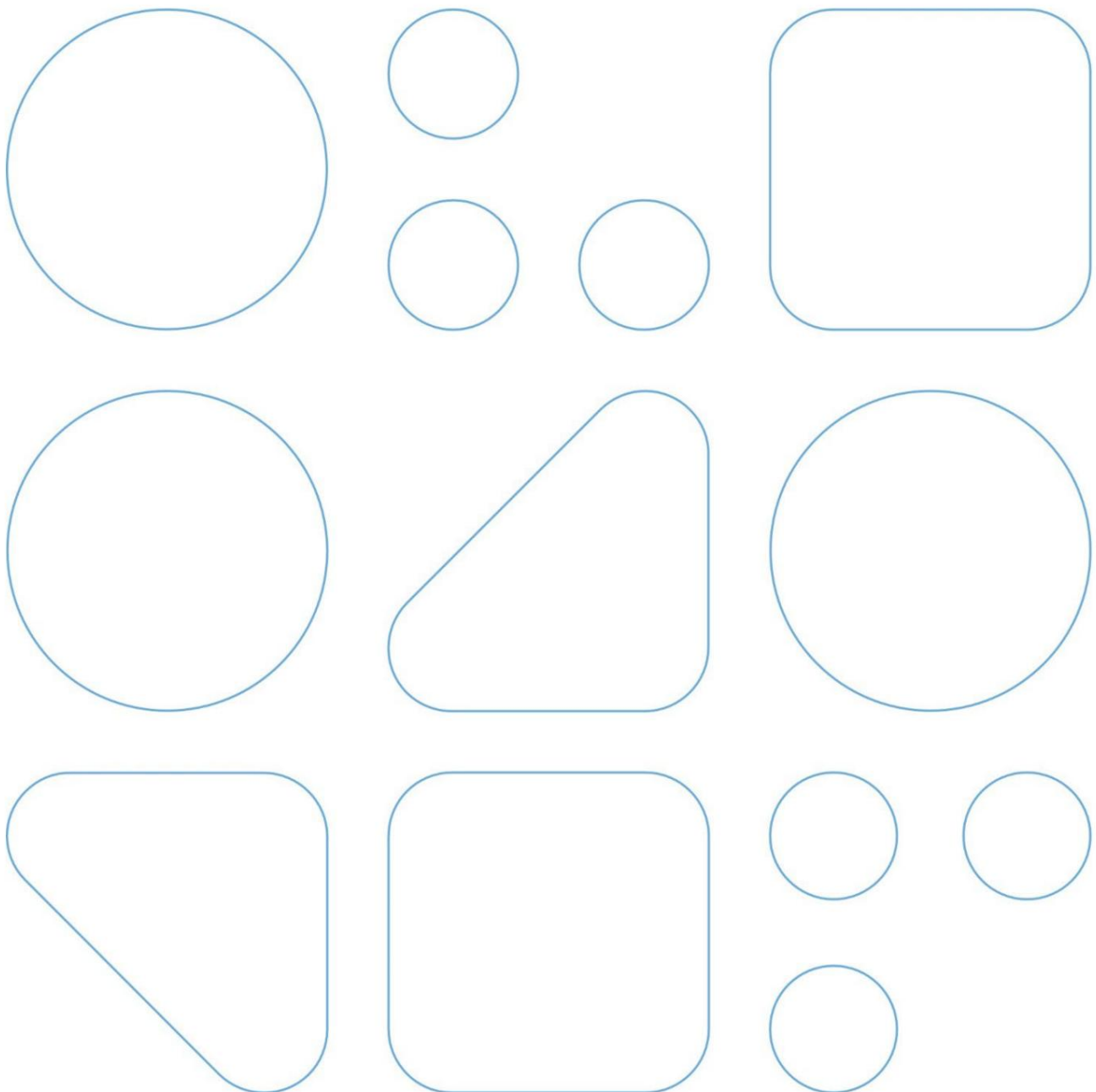


Sub-plan 5: Children and young people

2022-2026

20.04.2022



Development plan 2040

Sub-plan 5: Children and young people

This plan is one of nine sub-plans under [Development Plan 20240](#), which describes Akershus University Hospital's (Ahus) main goals and plan for the development of the hospital up until 2040. The sub-plans describe specific projects and development initiatives that are planned for the next four years. The partial plans are rolled out and updated annually, as part of the company's prioritization and budget process.

