 Teens and Young Adults in the AMU
What Must We Do Better?

Dr Lorraine Albon, FRCP.
Consultant in Acute Medicine, Diabetes/Endocrinology
Portsmouth Hospital, UK
Amy, 18 years old

Battens Disease (Neuronal ceroid lipofuscinosis)
Blind
Severe epilepsy – Tonic/clonic – absence
Poor mobility, myoclonus, cataplexy
Gastrostomy
Asthma

Well supported
Community/Secondary care
Direct access to paeds unit
And then..

Uncontrolled seizures in the early hours

Mum called 999

Came to adult ED,

Seen by F2

Investigations arranged

CT, EEG

Admitted to AMU
Ensuing complaint

‘They tried to wheel her away without me’

‘They didn’t tell me the results of the scan’

‘I thought she was in status – no one told me she wasn’t’

‘I was made to feel in the way, an irritation’

‘We dread coming into hospital next time’
Problems in the Adult Acute Setting

• No clearly advertised guidance on what is a paediatric and what is an adult!

• A young person in Paed ED may ward to AMU

• No staff familiarity, little training across HCP’s

• Difficulty in accommodating parents overnight
Problems in the Adult Acute Setting

• No clearly advertised guidance on what is a paediatric and what is an adult!

• A young person in Paed ED may ward to AMU

• No staff familiarity, little training across HCP’s

• Difficulty in accommodating parents overnight

Result? High levels of stress and frequent complaints
Is this an isolated problem?
No - There are a lot of them

• 7.4 million 10-19 year olds, 2011 census
• 1 in 7 have a chronic illness

• UK figures –36% of ED attendances
  20% of Inpatient care.

• Catchment of 500,000: annual AMU admissions:
  16 yrs.  78
  17 yrs.  144
  18 yrs.  108
  >300 p.a.
How young people present to the AMU

• New presentation of disease

• As a result of risk taking behaviour, self harm

• Frequent presenters with mono-organ diagnoses

• Infrequent presenters with rare and complex diagnoses

• Severe and complex disability
They do badly compared to children and older adults

Renal Transplants:
18-25 year olds greater risk of graft loss cf <18, or 25-35.

Diabetes - NDA
Mortality highest aged 15-35
They have a poor experience of health care

- They are not represented well in national surveys
  
  <0.6% of 10 million responders

- They have poorer experiences than older adults
  
  16-24 year olds less likely to report good emergency care than older adults

  Hargreaves, DS  2012 Jul;97(7):661-6. doi: 10.1136/archdischild

- And are very low users of PALS

And they are different from both children and adults

- Different physiologically
  - Endocrine changes, and hormonal drives

- Different neuropsychologically\(^1\)
  - Neuronal pruning, risk taking behaviours

- Different culturally
  - Dress codes, social networking, eye contact, language

Outpatient Transition Services

National Guidance:
DoH Transition: Getting it right for young people.

- Rheumatology
- Diabetes
- Inflammatory bowel disease
- Cystic Fibrosis, chronic respiratory illness
- Congenital Heart Disease
- Paediatric neurological disease
Good transition improves outcome

Well planned transition improves clinical, social and educational outcomes.

Collaboration between adult & children’s services crucial

Balance need for young people taking responsibility for own care, and parents letting go

Complex disability represents particular problem
Little focus on transition in Acute services

Frequent paediatric flyers get...

Direct admission to a ward
Where all staff know them
And have done for years
Who are familiar with the care plan
And can liaise with tertiary centres
In an AMU they may get

- Difficult to access care pathways
- Often via ED
- Staff who are unfamiliar
- An environment which may be less supportive
2011
Death of patient with metabolic disease
‘Natural causes contributed to by neglect’

Mandated secretary of state to consider Transition in the Acute setting

Mandated improved training in this area
Dr Jacqueline Cornish, OBE, FRCP(London) Hon FRCPCH, National Clinical Director for Children, Young People and Transition to Adulthood for NHS England.

RCP Young Adults and Adolescent Steering Group.

Specialty representation

Inputs to other national fora

NICE Guideline Development Group

Strategic Clinical Networks

CQC and commissioning

Teaching and training

Chair: Dr Helena Gleeson
“Quality” firmly on UK National agenda

• Quality metrics – patient experience vs clinical outcomes

• Incentives for quality improvement – ‘Commissioning for Quality and Innovation’ (CQUIN) scheme,

So money follows a quality service

• Diabetes Best Practice Tariff
You’re Welcome Quality Criteria 2011

Aimed at Commissioners
Endorsed by WHO
10 Domains

Department of Health

Quality criteria for young people friendly health services
• **1. Accessibility**
  Young people can request the gender of person they are to see

• **2. Publicity**
  Publicity appropriate to young people re services offered

• **3. Confidentiality**
  Staff should be trained in confidentiality in the young
  Info should be displayed and explained.

