

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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10.1136/archdischild-2015-308599.409

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 work-group 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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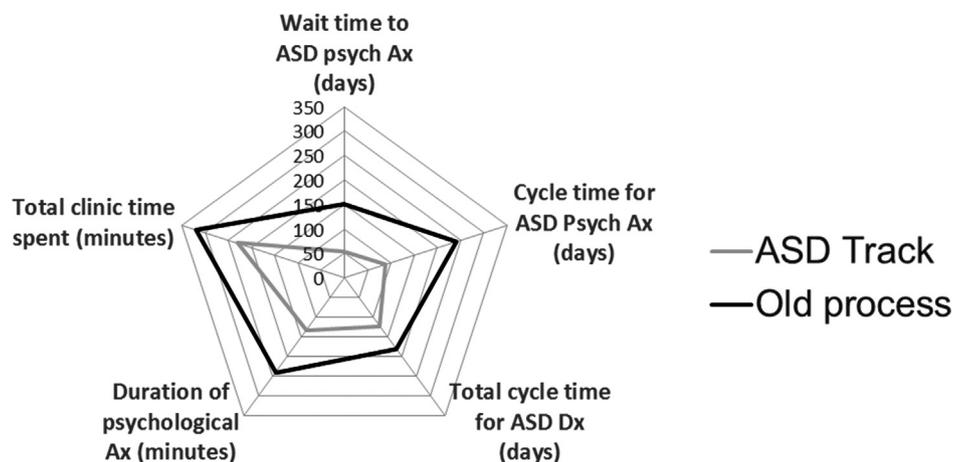
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Introduction Autism Spectrum Disorder (ASD) is increasingly common, and the department we work in is a key diagnostic and interim service provider for ASD among pre-school children. To improve the diagnostic process and delivery of interim intervention 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.

Improvements of ASD track from old process



Abstract G456(P) Figure 1