Nine sub-plans have been drawn up:

Subplan 1: The elderly patient

Sub-plan 2: Acutely and critically ill patients

Sub-plan 3: Cancer

Sub-plan 4: Mental healthcare and substance abuse treatment

Sub-plan 5: Children and young people

Sub-plan 6: Competence and education, recruiting and retaining

Sub-plan 7: New tasks and further development of patient services

Sub-plan 8: New work processes and technology

Sub-plan 9: Research and innovation

About the effort area

Patient services for children and young people are organized thematically. The Division of Paediatric and Adolescent Medicine must provide children and young people up to the age of 18 with specialist somatic health services in its admission area.

The clinic has local and area responsibility and must ensure a safe emergency service and elective services at the outpatient clinic, day treatment and habilitation. The clinic has integrated mental health services for children and young people in somatic treatment, and works closely with the mental health care division. As a university clinic, the Division of Paediatric and Adolescent Medicine contributes to the education of healthcare personnel and has its own research strategy.

In the period 2017-2021, the Division of Paediatric and Adolescent Medicine has had the following strategic focus areas:

1. Supervision services for children
2. Compound symptom disorders
3. Quality and patient safety
4. Palliative treatment

Projects completed 2017-2021

Investment area	Results (key words)	Commenced year	Implementation year
Supervision services for children	Establishment of a medical monitoring unit for children and young people (4 beds on average)	2018	2021
Compound symptom disorders Mental health in somatics:	Interdisciplinary expertise/services are included in patient groups with compound, complex and/or psychosomatic conditions need.	2018	Continuous
	Music therapy integrated into the interdisciplinary treatment offer	2016	Continuous
Quality and patient safety	Improvement skills and work.	2018	Continuous
	Improved treatment of patient-related adverse events	2018	Continuous
	Transfer of health information to the school health service	2017	2020
Palliative treatment	Establishment of a multidisciplinary children's palliative care team	2020	2020
	Competence building for key personnel for competence transfer internally and to the primary healthcare service	2020	Continued
	Structured patient processes, regardless of diagnosis and forecast	2020	In progress
	Routines for looking after personnel who work with child palliation Acquired brain	2020	2021
Habilitation for children and young people	injury: Implementation of a treatment line and follow-up of the national project Autism disorders: Common course for Equal	2018	Continuous
	services (collaboration between dept. BHab and ABUP)	2018	2019
Neonatal intensive care	Conversion to family rooms and integration of a family-centred offer	2018	Continuous

Plan for the period 2022-2026

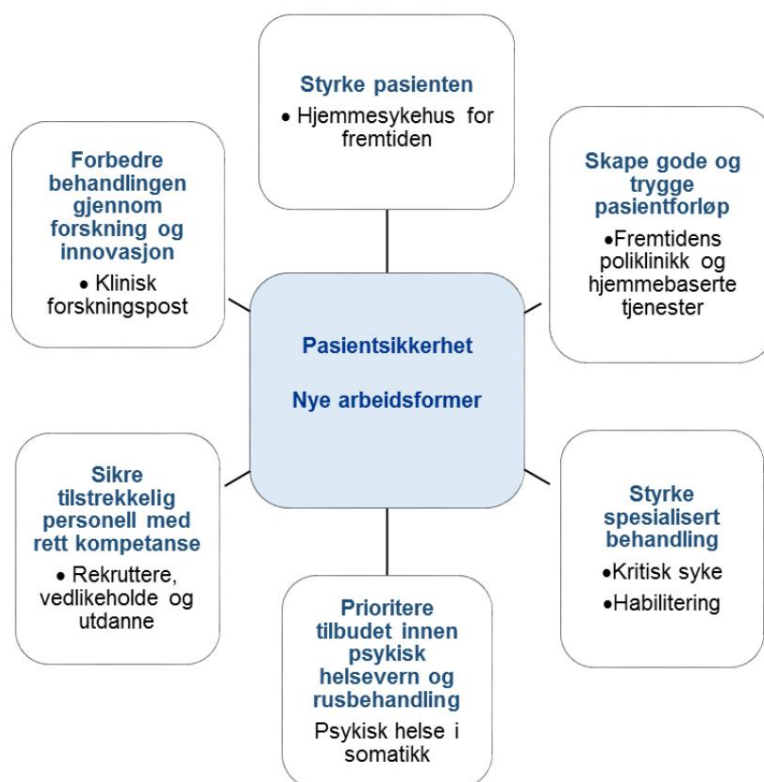
Development in later years means an increased proportion of children with chronic somatic illness, serious somatic illness and stress-related psychosomatic conditions. Children and young people must be treated outside hospital to the greatest extent possible, and the development is in the direction of more outpatient clinics, day treatment and home hospitals. At the same time, several of those admitted will have a serious illness and a great need for monitoring and an interdisciplinary approach. The large number of births at the facility means that the neonatal intensive care unit must maintain and further develop its preparedness and care for sick newborns.

