Reducing Long Wait Lists for Children with Behavioural and Developmental Problems with Enhanced Allied Health Services

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Topics Covered

- Setting the scene
- Types of referrals
- Core Processes
- Shared Resources
- Community liaison
- Lessons Learnt
Setting the Scene

• **Scope**
  – Assessment and diagnostic service for children aged 0-16 years

• **Development of service**
  – Developed in response to disproportionate number of children on Category 3 long wait list ($n = 199$ in November 2013)
  – Allied Health referred complex CAT 3 patients by Paediatricians to reduce the waitlists. Paediatricians also secured funding to open additional clinics.
  – March-July 2014: 16-week AHPOSILS pilot project
  – Sept-Dec 2014: Funding secured for continuation of service
  – Jan-current: Service in operation two days/week, supported by students
  – Within 12 months, original 199 wait list patients attended to.
Types of CAT 3 Referrals from GPs to Paediatricians to Allied Health Team

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Speech and Language Delay
- Learning Disabilities
- Behavioural Problems: Oppositional & Conduct
- Bowell & Bladder
- Sleeping problems
- Motor Coordination difficulties
- Emotional issues: Depression, Anxiety
- Cognitive: Memory, Inattention, Vision & Reading
- Intellectual Impairment
- Global Developmental Delay
Team Composition – Caboolture Hospital

Service Days per Week 2 days

- 0.6 FTE HP5 Psychologist/Team Leader
- 0.5 FTE HP4 Speech Pathologist
- 0.5 FTE HP4 Occupational Therapist
- 0.4 FTE HP4 Social Worker (Temporary)

- Physiotherapist and Dietician available as-per-needed
- Student interns
# Patient and Service Profile

(Caboolture Hospital)

<table>
<thead>
<tr>
<th>Patient Profile</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
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<td><strong>Gender</strong></td>
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<tr>
<td><strong>Caregiver Marital Status</strong></td>
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<tr>
<td><strong>Caregiver Mental Health History</strong></td>
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<td><strong>Primary Diagnoses Initiating Referral</strong></td>
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<td><strong>Primary Diagnoses Provided by Paediatric Allied Health Team</strong></td>
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<td><strong>Specialist Involvement Across Cases</strong></td>
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Core Processes within Model of Care

1. Supports the work of Paediatricians
2. Structured Intakes assessments
3. Weekly multidisciplinary triage, assessments
4. Shared multi-disciplinary reports
5. Brief interventions
6. Intern supported clinics
1. Supports the work of Paediatricians
   • Saving rather than substituting for medical time
   • Saving time in Paediatric diagnosis
   • Adding clinical value through specialist AH testing and formal reporting
   • Feedback provided to Paediatricians in every case
2. Structured Intake Assessments

- General intake tool (electronic or hard copy)
- Closed and Open-ended questions from all professions
- 40-50 mins to complete
- Face-to-face or Phone intakes
- Patients booked into appointment slots
- Letters sent by Paeds OPD informing them about AH assessments
3. Weekly multidisciplinary triage, assessments

- Weekly multidisciplinary meeting to establish for each case:
  - Case manager
  - Clinicians assigned to each case and # of appointments needed
  - Assessments and potential interventions necessary for the case

- Meeting runs for 1 hour, cases discussed, team leader chairs
Tools

• Jobs shared during meeting
  – Intake findings reporting clinician
  – Recording case details and decisions person
  – Chart entry person
  – Appt Bookings person
Case Conference

• Occurs weekly when not discussing triaged patients
• Difficult cases brought up for team input
• Opportunity for inclusion of other AH providers, or opinion from Paeds sought
## Assessments

<table>
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<tr>
<th>Developmental</th>
<th>Behavioural</th>
<th>Learning</th>
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<tbody>
<tr>
<td>Ages and Stages Questionnaire</td>
<td>Connors Rating Scales</td>
<td>Key Maths 3</td>
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<tr>
<td>Wechsler Pre School &amp; Primary Intelligence Scale (WPPSI-IV)</td>
<td>Braver Aggressiveness Scale</td>
<td>Neale Analysis of Reading Ability 3rd Ed</td>
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<tr>
<td>Wechsler Intelligence Scale – Children (WISC-IV)</td>
<td>Children’s Depression Inventory - Second Edition</td>
<td>Learning Style profile by Willis &amp; Hodson</td>
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<tr>
<td>Sensory Profile 2</td>
<td>Spence Anxiety Scales</td>
<td>Clinical Evaluation of Language Fundamentals – 4 edition</td>
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<tr>
<td>The Test of Everyday Attention for Children</td>
<td>Childhood Autism Rating Scale 2</td>
<td>Goldman Fristoe 2 – Test of Articulation</td>
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<td>Arnold Parenting Scale</td>
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4. Shared multi-disciplinary reports
Case Coordination & Case Manager

