



Barn og unge med sammensatte helseplager og flere henvisninger til spesialisthelsetjenesten

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Agenda

- Bakgrunn for prosjektet
- Forskningsresultater
- Viktige erfaringer fra prosjektet

Bakgrunn - Visjon for Glasblokkene i 2015



Bakgrunn

Hypotesen: Barn med sammensatte helseplager får ikke et godt nok helsetilbud.

De får ofte fragmenterte tjenester, noe som øker faren for feil, overbehandling/overutredning, motstridende råd og vurdering og redusert behandlingseffekt.

MEN: Omfanget av dette problemet var ikke synlig for ledelsen.

Bakgrunn - Hva var problemet i 2015?

- **Hva sier litteraturen om problemet?**

- Helseplager er individets opplevelse av symptomer med eller uten en definert diagnose (Ottová-Jordan et al., 2015).
- Sammensatte psykiske og somatiske helseplager → **sammensatte helseplager.**
 - Prevalent hos både barn og ungdom, og økende trend.
 - Knyttet til redusert evne til å delta i hverdagslivet.
 - Ofte henvist fra fastlegen til flere spesialister for undersøkelse, vurdering og behandling. MEN får uspesifikke diagnoser

**Registerstudie
(18577)**

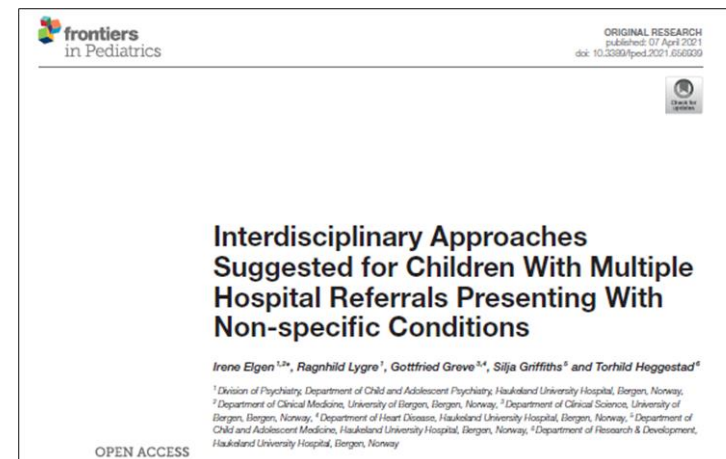
**Audit
(250)**

**Bruker-u.s.
(250)**

Bakgrunn - Hva var problemet?

- Problemet måtte dokumenteres også hos oss:
 - Hvem er de?
 - Hvor mange er de?
 - Hva trenger de?

Bakgrunn - Hvem er de?



Audit 2016 barn **6-12 år** (N=250):

Ga viktig innsikt:

- 1 3 eller flere henvisninger
- 2 Minst 1 BUK og 1 PBU
- 3 Minst 3 ulike diagnoser
- 4 Ny henvisning vurderes som sammensatt

Bakgrunn - Hvor mange er de? Ca 300 per år

I tillegg fant vi i Registerstudie 2016

- Flere henvisninger til somatikk og psykiatri medfører ofte **kronglete pasientforløp.**
- Behov for å designe tjenester mot en mer omfattende og **tverrfaglig tilnærming** i stedet for suksessiv og ofte dårlig samordnede tilnærminger?


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REGULAR ARTICLE

ACTA PÆDIATRICA
NURTURING THE CHILD WILEY

Complex care pathways for children with multiple referrals demonstrated in a retrospective population-based study

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How can we improve specialist health services for children with complex health complaints?

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Tailoring

Communicating

Collaborating

Background

Children with complex health complaints challenge specialist health services. These cases are often characterized by multiple referrals, frequent use of health services, poor clinical and cost effectiveness, and a lack of coordination and consistency of care [1].

Aim

To identify factors to improve health services for children with complex health complaints.

Methods

Sample

Parents/guardians of 250 children aged 6-12 years with multiple referrals to the Departments of Pediatrics and Child and Adolescent Mental Health at Haukeland University Hospital between 2013 and 2015, were invited.

Measure

Their experience was collected through a 14 items questionnaire based on The Generic Short Patient Experiences Questionnaire (GS-PEQ) supplied with questions from parents and health personnel.

Analysis

Possible associations between overall experience and possible predictors were analyzed using bivariate regression.

Results

We can improve health services for multi-referrals by:

- Reducing wait time
- Tailoring consultations to the present family
- Ensuring adequate information on treatment
- Increasing collaboration between different departments at the hospital

Conclusion

Tailored interdisciplinary consultations focused on communication regarding the child's treatment plan can improve existing specialist health services for children with complex health complaints.