Medical developments mean that more children are saved, and more will have to be followed throughout their lives. Interaction with other hospitals, homes and municipalities will be central in the future and health partnerships with the municipalities have been initiated. Clinics and research must be better integrated in the future, there is a need for more drug studies adapted to children and young people. Cooperation and good involvement with patients and relatives will continue to be an important investment.

Based on the above, the development of patient services will be characterized by an increased need for specialist expertise in pediatric diseases in the years ahead. Recruitment, development and training of personnel must therefore be prioritized. In the coming period, the company will put together a comprehensive plan for strategic competence development as well as measures to retain employees with specialist competence.

The Division of Paediatric and Adolescent Medicine will be part of the initiative, and in collaboration with HR, measures will be designed for a more robust competence and recruitment in pediatric fields and emergency medicine for children.

The figure below shows an overview of the effort areas in the coming planning period:



Quality and patient safety

Through the development work, efforts to promote a culture of openness and learning from adverse events will be strengthened. Continuous work to prevent unwanted incidents and learning from good experiences is central, as well as continuing to build expertise in quality improvement and patient safety.

- **Transitions.** Continued work with good and safe transitions, within the hospital, between hospitals and to the municipal health service.
- **User involvement.** Ensure that patients become an active participant in both decisions about their own health and the development of health services through the systematic involvement of users to develop good and safe services
- **Patient safety dialogues:** Start of patient safety dialogues combined with possible follow-up research in the area.
- **Minority health:** Strengthen competence in cultural understanding, communication and information. A joint plan must be drawn up at the company and the clinic will implement measures in line with this.

External partners

Oslo University Hospital

It is planned to further develop the collaboration with the Children's Clinic at Oslo University Hospital. During the planning period, particular emphasis will be placed on the establishment of common routines to ensure good transfers between the hospitals, competence-raising measures and strengthened cooperation in education and competence. The development is in the direction of more children being transferred to Ahus earlier, while at the same time several of the patients go back and forth between the hospitals during the course of treatment. The opportunity inherent in technology means that new forms of virtual collaboration can be developed, both in the form of joint professional meetings and joint patient consultations.

The primary health service

Children and young people are a special focus area in the healthcare community. Good interaction and collaboration with GPs, the municipal health service and nursery school is necessary for comprehensive follow-up. The health authority, municipalities and districts will make joint plans for the further work.

Description of the effort areas

Area of focus 1: Further develop home hospitals for the future

Advanced home hospital for children is an offer for children and young people aged 0-18 in their home or where they stay (e.g. school or nursery school). In June 2020, digital tools were put into use, mainly for patients with newly discovered type 1 diabetes. This is a new way of working that can be further developed and expanded to several different patient groups, and which can be used by different professional groups in the clinic. When personnel from Ahus work in the patients' homes, it is also possible to establish cooperation with services in the municipalities. There are many areas of this form of healthcare that are little explored, and there is a need for more research projects. There are currently two ongoing projects:

- Music Therapy in Hospital-at-home with children in palliative treatment • Transition of tasks and responsibilities from hospitals to municipal healthcare services:
implications for nursing collaboration, competence and education. The case of hospital-at-home for children.

Goal

- Further develop the digital home follow-up tool • Establish structured cooperation with the municipalities to ensure comprehensive patient follow-up
- Realize synergy effects and broaden the offer through collaboration between different outpatients services

Measures

- Further develop digital patient history for children and young people with diabetes type 1 (2021-2022) • Develop digital patient history for children and young people with cancer diagnoses (2022-23)
- Identify other patient groups with a need for a similar digital process and develop equivalent offer (2024-26)
- Implement digital home monitoring among several occupational groups to enable relocation of parts of the services to the patient's home (2022-23)
- Strengthen synergy between the various ambulatory services for children and young people and investigate solutions for closer cooperation (2023-24)
- Individual adaptation of the treatment center (2024-25)

Area of focus 2: Outpatient clinics and day care of the future

More children and young people with chronic conditions means an increasing number of outpatient consultations, day treatment and home treatment. New technology will provide opportunities for new forms of work. For patients and guardians, digital solutions will facilitate increased user participation. Modern technology will enable joint consultations, where the patient and practitioners from different service levels can be present digitally during the consultation. There is also an expectation of increased clinical research activity, and several research projects have been initiated where the results are directly relevant to operations.

