

Piloting a Virtual Interdisciplinary Paediatric Consultation Service to Support Critically Ill Children in Regional Hospitals



Leanne Muszynski RN, MHE
Centre for Quality, Innovation, and Safety, Schulich School of Medicine & Dentistry,
Western University, London, ON, Canada



Western
The Centre for Quality,
Innovation and Safety

AIM Statement: By May 31, 2025, implement and test an interdisciplinary pediatric consultation service between Windsor Regional Hospital and LHSC's Pediatric Critical Care Unit enabling non-urgent video consultations

PROBLEM DEFINITION

In Windsor, critically ill pediatric patients are often managed in the adult ICU, by staff and locum paediatricians. CritiCall does not currently support non-urgent requests or video consultations, limiting proactive support options for teams caring for these patients.

THEORY OF CHANGE

Opportunity to improve local healthcare by providing support to regional clinicians through access to team-based resources that include pediatric intensivists, nursing staff, and respiratory therapists.

Advantages of empowering local care include:

- Keeping children closer to their homes, which lessens stress for families
- Decreasing the number of interfacility transfers (e.g., to LHSC), thereby alleviating bed pressure
- Enhancing collaboration and building clinical confidence within regional hospitals

Design thinking played a pivotal role in developing and implementing a scalable model for interdisciplinary video consultations, aimed at supporting regional hospitals in providing care for pediatric patients.

November 2024 to May 2025:



9
consultations
for 8 patients



Consultations
attended by RT,
RN and
Physician from
LHSC



3 patients
transported to
LHSC within 72
hours of
consultation



Length of
Consultation 20
minutes



8/9 Consultations
for Respiratory
Concerns



Consults honoured
same/next-day
request*

IMPLEMENTATION

Feedback from Windsor & LHSC clinicians identified key barriers:

- Limited awareness of service Locum Physicians in Windsor
- Tracking of appointment information electronically was inconsistent

Summary of changes:

- Intake form and notifications streamlined for clarity and consistency
- Promotion to increase adoption in Windsor from locum Physicians
- Electronic to paper tracking

Continuous Quality Improvement:

- Ongoing exploration of additional workflows to meet local needs
- Exploring additional hospital referral sites and populations

MEASUREMENT

Patient Experience

- Qualitative feedback

Provider Experience

- Clinician satisfaction survey + focus groups guiding workflow improvements

Improving Value

- Reviewing CritiCall and Decision Support (transfer reduction and potential system cost savings)