Cross border cooperation for paediatric emergency care between Germany and the Netherlands; sustaining the cooperation

Elisa Boekhorst¹, Martijn Kusters², Anne JongePoerik², Manon Bruens¹, Alexandra Ziemann ¹, Cees Schenkeveld¹

¹ Acute Zorg Euregio, Enschede, The Netherlands

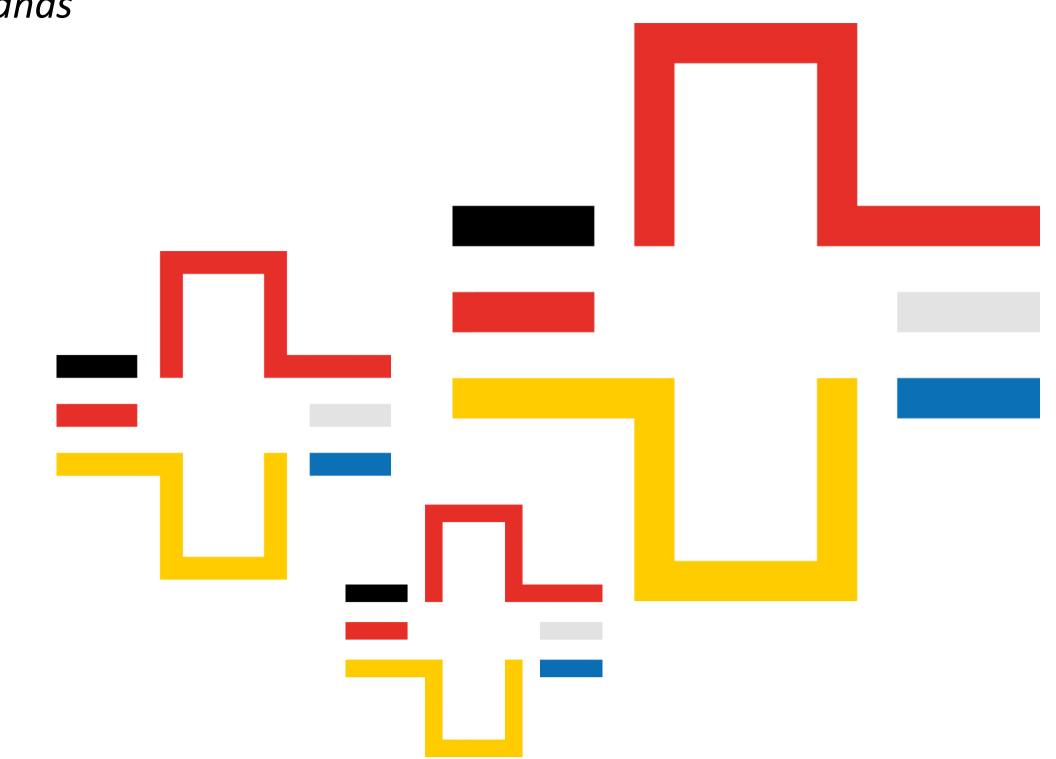
² MST Vrouw Kind Centrum, Enschede, The Netherlands