Transitioning Young Patients' Health Trajectories

This study is part of the project "Transitioning Young Patients' Health Care Trajectories" at Haukeland University Hospital (HUU). The overall aim of this project is to develop interdisciplinary interventions that reflect the needs of children with complex health complaints and their family. Based on several years of clinical experience, review of relevant literature, our own prestudies at HUU, and user involvement we developed a complementary consultation for children with complex health complaints, called "Tjenester på Tvers".

In "Tjenester på Tvers" we offer a coordinated, interdisciplinary and individually tailored consultation for children with complex health complaints. We are now in the process of evaluating the consultation using patient reported outcomes, health outcomes, team member feedback and system effects.



References

1. Bringing together physical and mental health: A model of integrated care. <https://www.kingsfund.org.uk/sites/default/files/2019-01/Bringing-together-Kings-Fund-Mental-Health-Report.pdf>
2. Lygre RB, Thuen VM, Gjestad R, Norekvål A, Elgen IB: How can we improve specialist health services for children with multi-referrals? Parent reported experience. *Services Research* 2020, **20**(1):786

Bakgrunn - Hva trenger de?

- Brukerundersøkelse 2016:
 - **Skreddersøm** av konsultasjoner
 - Sikre **nødvendig informasjon** om behandlingsplan
 - Økt **samhandling** mellom ulike avdelinger på sykehuset.

Resultater fra pre-studier 2015-20



Hvem er de?

Barn med:

- 3 eller flere henvisninger til spesialisthelsetjenesten
- Minst 1 til BUK og 1 til PBU
- Minst 3 ulike diagnoser
- Ny henvisning vurderes som sammensatt



Hvor mange er de?

Ca 300 barn i året ved HUS



Hva trenger de?

Skreddersøm

Avklaring

Samarbeid på tvers av avdelinger

Hva gjorde vi?



«Proessen» 2016-2020:

- Forankring i **ledelsen**.
- Fikk **to seksjoner** i BUK og en i PBU med på innovasjonen.
- **Medarbeidere** fra 3 klinikker startet utvikling av Intervensjon TpT

MIND THE GAP: BUILDING BRIDGES IN INTERPROFESSIONAL TEAMS

Elisabeth Andvik

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Bridging the Gap for Children With Compound Health Challenges: An Intervention Protocol







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TJENESTER PÅ TVERS (TPT)

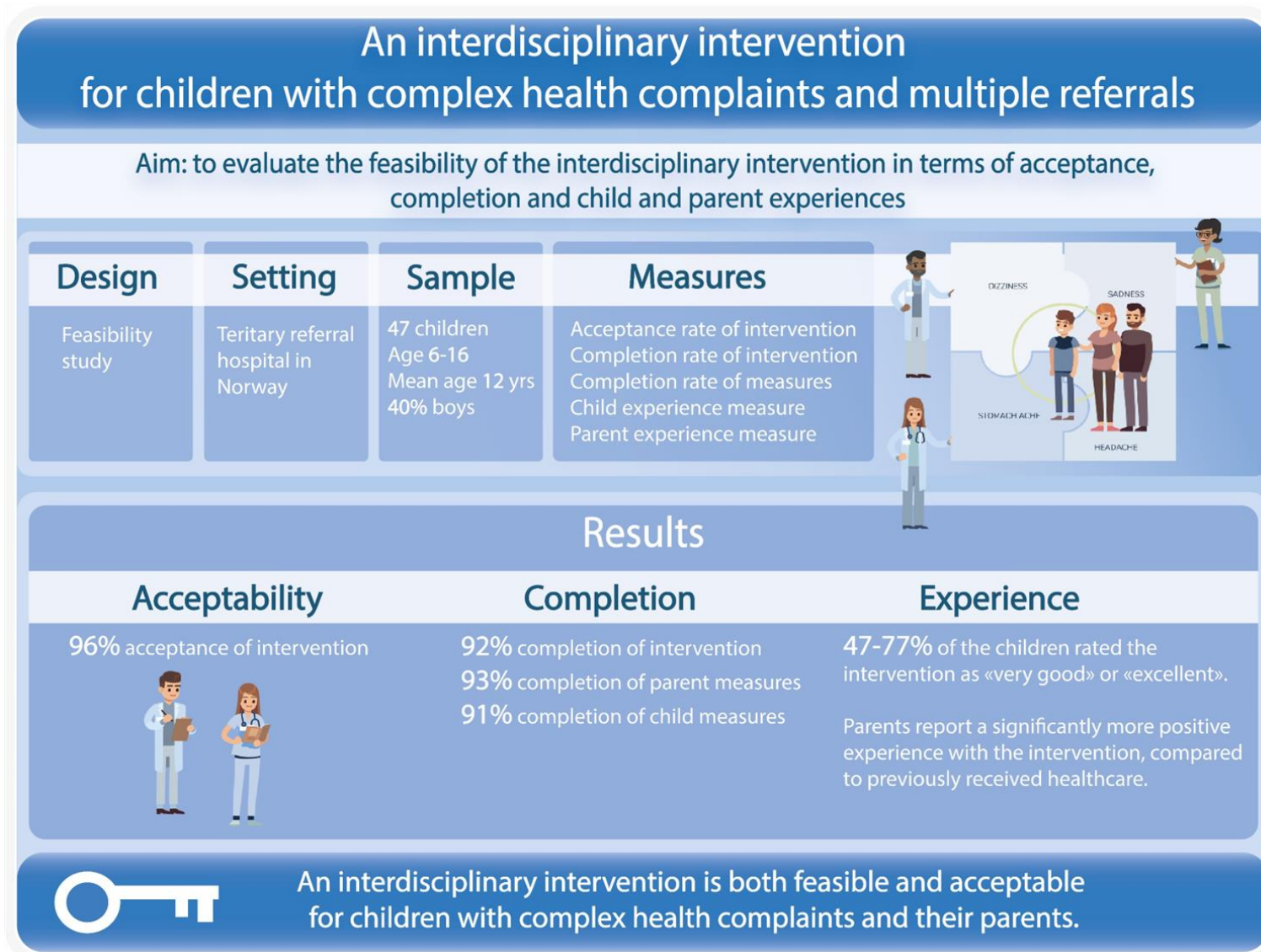
Tjenester på Tvers intervensjonen - Hva gjorde vi?