• **4. Environment**
  Care is delivered in a young person friendly environment
• 5. **Staff training, skills, attitudes and values**
  All staff should be trained
  Should be part of appraisal

• 6. **Joined up Working**
  Relevant services are co located
  Information shared by those working with YP

• 7. **Monitoring, evaluation, Feedback**
  “Invites all clients to give their opinion”
• **8. Health issues for adolescents**
  “Sex, Drugs and Rock and Roll”
  Provision of leaflets/info re local services.

• **9. Sexual/reproductive health issues**

• **10. CAMHS**
  2/3 of psychiatric disorders present by age 24
Environment

Young Persons Ward
12 bedded YP ward
2x4 bed zones,
4 cubicles
“Chill out room”
Trained staff
CAMHS worker 9-5 (most important person)
Acute admissions from AMU
Care of the admitting consultant
Work with local services/schools

Young Persons Team
Lead nurse
CAMHS liaison
Learning Disabilities team
Ensure environment appropriate
Do Adolescent units improve experience?

- >8000 subjects 12-17yrs.
  - 18% of 15-17yrs adolescent ward,
  - 16% of 15-17yrs adult ward
- In an adult ward teens **less** likely to report:
  - excellent overall care
  - feeling secure
  - having confidentiality maintained,
  - being treated with respect,
  - confidence in staff,
  - appropriate information transmission,
  - appropriate involvement in own care,
  - appropriate leisure facilities.

Training

• No specific adolescent competencies in Acute med curriculum

• No specific competencies in ‘SAM integrated career and competency framework for registered nurses in Acute Medicine’

• No adolescent specific questions in MRCP

• Little training/exposure to adolescent issues

• RCP recent HST trainees survey – 196 responses – none from Acute medicine trainees

1. 2009 Acute Internal Medicine Curriculum (Amendments 2012)
3. https://www.research.net/s/RCPYAATtrainingfeedback
Current resources

http://www.e-lfh.org.uk/programmes/adolescent-health/more-information
CAMHS: Deliberate self harm

- English multicentre study, 2000-7
- 5,000 people, 7000 episodes (¼ female)
- Females aged 15-18: 1,423 per 100,000
- Self-poisoning common
- 58% Paracetamol
- Repetition common 17.7 % in 12/12.

- Specialist assessment was lacking in >40% of episodes.

Evidence of Impact?

When YW criteria met, there is increased patient satisfaction, with provider characteristics being the strongest correlate of care rating

Hargreaves DS J Adolesc Health 2013,
Practical Tips for Dealing with Young People on AMU
Issues to Consider

• **Privacy**
  – body consciousness
  – A curtain vs. a closed door

• **Confidentiality**
  – Often PRIMARY CONCERN
  – Address early.

• **Parental involvement**
  – How to manage Parent involvement/expectation?
  – Present during consultation?
  – During exam?
  – Accommodation
Talking to young people:

• Sit at the same level and observe body language including your own...

• Explain, explain, explain! (and draw!)

• Offer a choice within a ‘no choice’ situation

• ‘When and then’ statements

• Don’t promise what you may not be able to deliver!
Talking Headss

H is for… Home

E is for… Education

A is for… Alcohol

D is for… Drugs

S is for.. Sex

S is for.. Suicide and depression

Consider liaison with colleagues

- Is there a lead paediatrician in your hospital?
- Look at 15-16yr old who frequent attenders
- Look at those with complex needs
- Plan ahead
- Consider individual patient plan or Health passport
- Think about inviting parent and young person for a visit.
## INDIVIDUAL MANAGEMENT PLAN

**Useful for:**
- ‘Frequent flyers’
- Complex diagnoses
- High care needs

**Drawn up by:**
- Responsible paediatrician
- Family input
- Specialist nurse input

**Shared with:**
- Family
- GP
- Ambulance service
- School/college
- PAS system marked

### Should be seen by a middle grade doctor or consultant

<table>
<thead>
<tr>
<th>Diagnoses:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Likely cause for admission:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mechanism for admission:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In hours:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Out of hours:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Immediate medical management:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current medication:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ongoing care needs:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Communication issues:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ideal placement:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MDT involvement:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Resus status:</th>
</tr>
</thead>
</table>

---

**Date:**

---

---

---
Currently

• 12 such plans over the last 2 years

• Good feedback from families on planning

• Feedback sought after each admission

• Care plans updated as required
Summary

- More young people present to Acute services than you might think
- They are a vulnerable group.
- Firmly on the UK National Agenda
- You’re Welcome Criteria challenge Acute Services in UK and may become part of local/national CQUIN
- Acute physicians should be proactive with planning
The young have always troubled us…

I see no hope for the future ….. if we are dependent on frivolous youth of today, for certainly all youth are reckless beyond words…

Hesiod…8th century BC