Goal

- Improve patient flow at the outpatient clinic and ensure capacity for increased outpatient and day treatment
 - Increased user participation
 - Increased use of digital aids in the follow-up of patients
 - Ensure specialist expertise in line with the patient population (subspecialties) and expertise within technology. •
- Increased collaboration with GPs in the follow-up of patients with chronic diseases

Measures

- Digital aids and user participation
 - A structured collection of patient-reported information is being used for patients with epilepsy and their guardians (2022-2023).
- Diabetes:
 - Introduction of the "fasttrack child diabetes journal" • Digital home follow-up in close collaboration with home hospitals (schedule from there). • New e-learning program on diet and nutrition.

- Digital coping course for children and young people with diabetes and their families.
- Patient flow:
 - Increase capacity at the half-island emergency outpatient clinic (hours within 2-3 days)
 - Investigate the possibility of joint consultations with other health services
 - Establish a clinical research post in collaboration with the research department (2022-2024).

Area of focus 3: Adolescent medicine

Young people have special needs and require special adaptations when dealing with the healthcare system. An increasing number of young people are living with chronic diseases. Mental disorders are widespread in the youth group, and there is a high incidence of complex symptom disorders such as chronic fatigue syndrome/ME, fibromyalgia and chronic pain conditions and irritable bowel syndrome. This places increasing demands on competence and a holistic approach in the healthcare system.

Goal

The overall goal is to further develop Ahus as a youth-friendly hospital with health services adapted to young people. This requires adapted logistics, treatment and follow-up, as well as good interaction between hospital departments and between specialist health services and municipal services. In the coming period, the following will be particularly worked on: Ensure equal services for young people with acute and chronic illness.

- Facilitate good transitions to the "adult health service", somatics and mental health care
- Research on adolescent medical issues.

Measures

- Follow-up by a GP and/or health nurse in addition to the specialist health service
- Strengthen cooperation between BUK and adult departments
- Further develop and expand the offer of youth talks • Routines for the transfer of health information from Housing to the school health service.
- Implement digital forms for user-reported experiences in direct patient care.

Area of focus 4: Critically ill: Child monitoring and Children's Reception

The development of child supervision is part of a gradual strengthening of the intensive care and monitoring capacity at the hospital. The critically ill child needs highly specialized expertise and adapted premises and equipment. Child supervision at Ahus opened in October 2018 with 2 beds. The unit was among the first in the country to meet the criteria for treatment provision, staffing and competence in the "Standard for child supervision in Norway" (2018).

Establishing the child monitoring system has been an important investment over several years, and has been carried out in various phases. The unit currently cares for up to 6 medical children aged 0-18 who need monitoring and specialized treatment at a level (failure of one organ) that lies between normal inpatient care and the intensive care unit. This creates a great need for "tailor-made" monitoring beds with the right staff expertise and adapted treatment equipment. There is therefore a need to carry out comprehensive work on the course of acutely critically ill patients, including the flow in children's reception towards bed post and child monitoring.

Goal

- Establish monitoring services for children and young people with cancer diagnoses • Create a local interdisciplinary professional group in accordance with the recommendation of the Norwegian standard for child supervision.
- Ensure robust competence in emergency medicine and monitoring
- Expand monitoring services for children and young people with surgical and orthopedic diagnoses • Emergency course: Implement patient flow, resources and expertise

Measures

- Further develop the competence of the staff, including through hospitalization at other monitoring units
- Certification schemes for all personnel at the childcare centre
- Further develop routines for collaboration with anesthesia and surgical subjects.
- Investigate the possibility of including surgical and orthopedic patients in the child supervision

Area of focus 5: Critically ill: Competence development and collaboration with Oslo University Hospital

The development of disease among children and young people shows that a greater proportion of hospitalized patients have chronic and serious somatic diseases. This increases the need for specialist expertise among doctors and nursing staff. There is a need for internal measures that ensure continuous competence development, and that make it possible to retain competent staff over time and build up robust professional environments. At the same time, arrangements must be made for closer cooperation between the professionals within different healthcare organisations.

