
POSTER ABSTRACT

Child Development Service Clinical Redesign Project: Preliminary Findings

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Introduction: Child development services (CDS) provide family centred, community-based care for children with complex developmental delays. The West Moreton Health (WMH) has the fastest growing population of the any Queensland health service. Additionally, there are significant challenges for region due to high levels of vulnerability, with 1 in 3 children in some areas of the region experiencing significant developmental challenges. Review of WMH CDS indicates that the current service model is unsustainable to meet pressures with these projected demands. The ability of the service to manage increasing caseload has been complicated by other service issues including multiple entry points, inequitable access to the range of developmental services, no clearly defined service profile, model of care or service eligibility.

Short description of practice change implemented: Clinical Services Redesign (CSR) is being utilised as the project and process improvement methodology. This approach has engaged stakeholders to be involved in the redesign of clinical services to maximise integrated care to encourage problem solving and ensure continuous improvement.

Aim and theory of change: To develop an evidence-based model of care that delivers appropriate sustainable localised solutions for children and their families. The project deliverables include:

- A sustainable community pathway for children that positions the right service at the right time.
- A service model that is responsive and patient friendly.
- A clear definition of scope for CDS

Targeted population and stakeholders: Within this project the target population is WMH children (0 – 18) who experience behaviour and developmental challenges. Stakeholders within this project include both external and internal individuals including Allied Health Professionals (Physiotherapy, Occupational Therapy, Social Work, Psychology & Speech Pathology), Nursing including Child Health, Child and Youth Mental Health Services, Hospital Planning, Paediatricians, EACH (National Disability Insurance Scheme), Primary Health Network and Consumers.

Timeline: CSR has five distinct phases undertaken sequentially; planning, diagnostics, solution design, implementation & sustainability. The project commenced in March 2019, as of June we are in the solution design phase with the second half of the calendar year focusing on implementation and sustainability.

Highlights: Solutions include defined service eligibility criteria, increased online and community presence, interagency alliance and the use transdisciplinary care and Telehealth to compliment traditional care. Defined pathways of care and links into primary health care, NGOs and other

government groups (Education Queensland; Department of Child Safety) are also planned to optimise outcomes, improve patient journey and reduce duplication.

Sustainability: The use of co-design improvement methodology to understand the issues, and create solutions increases the likelihood of successful implementation.

Transferability: Developmental & behavioural concerns in childhood are increasing in both prevalence and complexity. The solution and partnership approach of this project has ability to be scaled across health contexts. The solutions have been designed to maximise the expertise of staff in treating children and families attending this service, while providing for efficiency of referral to the most appropriate services based on individual need.

Conclusions: Evaluation will commence post implementation of the model of care.