

Paediatric Care

Ground Rules

1. Consultation Benefit for Paediatric Intensive Care Unit or In-patient Paediatrician

Consultation benefit is payable to the consultant paediatric intensivist attached to an Irish Life Health approved Paediatric Intensive Care Unit (PICU) for a patient being assessed for admission to the PICU as defined in Intensive Care Medicine and where it is deemed that the patient does not require admission to the PICU.

Consultation benefit is also payable to the consultant paediatrician who provided consultation and care over several days on the post-natal ward to a new-born. This fee is paid on the basis that the consultant paediatrician is required to travel to the hospital, at the request of the hospital staff for the evaluation of the neonate between 18:00 and 09:00 hours. Benefit is limited to one fee per patient per episode of care and will not be payable where it coincides with the consultant's normal time for meeting patients/ family or for consultant personal choice or availability.

Code	Description
8967	Consultant Neonatologist or Paediatrician in-patient consultation

Code	Description
8694	Consultant Neonatologist or Paediatrician in-patient consultation - out of hours

Consultation benefit is also payable to the consultant neonatologist only on referral of a patient by the admitting consultant for a medically necessary opinion.

Code	Description
10032	Neonatal/ paediatric intensive care - second opinion

The consult examination must include:

- > A full history and medical examination of all systems
- > Evaluation of appropriate diagnostic tests
- > Formal symptom assessment
- > Providing an opinion and/ or diagnosis and making an appropriate record of this

The duration of consultations must be a minimum of 30 minutes and the details and reasons for the consult must be submitted of actions performed to support this payment

2. Conditions of payment

The claiming benefit will continue on the basis of a fully completed Irish Life Health claim form from the primary treating consultant.

3. Paediatric intensive care medicine benefit

The PICU benefits are only payable to consultant paediatric intensivists who are registered with Irish Life Health. All consultants should be attached to a Paediatric Intensive Care Unit (PICU) that is also registered with Irish Life Health which meets the British Association of Perinatal Medicine (BAPM) definition of a level 3 PICU.

These benefits relate to the Intensive Care medical management of paediatric patients (infants and children up to 16 years of age) that are critically ill or who have the increased likelihood of acute deterioration and require 1:1 or 1:2 care by a nurse with intensive care and paediatric qualifications and are accommodated in the PICU of a hospital providing 24-hour continuous consultant availability.

The benefits do not apply to the admitting consultant nor are they payable in addition to the benefit for a consultation.

Hospitals providing Paediatric Intensive Care must have continuous availability of qualified medical and nursing staff as well as resources to meet the needs of the children. Hospitals must be able to demonstrate the necessary professional and technical infrastructure, together with protocols around the care of critically ill babies.

In cases when the child has been admitted under the care of a Consultant Physician and requires active medical attention from the admitting physician during their stay in the PICU, the in-patient attendance benefit is payable to the admitting physician and the Intensive Care benefit is payable to the Consultant Intensivist who treats the child in the PICU.

4. Paediatric Intensive Care Unit Approval (PICU)

An Irish Life Health approved PICU must be a separate designated hospital facility for the care of the critically ill patient. It must be equipped and staffed appropriately to be able to support common single and multi-organ system failures.

Each PICU bed space must consist of:

- > Continuous ECG display and heart monitoring
- > Continuous invasive and non-invasive haemodynamic monitoring
- > Continuous central venous and/ or pulmonary arterial pressure monitoring
- > Continuous mechanical ventilation and oxygen monitoring, including ventilator disconnection and parameter alarms
- > Continuous inspired oxygen concentration monitoring, including end-tidal capnography
- > Continuous central and/ or cutaneous temperature monitoring
- > Cardiac output monitoring and measurement
- > Oxygen supply failure alarm

Each PICU unit should have access to equipment for:

- > Resuscitation
- > Blood gas analysis (on the unit, by unit staff)
- > Portable X-rays
- > Ultrasound scanning
- > Transport which includes safe maintenance of mechanical ventilation
- > On-site MRI and CT facilities (if required)
- > Instant Photographs

The PICU must have a designated consultant as Medical Director supported by other qualified consultant intensivists with allocated intensive care sessions, providing 24-hour continuous availability. Additionally, non-consultant medical doctors must be readily available to the PICU and provide 24-hour cover to the unit.

All invasive mechanically ventilated patients and other similarly critically ill patients must be nursed in a 1:1 ratio by a suitably qualified registered nurse. 50% of the nurses in the PICU should have worked in the PICU setting for greater than two years or should have post-registration qualification in intensive care attained to graduate certificate level as a minimum (Joint Faculty of Intensive Care Medicine of Ireland, 2011).

