

STANDARD 1: ‘Keeping children out of hospital (and other health facilities or institutions) unless this is best for the child

‘Health care providers, organizations and individual health care workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they keep a child in a hospital, or other health facility, only when this is in the child’s ‘best interests’.



*A day care unit in Pakistan for children with respiratory illness
Children are observed through the day and sent home at night if well enough*

Supporting criteria

1. Primary (community) and secondary (specialist) health workers for children and pregnant women work together to provide services that:

- Are accessible
- Are free or easily affordable
- Share policies (such as Integrated Management of Childhood Illness)
- Use jointly agreed referral pathways
- Include the views of children and families and consult health workers in primary or secondary facilities when they plan these services
- Are ‘needs’ based

2. Health services for pregnant women and children (including the newborn) with any type of health problem that includes:

- Primary (community) health services
- Secondary (referral level/specialist) ‘out-patient’ services with policies for admission, review (to see if it is in the child’s best interests to remain under the care of the secondary service), and discharge (referral back to back to the community services):
- Secondary in-patient services with admission, daily review (to see if it is in the child’s best interests to remain in the health facility) and discharge policies, day care, and outreach services that support care in the child’s home:

3. Programs to prevent illness and injury (preventive services) that include:

- Systems/policies to identify and support vulnerable children and their families:
- Health monitoring, screening and promotion programs
- Strategies to protect unborn children such as a ‘safe motherhood’ program

Discussion

Best practice is to recognise and treat children with illnesses, disabilities and other physical or mental health problems in the community as soon as possible as this can prevent children needing a hospital visit or admission. Also to admit children, or place children in institutions, only if appropriate health care cannot be given at home. Care at home is always preferable. When care at home is not appropriate, fear anxiety and suffering can be minimised by making the hospital experience as ‘child friendly’ as possible.

A child friendly ward entrance (looking from the ward to the hall and lifts)



Good community preventive health programs that include health education, to help parents recognise when their child is ill, health screening, the monitoring of children’s growth and development and the close monitoring of pregnant women (safe motherhood programs) can limit the number of children needing hospital care. Ideally this type of high quality health care is provided by comprehensive primary health care services that are appropriate, effective, affordable and easily accessible to all families, regardless of their financial status.

Doctors and nurses are expensive to train and employ. Overseas training programs in rich countries are not always appropriate for disadvantaged countries. Doctors and nurses receiving training in rich countries may want to use the skills they have acquired in the well resourced health services they have become accustomed to and be inclined not to return to their own poorly resourced country. The International Community has a responsibility to discourage, not encourage, this migration, and to advocate for better working conditions for health workers in their own countries rather than poach workers to support their own health services.

A team comprised of different types of health worker with appropriate delegation of tasks can make health care more accessible to more people. In countries where doctors and nurses are scarce, or not affordable, effective early healthcare can be given to children by generic health workers (ideally from the local community) trained to provide a lower level of basic care using guidelines for managing the common conditions (for example WHO’s Integrated Management of Childhood Illness (IMCI) Program with it’s clear referral guidelines and early management/treatment strategies). The few trained doctors and nurses can then be deployed to support them and provide a higher level of care in the centres. This system is cost-effective and works well in Nepal with its sparse population and remote villages.

Such innovative systems to use skills effectively can also improve the delivery of healthcare in communities in advantaged countries. For example, a peripheral hospital under threat of closure in Northern Ireland, UK is now staffed solely by nurses who use guidelines to assess and treat minor accidents and emergencies, and have tele-communication support from doctors in the nearest large centre.

Tele-medicine technology that enables doctors working many miles away to see x-rays and give advice to the nurses providing the service locally



In advantaged countries, even when accessible, affordable integrated health services do exist, children are still admitted to and remain in hospital unnecessarily. Some of these admissions can be prevented by:

- Effective triage when first seen
- Rapid same day access to a referral level (specialist) opinion if needed
- Appropriate emergency management and treatment
- Good communication between all health workers to limit unnecessary delays in treatment and discharge
- Specialist care supervised by referral level/specialist health workers given at home when possible
- 'Referral/specialist level' day care facilities whenever possible for assessment, investigation and treatment so that children can sleep at home if they live nearby

A 'Child Friendly' day surgical unit



Many children with complex or chronic illnesses (for example mental health problems, asthma, diabetes, disability and others) can be successfully managed at home if there are specialised referral services with attached out-reach services that can provide the necessary support for

parents. Care in the home is of course only feasible when these resources are available, the children live within easy reach of these services and home conditions are satisfactory.

Standardised admission, daily review and discharge policies, and verbal and written discharge plans can reduce the length of time a child remains an in-patient. Best practice is to develop these in collaboration with parents and primary care and/or other relevant community professionals. To be effective they need to include a diagnosis or reason for the child's admission, a prognosis and clear instructions concerning any actions, treatment or follow-up necessary that will have implications for carers and health care staff in the community. There are clear advantages to writing this information into parent-held child health records

Arrangements for follow-up by the hospital, if this is necessary, and/or prescribing and dispensing drugs for taking home need to be made well before the child is due to leave so that unnecessary delays for a family are minimised. Delay in dispensing drugs or a long wait to be discharged for any reason is unacceptable practice.

Best practice is for the length of stay in an in-patient health facility to depend on research evidence integrated with local knowledge, and evidence based treatment regimes which should be adopted for the common childhood conditions. Children should not be kept in hospital for unethical treatments such as painful intra-muscular injections (when oral drugs would work equally well), for treatments that can be given at home, or for the convenience of health workers.

In all countries, but particularly in many poorly resourced countries, children are sometimes abandoned in health facilities. These children often receive inadequate nutrition with minimal stimulation (developmental and play opportunities) and no normal one-to-one care. An attachment to a single carer is essential for a child's long-term mental health and development so discharge rapidly to caring foster families rather than institutions is best practice.

Advocacy by health workers for early fostering and/or adoption for abandoned children and/or those in need of protection and care is important.

Finally good data management, regular audit leading to evaluated change, and joint education/training opportunities for all health workers (community health services and the referral level services) will all contribute to meeting this Standard thereby keeping children with their families at home as much as possible.

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