15-19y
- Adult wards & ED
- Case notes review

Qualitative
- 50 young people
- 16-19y
- Adult Wards only
- Structured Face-to-face Interviews
130 young people
3 month period (Aug-Nov 2017)
Case notes review

Criteria
- Age /Sex of patients
- Reason for admission (medical/surgical)
- Avoidable/unavoidable illness
- Wards and teams involved in their care
- Length of hospital stay & number of re-attendances
- Safeguarding and social history taken or not
Reasons for admission/attendance

- Preventable: 37%
- Social History: 61%
- No Social History: 36%
- Not known: 3%
- Unpreventable: 62%
- Unknown: 1%

Primary Diagnosis at Presentation:
- Surgical: 46%
- Medical: 32%
- ED: 22%
- No Notes: 1%
Wards

Teams Involved in Care

- Single Team: 42%
- Multiple Teams: 58%

Length of Stay

- < 3 days: 67%
- 3-7 days: 14%
- 8-30 days: 17%
- > 1 month: 1%
- Unknown: 1%

ED
Brunel short stay
surgical Ward
What we did

• 50 Patients
• Structured Questionnaire
• Inclusion criteria:
  – 16-19y/o
  – Admitted to KCH
• Exclusion criteria
  – A&E
  – Critical Care
  – Paediatric wards
  – Postnatal/Maternity wards
What we found
Patient A

- 18 yr old young woman
- Under liver team for overdose

“I would have liked to have the implant fitted as I have not been having my contraceptive injections in hospital”

“Being away from friends and family is hard as I need them most now to help my recovery”

Patient B

- 17 yr old young woman
- Admitted from sickle cell crisis
- Previously a child in care

“I really need pain relief but I feel like nobody takes me seriously”

“They think I am used to the hospital so they do not explain things when I am here”
20 Clinicians on a rota
Youth worker
Teen Health Check / Imparts
Thank you

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