Goal

- Further develop and systematize collaboration with other children's clinics, particularly in Oslo University hospitals, both when it comes to the course of treatment of common patients, agreement on communication routines as well as professional development and research.
- Ensure that Ahus is an attractive workplace with working conditions that create and maintain a stable group of staff with specialist expertise.

Measures

- Further develop cooperation structures with Oslo University Hospital
- Develop and implement a recruitment strategy, where research and professional development are included as one of several instruments.
- Coordinator roles for complex patient groups and establishing patient processes with common routines for transitions between HF
- More educational positions and developing a trainee programme

Area of intervention 6: Critically ill: Neonatal medicine

The newborn intensive care unit is the country's second largest unit for premature and sick newborns. The number of admissions per year is fairly stable, while the medical complexity is increasing because more children with low gestational age and complicated medical conditions now survive the newborn period.

Many of these have complex medical challenges that require treatment and follow-up over a long period of time. Children and parents stay in hospital for a long time and there should be good patient history that ensures predictability for the family and makes them as well equipped as possible to take the child home when the time comes.

Goal

The overall goal is to ensure full-fledged intensive care for critically ill newborns; this means that the requirements for 3B hospitals for treatment, competence and staffing have been met (cf. guidelines from the Directorate of Health). Important sub-goals are to:

- Maintain and ensure robust competence in neonatal intensive care from and including gestational age week 26.
- Strengthen care for sick newborns at Kongsvinger through hospitalization and the project "digital newborn competence - where you need it".

Measures

- Investigate and implement digital tools in the newborn ambulatory team to increase capacity and offer.
- Consider measures and spatial solutions that ensure the provision of parental accommodation. • "Digital newborn competence - where you need it" involves direct video conferencing between doctors at Kongsvinger Hospital and the Neonatal Intensive Care Unit. This is planned to be established during 2022.
- Equalize staffing on evenings/nights and weekends so that sufficient competence is ensured in the department on a 24-hour basis

Area of focus 7: Strengthen habilitation for children and young people

In the assignment and order from the Ministry of Health for 2021, the regional health organizations must assess whether there is a need for increased resources within habilitation in the specialist health service. The review of the capacity and resources for the habilitation of children and young people at Ahus shows that in several areas there are large gaps between the offer patients can expect based on regulations, supervisors and "taking care of the responsibility", and the resources available to solve them.

The following aspects must be included in a knowledge-based habilitation offer for children and young people:

- Formalized cooperation between the specialist health service and the home municipality •
- Systematic mapping of patients and evaluation of measures
- Family-centered perspective
- Periods of intensive training integrated into the follow-up offer

Goal

- Strengthen intensive habilitation for children with cerebral palsy and related conditions • Develop forward-looking models for early intervention for young children with autism in collaboration with the municipalities, and implement these
- Integrate mental health into habilitation in the specialist health service.

Measures

- Expand the early intensive habilitation program where the child lives to ensure an equal offer for all children in the admission area.
- Collaborate with the municipalities to further develop the program to also include children and young people in school age.
- Strengthen the early efforts for all young children with autism in the admission area.
- Organizational development in the habilitation department with a view to strengthening early identification of risks and prevention of mental health problems.

Area of focus 8: Mental health in somatics

Chronic somatic illness entails a risk of mental illness, and 30-50 per cent of these receive a child psychiatric diagnosis.

Advanced diagnostics and treatment increase the risk of psychological problems. In addition, this group has an increased risk of developing symptoms of post-traumatic stress. This development increasingly requires an interdisciplinary, holistic approach. A focus on disease management and quality of life, as well as the prevention and treatment of mental disorders, reduces the risk of serious health loss.

There is also a growing trend with more patients having physical and psychological ailments that cannot be explained by traditional medical diagnoses. These patients must be looked after by a multidisciplinary group where both biological and psychosocial factors are considered. Complex symptom disorders (SSL) is a collective term for this patient group. The number of children and young people with complex symptom disorders is increasing, and a further increase can be expected after the corona pandemic. An integrated mental health service in somatics ensures an optimal and seamless offer.