There must also be access to 24-hour laboratory service orientated to paediatric service units.

5. Intensive Care Paediatric Medicine Services

The Paediatric Intensive Care Medicine benefit is payable for the care of a critically ill child appropriately admitted to an Irish Life Health approved PICU.

The patient must require organ supports or be at risk of sudden, precipitous deterioration requiring immediate commencement of organ supports including mechanical ventilation.

Patient care in PICU includes but is not limited to the following:

- > Regular assessment of the patient including blood gases and/ or pulmonary function testing
- > Minute by minute attendance with the patient with frequent re-assessment of clinical state and frequent review by the Consultant Intensivist during each 24-hour period
- > Continuous Renal Replacement Therapy (CRRT)
- > Single or multi-organ support
- > Prescription of appropriate sedative/ analgesic regimes, including narcotic infusions
- > Intravenous drug administration including infusions
- > Central venous access device placement
- > Vaso-active agents
- > Venous pressure and blood volume studies
- > Nasogastric tube placement and monitoring

- > Total parenteral nutrition
- > Trans-tracheal aspiration
- > Laryngoscopy
- > Endotracheal intubation including induction of general anaesthesia
- > Invasive neurological monitoring
- > Invasive cardiac assessment and monitoring
- > Performance and interpretation of other tests and procedures, as appropriate

6. Eligibility for Paediatric Intensive Care Services

- > If a child is receiving respiratory support via an endotracheal tube and for the first 24-hours after its removal. Where the child has been intubated in the operating theatre, the duration of ventilator support shall be calculated from the time of admission to the PICU.
- > If a child requires complex clinical procedures not listed above
- > If a child has ingested or suspected to have ingested a drug, toxin or metabolite in a dose which may lead to significant deterioration
- > If a child is recovering from major surgery and is anticipated to have large fluctuation in circulating blood volume or is anticipated to require large infusion of blood products and/ or fluid resuscitation
- > If a child is recovering from complex surgery to the airway or who has an unstable airway
- > If a child has sustained injuries with a severity score (ISS) of eight or over following trauma
- > A child on the day of death

7. Clinical Standards in the Paediatric Intensive Care Unit

Each PICU unit must fully comply with standards in relation to:

1. Medical staff
2. Nursing protocols
3. Clinical protocols
4. Quality assurance
5. Training and continuing education

Medical Staff in PICU

The PICU should be staffed with consultants whose principal duties are to the unit. The PICU must have a rostered consultant paediatric intensivist available to the ICU 24 hours a day, seven days a week. The rostered consultant paediatric intensivist must be exclusively

available to the PICU during their allocated shift. They must not have other commitments during that time. There must be a designated consultant paediatric intensivist as Medical Director of the PICU.

Nursing Protocols

All units undertaking paediatric intensive care should be able to demonstrate the required number of appropriately qualified and trained nurses. All units should also have a designated nurse lead with PICU experience and managerial responsibility allocated per shift.

All units should have a designated nurse who is responsible for the further education and training of staff, including in-service education and experience of resuscitation of the critically ill child.

All invasive mechanically ventilated children and other similarly critically ill children must be nursed in a 1:1 or 1:2 ratio by suitably qualified registered paediatric nurses. 50% of the nurses in the PICU should have worked in the PICU setting for greater than two years. The nurse in charge of the unit must have a post-registration qualification in paediatric intensive care attained to graduate certificate level as a minimum. At least two registered nurses must be present at all times in the unit.

The need for extra nursing support cannot be predicted so there should always be at least one nurse available on each shift to provide PICU care if required.

The nursing establishment of each PICU should be sufficient to allow for leave, maternity cover, sickness, study leave, staff training and professional development without compromising the principles outlined above.

Clinical Protocols, Quality Assurance and Training

All units undertaking paediatric intensive care should agree written protocols for medical and nursing staff which should also contain details around practical procedures. These must be reviewed regularly through discussion and audit.

There should be a protocol for the resuscitation and management of critically ill children. There should be monitoring systems for short- and long-term morbidity among patients, with plans for regular review.

All new staff members must undergo a period of introduction, orientation, and training. All hospitals providing paediatric intensive care service should have a regular continuous programme of in-service training, including paediatric resuscitation. Nurses and doctors involved in paediatric intensive care should be able to demonstrate continuing professional development in the speciality by attending regular multi-disciplinary meetings, local meetings, training courses and national meetings/ conferences.

The unit should use a data collection system to monitor workload and the results of practice. Each unit should also have a written policy in relation to an established strategy for clinical governance, maintenance, upgrading and replacement of equipment, which should comply with national standards. This should also include an auditing programme

and critical incident reporting system. Clinical audit must be a component of Paediatric Intensive Care Medicine service and the anonymised data should be available to Irish Life Health on an annual basis.

