

CONFERENCE ABSTRACT

An evaluation of care coordination for children with chronic and complex conditions in Australia: experiences and needs of healthcare providers

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Yvonne Zurynski¹, Lisa Altman², Christie Breen², Susan Woolfenden³

1: Discipline of Child and Adolescent Health, The University of Sydney and the Australian Paediatric Surveillance Unit, Kids Research Institute, Sydney Children's Hospitals Network, Sydney, Australia;

2: Sydney Children's Hospitals Network, Australia;

3: Sydney Children's Hospitals Network, Sydney, Australia and Discipline of Child and Maternal Health, The University of NSW, Sydney Australia

Introduction: The SCHN which includes two hospitals, the Children's Hospital at Westmead (CHW) and the Sydney Children's Hospital (SCH) implemented the Kids Guided Personalised Service (Kids GPS) Care Coordination initiative in July 2015. Children with chronic and complex medical conditions are eligible for the service. Kids GPS Care Coordinators (CCs) work closely with medical teams to identify children likely to benefit from care coordination and shared care plans, bringing together all professionals involved in the child's care: medical specialists, nursing, allied health professionals, general practitioners (GPs), community specialists, and non-paediatric hospitals

Methods: We developed and distributed a survey to medical, nursing and allied health providers. The survey included multiple choice questions, Likert scales and open ended questions about providers' experiences and opinions about the Kids GPS Care Coordination and covered: awareness, sources of information, level of satisfaction, perceived benefits, and priorities for improvement.

Results: Of 191 respondents 51 were doctors, 62 nurses, 61 allied health professionals and 16 others; 104(54.7%) from CHW and 77(40.5%) from SCH, 9 spent equal time at both sites. The majority (148, 78.7%) had heard of the Kids GPS Care Coordination, mostly obtaining information from colleagues (44%), the Integrated Care team (22%) or team meetings (21%). Of the 148, 74(50%) had referred patients into the service and of the 74, 80% were very satisfied/satisfied with the service (58% very satisfied; 22% satisfied). A greater proportion of CHW providers fell into the "very-satisfied" category (66.7%) compared with SCH (44.8%). Most (67%) felt confident that their patients were receiving the healthcare they needed closer to home, but 44% believed parents preferred to receive care from SCHN. Over 70% said that communication among medical teams had improved and found the shared care plans very helpful. Approximately 50% believed there had been no reduction in Emergency Department (ED) presentations because of Kids GPS. Providers identified the following priorities for improvement:

Educate providers to ensure they understand the role of the service.

Improve communication through personal contact, IT systems and eMR ensuring that providers are aware of patients enrolled in the service.

Extend the capacity of the service and CCs.

Improve connections between GPs, patients and tertiary providers.

Discussion: The service resulted in improved communication and implementation of shared care plans which were valued by healthcare providers. The level of satisfaction was lower at SCH and this may be because the service is less developed there. A separate analysis of ED data showed significant reductions in ED presentations among patients enrolled in Kids GPS Care Coordination, however, providers were not aware of this.

Lessons learned: Open communication and sharing of information with medical teams working with complex children is an important key to success of the Kids GPS Care Coordination.

Limitations: The sample may not be representative of all SCHN providers, however, it is likely to represent providers who care for children with complex conditions.

Suggestions for future research: On-going evaluation research is needed to inform continuing improvement strategies and to further embed the service in mainstream care at SCHN.

Keywords: care coordination; paediatric; providers; evaluation; complex