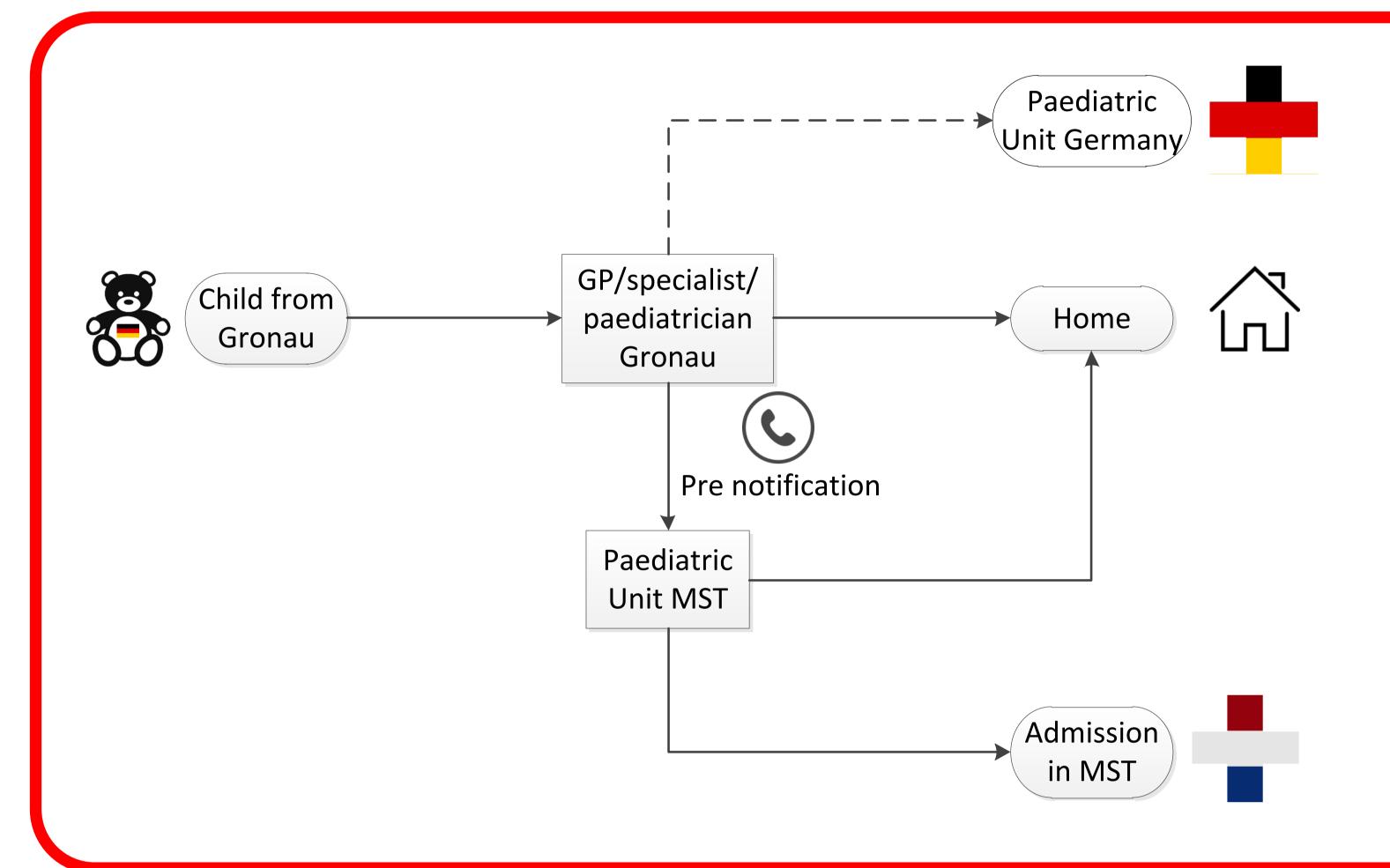
2014

Initial situation

Structural access problem in paediatric emergency care in Gronau, Germany

- > 43km to the nearest paediatric unit in Germany
- < 15km to MST with paediatric unit in Enschede the Netherlands
- the MST Hospital receives some visiting children living in Gronau with acute need /trauma need