[Ny informasjonsfilm om
Tjenester på Tvers](#)

TID	
30 minutter før intervensjonen	TPT-TEAMET FORBEREDER INTERVENSJONEN 
15-30 minutter	BARNET OG FORELDRENE DELER BARNETS HELSEPLAGER MED TEAMET 
15 minutter	TPT-TEAMET TILPASSER INTERVENSJONEN TIL BARNET 
45-60 minutter	DIAGNOSTISKE UNDERSØKELSER 
15 minutter	TPT-TEAMET REFLEKTERER OVER FUNN FRA UNDERSØKELSENE 
45 minutter	BARNET, FORELDRENE OG TEAMET JOBBER SAMMEN FOR Å NÅ EN FELLES FORSTÅELSE OG BEHANDLINGSPLAN 

Resultater i forskningsprosjektet

Pasienter og foreldre virker fornøyd



Resultater i forskningsprosjektet



The screenshot shows the top portion of a research article. At the top left is the 'frontiers' logo and 'Frontiers in Pediatrics'. At the top right, it says 'TYPE Clinical Trial', 'PUBLISHED 14 September 2023', and 'DOI 10.3389/fped.2023.1167528'. Below the logo is a 'Check for updates' button. The article title is 'An interdisciplinary intervention for children with complex health complaints; a feasibility study of selection criteria'. The authors are 'Irene Elgen^{1,2*}, Ragnhild B Lygre^{1,2}, Anen Årli³ and Torhild Heggstad⁴'. The 'OPEN ACCESS' section lists the editor (Stefan Essig) and reviewers (Erin Reade, Keith Slifer). The correspondence information for Irene Elgen is provided, including her email and the date received (16 February 2023). Footnotes at the bottom describe the affiliations of the authors.

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An interdisciplinary intervention for children with complex health complaints; a feasibility study of selection criteria

