G455(P) IMPROVING ACCESS AND QUALITY OF DIAGNOSTIC SERVICES IN A DEVELOPMENTAL AND BEHAVIOURAL SERVICE FOR PRE–SCHOOL CHILDREN – THE TRIAGE–TRACK MODEL

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Aim The Department of Child Development (DCD) at our hospital is the major diagnostic and interim intervention service provider for pre–school children with developmental and behavioural disorders in our country. With increased public awareness and emphasis on early detection, the demand for our services has risen tremendously. This was not met with the traditional medical model of multi–disciplinary service delivery. We implemented a novel triage–track inter–disciplinary service model to enhance access and quality of services. This paper presents our 4–year experience with the triage–track model from June 2010.

Methodology Through cause and effect analysis, a triage workgroup identified progressive solutions to improve case–differentiation and service prioritisation. The measures streamlined and defined were: 1) secondary screening and case management pathways in the triage clinic, 2) tertiary diagnostic and interim intervention model for specialised tracks [Learning and Behaviour (LB) track, Autism Spectrum Disorder (ASD) track, and Complex track], 3) documentation standards for continuity of care, 4) interdisciplinary professional roles which promoted cross–disciplinary learning. We conducted three Plan–Do–Study–Action (PDSA) cycles (Oct 2010–Nov 2012) before embarking on installation (Dec 2012– Mar 2013) and full implementation (since April 2013).

Results The average monthly wait–time (interval between primary care referral to first DCD visit) improved by 84.2% with the triage–track model [pre–implementation 139 days (June 2010) versus full–implementation 22 days (June 2014)]. In 2012, the triage–track model improved operational capacity by 67.9% compared to the Traditional model [4.7 patients/triage–clinic session (n = 1355) versus 2.8 patients/traditional new-case session (n = 799)]. In 2013, 32.2% patients were referred to the specialised tracks for tertiary diagnostic evaluation and management (ASD: 19.2%; LB: 11.7%; Complex: 1.3%). The ASD track achieved significant improvement in wait–time and cycle–time for ASD diagnostic evaluation and family-centeredness of services. The LB track enhanced comprehensiveness of diagnostic evaluation and fast-tracked 21% of evaluations for patients. In the complex track, all patients completed full evaluation as targeted within a 6-month period.

Conclusion The interdisciplinary triage–track model improved access to services, enhanced operational capacity and quality of care in our centre.

G456(P) IMPROVING THE DIAGNOSTIC PROCESS AND DELIVERY OF INTERIM INTERVENTION FOR PRE-SCHOOL AUTISM SPECTRUM DISORDER CHILDREN IN A DEVELOPMENTAL CLINIC

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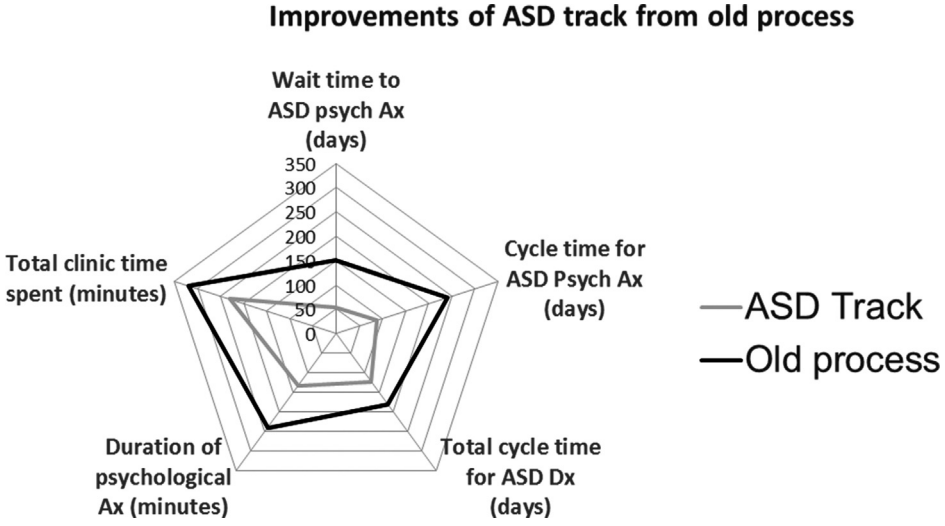
Introduction Autism Spectrum Disorder (ASD) is increasingly common, and the department we work in is a key diagnostic and interim service provider for ASD among pre-school children. To improve the diagnostic process and delivery of interim intervention services for children and families referred to our department for ASD, we established an interdisciplinary ASD team, which initiated a Clinical Practice Improvement Project (CPIP) in September 2007 to provide an "ASD track" service. In this paper, we share our learning from this project.

Methods The ASD team analysed the root cause through cause and effect analysis. We derived solutions which improved 1) case differentiation mechanism and prioritisation of services, 2) standardisation of diagnostic processes and documentation, 3) continuity of care and case management, 4) cross-disciplinary training and professional standards, 5) family-centeredness of our interim intervention services. We conducted 3 Plan-Do-Check-Action (PDCA) cycles (January 2010–April 2011) before implementing the ASD track service in May 2011.

Results This paper presents results of our implementation. From September 2011 to March 2012, 181 cases were referred to the ASD team from the DCD triage clinic. Of these, 93 were classical ASD and offered the fast-track diagnostic service, for which 73(78.5%) underwent 2-hour psychological assessment.