8. Fee rate and additional codes that can be billed

The following is the daily fee rate payment for all services provided by a consultant intensivist and care provided within a listed PICU:

Code	Description
10081	Paediatric intensive care - in-patient attendance benefit - 1 night stay
10082	Paediatric intensive care - in-patient attendance benefit - 2 night stay
10083	Paediatric intensive care - in-patient attendance benefit - 3 night stay
10084	Paediatric intensive care - in-patient attendance benefit - 4 night stay
10085	Paediatric intensive care - in-patient attendance benefit - 5 night stay
10086	Paediatric intensive care - in-patient attendance benefit - 6 night stay
10087	Paediatric intensive care - in-patient attendance benefit - 7 night stay
10088	Paediatric intensive care - in-patient attendance benefit - 8 night stay
10089	Paediatric intensive care - in-patient attendance benefit - 9 night stay
10090	Paediatric intensive care - in-patient attendance benefit - 10 night stay
10091	Paediatric intensive care - in-patient attendance benefit - 11 night stay
10092	Paediatric intensive care - in-patient attendance benefit - 12 night stay
10093	Paediatric intensive care - in-patient attendance benefit - 13 night stay
10094	Paediatric intensive care - in-patient attendance benefit - 14 night stay
10095	Paediatric intensive care - in-patient attendance benefit - 15 night stay
10096	Paediatric intensive care - in-patient attendance benefit - per night after night 15 of stay

Where PICU admission is planned post-operatively due to clinical instability, is overnight but does not exceed 24 hours, the benefit payable to the consultant intensivist will be at the same rates that apply to general in-patient treatment.

Code	Description
10011	Elective postoperative night medical admission for neonates or paediatrics

9. Emergency medical admission and day care medicine for paediatric care

In the instances where a child is admitted to a consultant led specialty unit for less than 24 hours, the participating benefit payable to the consultant paediatrician for personally provided consultant care will be the same payment benefit as applies to one day in-patient stay

Benefit is also payable for consultant radiologist and consultant pathologist services incurred during the admission

The following is a list of paediatric emergency admission conditions for which Irish Life Health will pay hospital and Consultant benefits when the in-patients stay is overnight but less than 24 hours:

- > Gastroenteritis
- > Acute asthma
- > Croup
- > Septicaemia
- > IV antibiotic therapy or other IV administration
- > Suspect meningitis
- > Other acute conditions

Note: This fee does NOT provide for fee payment for routine admission for non-emergency care

Code	Description
10000	Medical management for specific paediatric medical day care procedures/ investigations

Benefit for medical day care is payable when a child under sixteen years* receives medical treatment from a consultant paediatrician for procedures/ investigations listed below. These treatments must have been deemed medically necessary and appropriate by Irish Life Health for day care admission in an approved hospital that is specifically equipped and staffed for such cases.

The benefit payable to the consultant paediatrician will be payable at the same rates that apply to in-patient treatment.

This benefit will be paid only where the consultant paediatrician takes personal responsibility for the patient and provides medical services during the hospital stay including the initiation of relevant testing and where appropriate, to convey results to the appropriate representative of the patient. Where the investigation is carried out by a technician and the patient is not treated by the consultant paediatrician during the hospital stay, professional fee benefit will not be paid.

*or up to eighteen years where they have been attending the Consultant on an on-going basis for the condition since childhood.

Medical Procedures approved for paediatric day care admission:

- > DTPA scans, DMSA scans and chromium EDTA
- > Investigation for hypoglycaemia and other metabolic disorders that involve prolonged fasting and on-going monitoring
- > Glucose intolerance test
- > Growth hormone stimulation tests
- > Food allergy challenge requiring consultant supervision and decision making
- > Prolonged LHRH and TRH testing
- > CT scan involving cannulation and sedation
- > MRI scan involving cannulation and sedation
- > Invasive cardiac assessments
- > Micturating cystogram requiring sedation and catheterisation
- > Administration of MMR in individuals with histories of anaphylactic hypersensitivity to hen's eggs when diagnosis has been confirmed by appropriate testing and expert review
- > Administration of any vaccine type to a child that had an adverse reaction to a previous vaccine or in a child with an inborn error of metabolism.
- > Consultant multi-disciplinary team review of a severely disabled child with complex medical problems.

All of the above procedures/ investigations must involve a minimum of three hours occupation of a bed. The times of admission and discharge **MUST** be recorded on the claim form.

Code	Description
10000	Medical management for specific paediatric medical day care procedures/ investigations