• **Case Manager** appointed for each case
• Follow-up on assessments/interventions done
• Patient **tracked on Database** “*Patient Tracking Spreadsheet*”
• **Coordinates** compilation of reports
• Coordinates meeting to formulate case
• Informs Team Leader when patient to be discharged
Multi-Disciplinary Reports

- 1 joint written report
- Joint writing of formulation
- Standardised format and templates of report
- General agreement on terminology
Shared Multidisciplinary Report

- Each clinician writes their section of report and stores on shared drive
- Case manager compiles report
- 4 copies of final version printed (Paediatrician, Parent, School and Referring GP)
5. Brief interventions
Aim is to link up with community services.
Maximum of 3 sessions:
• Paediatric review (#1)
• Parenting programs
• Anger management / behaviour management
• Social skills training
• Attention strategies
• Sensory integration
• Dietetics advice
• Speech therapy
• Balance and coordination / muscle tone strategies
• Cognitive behaviour therapy (Anxiety)
6. Intern Supported Clinics

• Typically **2 students** supporting main professions (PSY, SP and OT) at a time

• Length of interns depend on profession (e.g., 6 months for PSY, 6-12 weeks for SP, 12 weeks for OT)

• Students are responsible for conducting intakes, assessments, brief interventions and report writing

• Collaboration with local universities
Workshops

• **Pre-Internship Skills** & Learning to operate within a Multi-Disciplinary Team *workshop*: (1-1.5 days)

• Within Internship training sessions: Specific topics

• Hospital & Health Service Induction Days
Online shared resources
Shared Resources

- Metro North HHS Shared drive
- Addresses: Staff, Schools, etc
- Online adding multi-dis sections to reports
- Information on assessments, therapy
- Procedures, processes
- Templates for reports
- Referral info
- Patient data tracking
Liaising with Schools, Community health care providers
Schools

- Mutual discussions with District Senior Guidance Officers (State Schools & Catholic Education)
- Consent obtained from parent to contact school
- Liaison with District School Guidance Officers and discussions on standard intro letter and description of requests
- Email contact with School Guidance Counselors via database
- Schools return test reports, behaviour questionnaires
Community Services

- School based learning support
- Government health agencies (i.e., CDS, Community Centres, EIPS, CYMHS, etc)
- NGOs
- Indigenous services
- Links with Medicare Locals
- Private Health providers who Bulk Bill
Team Leader

• Point of contact for Clinic Care Coordinators, Paediatricians, Directors
• Chairs meetings
• Monitors patient flow and clinic timetables
• Represents AH Team at Paediatric Meeting
• Keeps track of patient data (i.e., referrals, discharges, etc)
• Reports on AH Team progress to stakeholders
• Needs to be formally appointed
Lessons Learnt on Facilitating the Process
Lessons Learned

• Good relationships with paediatricians / nursing essential
• Team flexibility critical to facilitate patient flow
• Team member willingness to step in to assist when needed
• School liaison crucial part of care for school-aged children
• Low SES / contextual problems warrant (and benefit from) social worker input
• Patient flow enhanced with students and transdisciplinary approach to care
• Our work is supportive of Paediatrician’s clinical work
Limitations and Risk Mitigation

- Nature of Multidisciplinary work – Too many cooks?
- Phone-based intakes time consuming
- Growing demand for Paediatric Allied Health Services, consider how much therapy can realistically be carried out
- Additional patients, increases workload on Admin & Nurses, need to factor this in
- Balancing assessments and interventions with report writing
- Patient non-attendance
Summary: What We Are Really Doing

- Structured Intake procedure (Face-to-face or by phone)
- Multi-Disciplinary Input (Triage, Reports)
- Student Interns
- Structured assessments, report formats
- Anything to save “time”, but not compromise on patient care
- Sense of humour, teamwork and flexibility
Thanks for listening 😊