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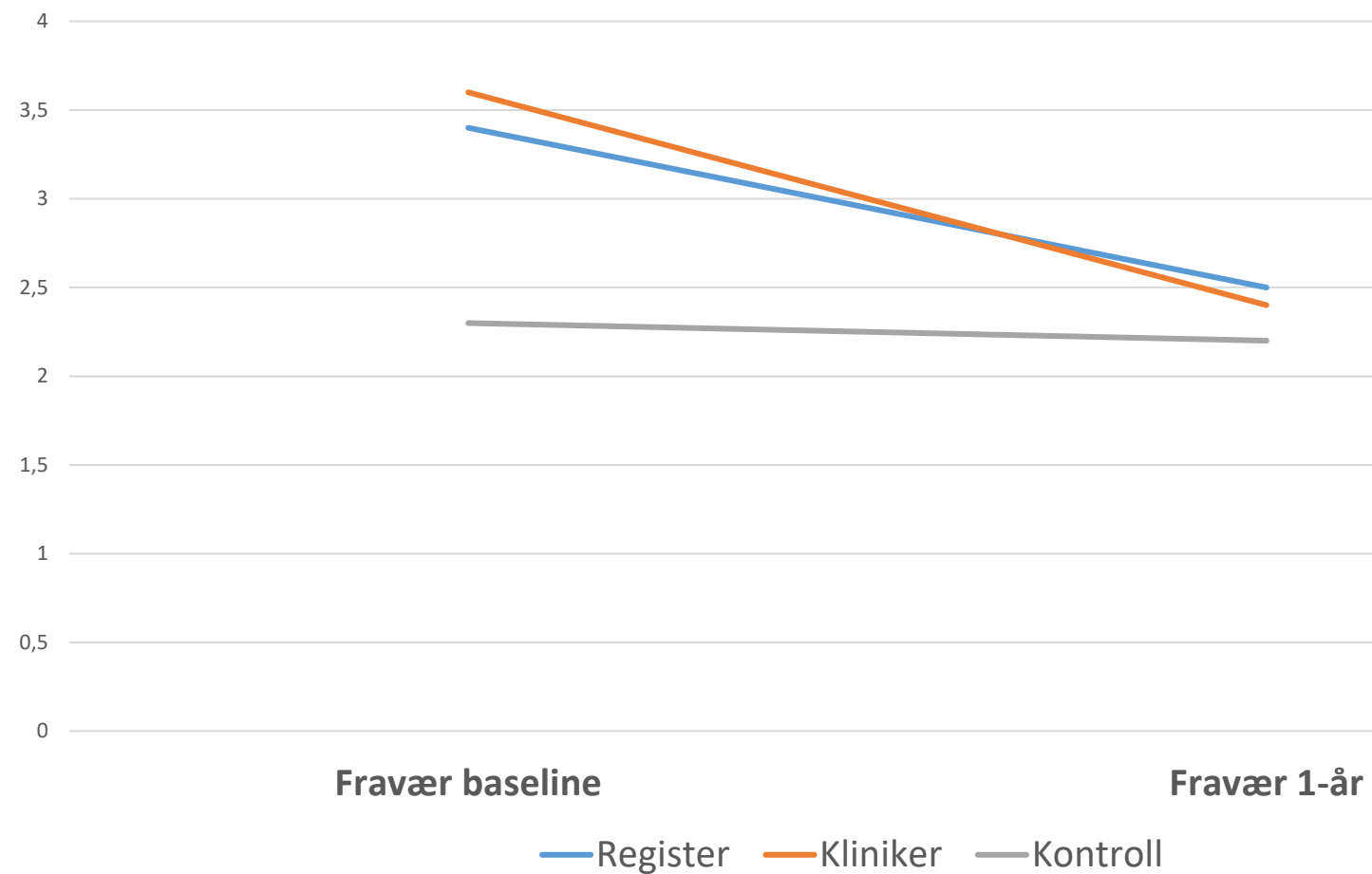
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**Teammedlemmer virker
fornøyd
vurderer inklusjonskriteriene
som treffsikre.**

Resultater i forskningsprosjektet



Skolefravær





Resultater i forskningsprosjektet

Tjenester på Tvers er nå over i ordinær drift (behandler ca 50 barn i året).

Pasientene, foreldrene og teammedlemmene virker fornøyde med det nye tilbudet.

Det ser ut til at det går bedre med pasientene 1 år etterpå.

7 publikasjoner

1 doktorgrad ferdigstilt, 1 på vei og 1 ny søknad

- Heggstad T, Greve G, Skilbrei B, Elgen I: **Complex care pathways for children with multiple referrals demonstrated in a retrospective population-based study.** *Acta Paediatrica* 2020.
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- Handelsby, N. **Den blanke tavlen.** *Tidsskrift for Norsk Psykologforening* 2021, 58 (8).
- Elgen IB, Heggstad T, Tronstad RR, Greve G. **Bridging the gap for children with compound health challenges: An intervention protocol.** *Frontiers in Pediatrics.* 2021:1446.
- Elgen, I., Lygre, R. B., Årli, Å., & Heggstad, T. (2023). **An interdisciplinary intervention for children with complex health complaints; a feasibility study of selection criteria.** *Frontiers in Pediatrics*, 11.
- Lygre, R. B., Gjestad, R., Norekvål, T. M., Mercer, S. W., & Elgen, I. B. (2023). **An interdisciplinary intervention for children and adolescents with multiple referrals and complex health complaints: a feasibility study.** *BMC Health Services Research*, **23**(1), 1241.

Viktige erfaringer

Kommunikasjon – felles språkdrakt og mål

Komplementær kompetanse

Tverrfaglig >< flerfaglig team

Evaluering: Pit-stop nødvendig

Implementering (?)

Vedlikehold av kompetansen

Ting Tar Tid 😊



TAKK for meg
😊