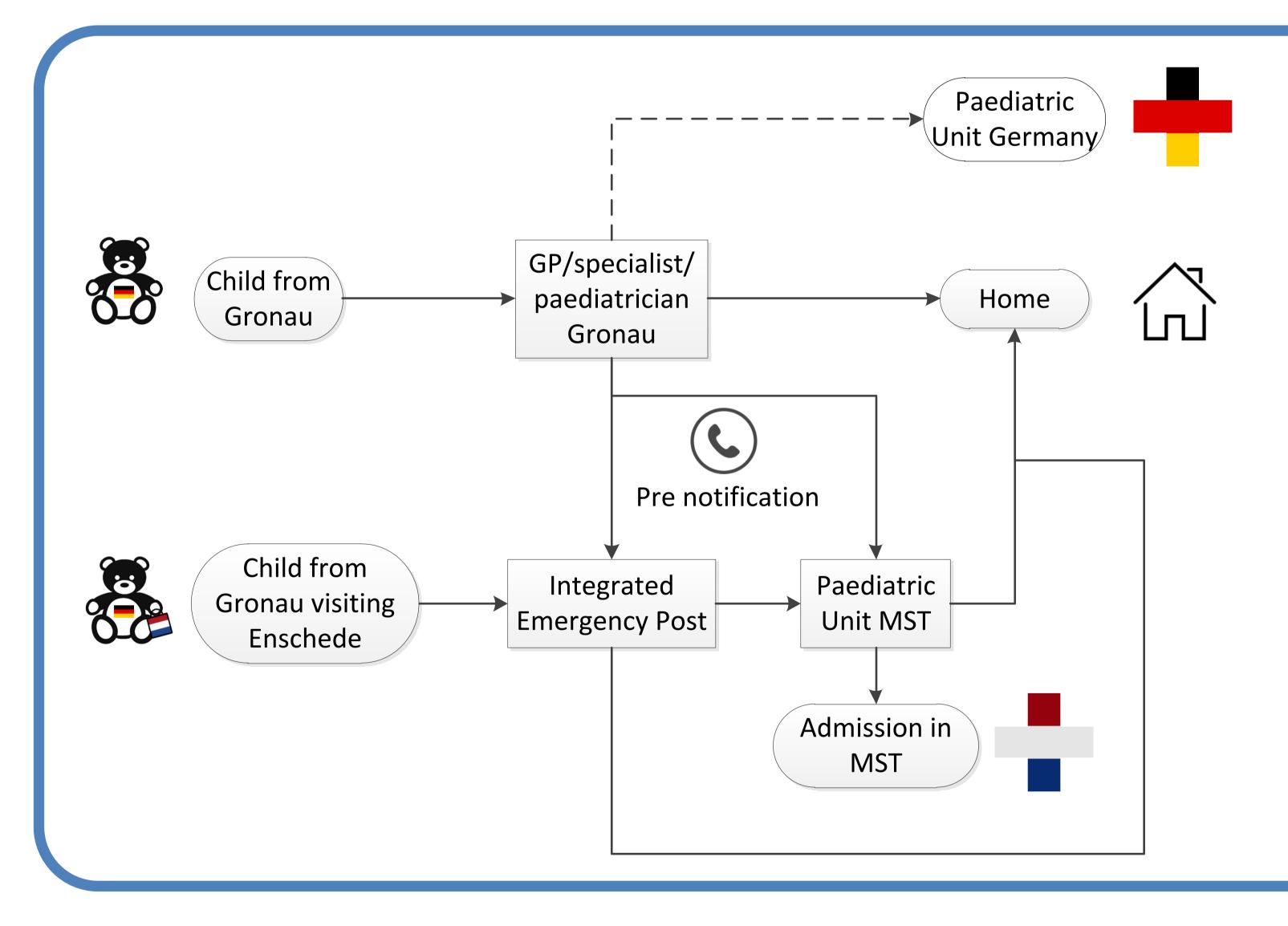




2015

Establishment cross border cooperation

- GP's, specialist and paediatrician from Doctors from Gronau and paediatricians of MST
- Dutch system leading
- Pre-notification by Gronau doctors essential
- Child straight to Paediatric Unit



2016

Organisational change

- MST opened new Hospital
- Integration of General Practitioners Post and the ED in one Integrated Emergency Department (IEP)
- the GP Post performs the triage of all the self referrals presented at the IEP

Result cross border care

 Increase in both visits and admissions from children in acute need from Gronau

	2014	2015	2016
Visits	30	70	87
Admissions	8	15	20

Organisational challenges remain

- Registration of Pre-notification
- Consultation GP, specialists, paediatrician Gronau
- Incorporated new emergency structure IEP in cross border work process

Take Home Message

- Cross border care can solve access to care problem
- Involve all stakeholders in defining standard operating procedures
- Don't stop to early
- Include new stakeholders during the process
- Evaluate cross –border care process





