

POSTER ABSTRACT

Insights of a root cause analysis of long waits within a Child Development Service: Opportunities for Integrated Care

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Introduction: As at 1st June 2017, children were waiting ~ 261 days for their first clinical appointment with the Children's Health Queensland (CHQ) Child Development Service (CDS) with 25% waiting longer than their clinically indicated wait time.

Objectives: The Clinical Services Redesign (CSR) methodology was applied to identify and respond to the root causes contributing to long waits and improve the provision of timely and integrated care for children with suspected developmental problems or delay.

Highlights: The redesign included quantitative data analysis and consultation with 21 consumers, 110 staff surveys, 67 referrer surveys and 129 workshop participants. Issues contributing to long waits included (a) a loosely applied scope of service, (b) a complicated triage process with excessive processing; and (c) inefficient clinical service delivery processes. The findings have prompted a review of operational processes to improve efficiency and facilitate establishment of integrated care for this population. Opportunities to improve integration of care to include: (a) Empowering primary care providers with an easy to use tool to determine most appropriate care pathway for children with developmental questions, (b) Support capability development of Primary Care and Generalist Child Development service providers in assessment and management of developmental presentations and (c) Partner with internal and community providers to facilitate wrap around support for families.

Conclusions: In a well-meaning effort to 'fill the gaps', the CDS has been operating out of scope which has delayed service delivery for all families. Opportunities to foster an integrated care continuum for this cohort will form a core component of the solution to reducing bottlenecks for this service, but more importantly, to provide families the right service at the right time. The opportunities identified will be helpful considerations for other specialist outpatient services struggling with long waits.

Keywords: child development; clinical service redesign; bottlenecks; improvement; integrated care