Goal

- prevent and treat psychological problems and medical trauma, and contribute to coping experiences in children and young people
- establish a better interdisciplinary assessment and treatment course for the patient with composite symptom disorders.

Measures

- Compound symptom disorders:
 - Strengthen and expand the interdisciplinary offer, outpatient and elective
 - Prepare a comprehensive patient course in collaboration with the primary healthcare service and the division mental healthcare •

Psychosomatic outpatient clinic: Investigate establishment

 - Research: Research methodology should be used to assess the effect of the treatment courses, and at least one pragmatic clinical intervention study must be established during the next five-year period.
- Medical trauma and coping with illness:
 - Expand and strengthen the music therapy offer and establish new forms of therapy such as VR •

Establishment of Open Air Hospital; a therapeutic offer in other settings outside the hospital

Area of focus 9: Research and innovation within children and young people

A research strategy related to children and young people has been adopted with the following overall vision: *Better understanding, diagnostics and treatment of complex everyday pediatric issues.*

By "complexity" is meant, among other things, complex symptom disorders, but also, for example, the health effects of chronic stress. A fundamental strategic guideline is that the research should range from international top research to local quality assurance work.

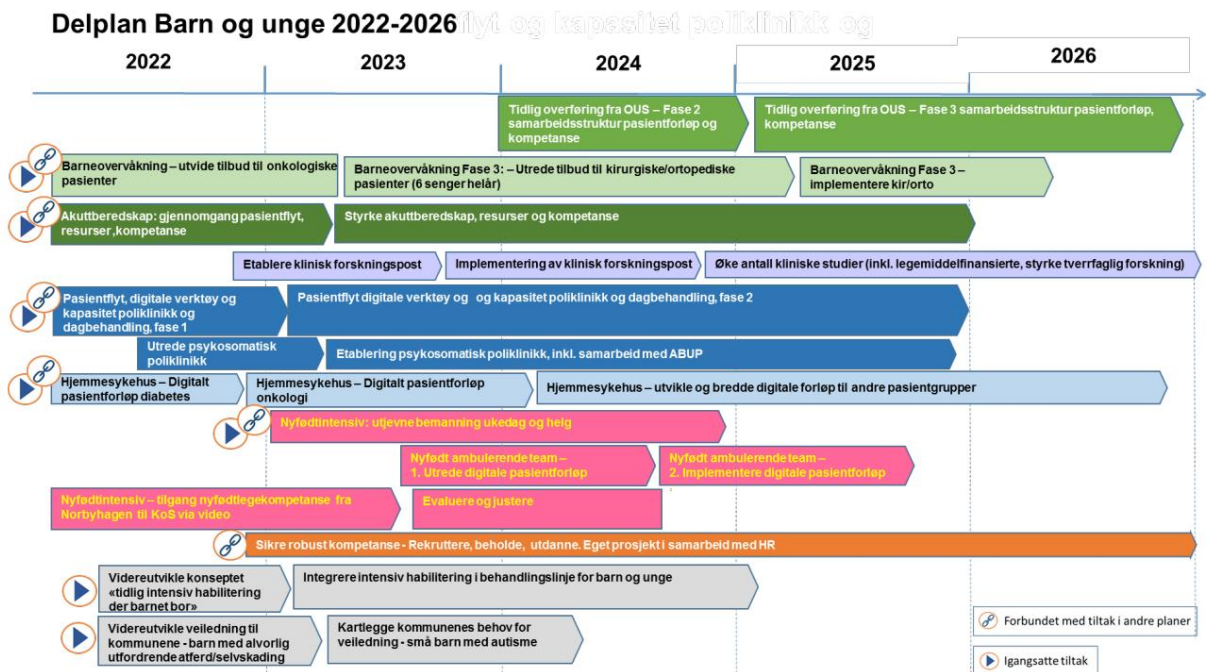
Goal

- To continue and further develop existing research related to children and young people
- To establish new clinical research projects within the fields of complex symptom disorders and newborn medicine.
- To establish several internal quality assurance projects/quality registers

Measures

- Create a clinical research record for children, in close collaboration with the NorPedMed network and with central research support at Ahus.
- Promote an academic, "research-friendly" culture in the organization by, among other things, establishing a "research school" and by emphasizing academic competence when new hires in clinical positions, and facilitating career paths that ensure "dual competence" (PhD and clinical specialization) and makes it possible to continue research and supervision after obtaining a PhD.

Process drawing



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