Abstract G456(P) Figure 1

Compared to the non-track process, the ASD track achieved 1) reduced default rates of 17.7%, 2) 45% reduction in psychological assessment duration, 3) 64.4% reduction in wait time for psychological assessment, 4) 63.3% reduction in ASD psychological assessment cycle time, 5) 32.8% reduction in ASD diagnostic process cycle time, 6) 28.1% reduction in clinic time usage, 7) enhanced case management and delivery of interim intervention services in family-centred manner.

(Illustration – Improvements of ASD Track from Old Process)

Conclusions The ASD track improved the diagnostic process and delivery of interim intervention service for Autism Spectrum Disorder in our department.

G457(P) WOULD SOME EMERGENCY ADMISSIONS FROM CHILDREN'S ACCIDENT AND EMERGENCY BE SUITABLE FOR CARE IN THE COMMUNITY?

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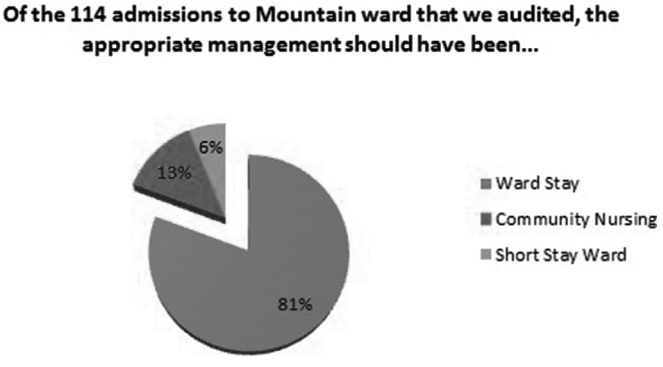
There has been a sharp increase in short-term paediatric admissions over the past decade. Not only is this costly, but could also be detrimental to the children's health; increasing the risk of hospital acquired infections and impacting on their psychological welfare.

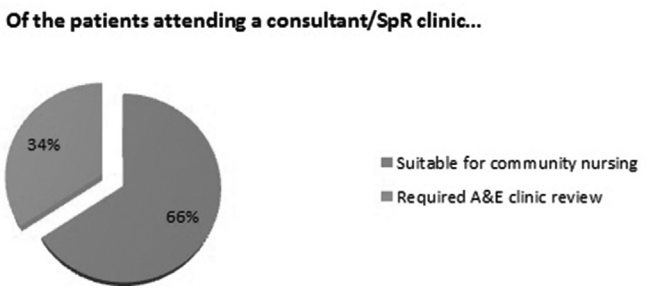
The Royal College of Nursing states that 'every child and young person has the right to expect care to be provided at home unless they need to be admitted to a hospital environment' (2009). The aim of this paper was to determine whether any patients either admitted from Children's A&E or invited to attend a Consultant/SpR led follow-up clinic would have been suitable for discharge and subsequent care at home by children's community nurses. Data was taken from emergency admissions from Children's A&E into the general paediatric ward for the period 1st May to 30th June 2014 (n = 114) and attendees to a Consultant/SpR led follow up clinic in paediatric A&E from 1st June 2014 to 30th June 2014 (n = 55).

It was found that 13% of admissions audited would have been suitable for care in the community, equating to 15 patients (Figure 1). An additional 25 patients invited to the follow up clinic would have also been suitable for community care (Figure 2). The skills required from the CCN's were identified; medication administration, recording observations, reassuring and advising patients, performing investigations, changing dressings and relaying test results.

This audit identified an unmet need and showed that the introduction of a CCN service could reduce the number of acute hospital admissions as well as decrease the number of children returning to an A&E review clinic.



Abstract G457(P) Figure 1 This graph shows the suggested management plan for the patients analysed as a percentage of audited emergency admissions to Mountain ward during the period 1st May to 30th June 2014



Abstract G457(P) Figure 2 This graph shows the suggested management plan for the patients analysed as a percentage of audited attendees to a Consultant/SpR led A&E follow up clinic during the period 1st June to 30th June 2014

G458(P) CHILD SAFETY WEEK 2014: A QUESTIONNAIRE BASED SURVEY EXPLORING PARENTAL SAFETY PRACTICES AND THE IMPACT OF A COUNTY–WIDE SAFETY CAMPAIGN

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Introduction Unintentional childhood injury is a major public health problem associated with significant mortality. In Gloucestershire there have been several fatal accidents among children related to heavy furniture, blind–cords and nappy bags as well as potentially harmful practices such as co-sleeping. In recent years, UK injury prevention programmes have halved the number of childhood accidental deaths. There is evidence that community-based campaigns encourage positive behavioural change and can potentially reduce the number of injuries requiring medical attention. Our aim was to explore carer awareness of four specific hazards (nappy sacks, cord blinds, co-sleeping and heavy furniture) linked to paediatric deaths within the region through the use of questionnaires and a standardised educational poster display.

Materials and methods A standardised safety awareness poster board was designed using approved charity leaflets. Six-hundred poster packs were distributed to public centres in Gloucestershire. Additionally, a questionnaire was offered to carers of children attending the Children's centre of Gloucestershire Royal Hospital during Child Safety Week. It explored their current safety practices as well as thoughts on the usefulness and impact of the poster campaign.

Results We obtained 103 questionnaire responses over five days, 96% of which were from parents. Almost a quarter of respondents were unaware of accidental deaths relating to nappy sacks, although most (82%) kept sacks out of a child's reach. Of the 57 respondents who had cord blinds at home 26% did not attach safety devices. Despite prominent national campaigns deterring co-sleeping, 42% of all respondents had co-slept with their children when aged less than one year old. Two-thirds