

# Efficiencies in Child Development

## 1. Structuring the delivery of care – the patient journey in Specialist Child Development Services

In a resource constrained health care context, providers are increasingly required to demonstrate effective services that are value for consumers, the organisation and the tax payer alike. How can child development clinicians maximise efficiency while maintaining high quality, well evidenced interventions that meet the needs of busy families?

Services must be timely, goal directed, and focused on the child, their caregivers and their contexts. The Child Development Services (CDS) Principles of Practice are core to working in this way:

- understanding early childhood as part of the life course (future focused)
- intervening early (as soon as possible to the identification of a concern)
- understanding the ecological model of development (complex interplay between biology and environment facilitated by a nurturing caregiver)
- ensuring equity-based service planning and provision
- providing trans disciplinary care
- adopting a chronic disease approach to optimising developmental outcomes

**The following processes can support Queensland CDS to focus on efficiency and effectiveness to make every session count.**

### Invest in front-end services

Investment in front-end services enables a clinical intervention at the very start of the patient journey. This starts with clear referral pathways and comprehensive referral guidelines that support:

- understanding the purpose of referral
- inclusion of crucial child and family information
- reciprocal communication with referring agents

This approach ensures that accurate and timely access decisions can be made without the need for extended information gathering or the involvement of a range of decision makers.

A single **clinical intake** process where a clinician partners with the family to make decisions regarding suitability, eligibility and priority benefits families through:

1. having a comprehensive and contextualised knowledge of community and family services
2. supporting a clear understanding of where child development and family services sit across the continuum of care (specialist child development services, primary care services, family support services).

This ensures that families are directed to right level of service they need at the time that they need it.

**Orientation to service at initial clinical contact** provides families with preparatory information about the likely process through the service and the nature and purpose of their contact with members of the clinical team. This allows families to prepare information to share and attend their appointments with clarity of purpose. For children with complex neurodevelopmental concerns, a transdisciplinary initial session ensures a holistic view of the child and family. The assessment process can then be tailored to individual needs and concerns rather than a one-size-fits-all approach that may unnecessarily use the resources of an entire team.

## Make linkages along the continuum of care and grow community partnerships

The ecological model of child development aligns with our understanding of the importance of environment in positively shaping developmental outcomes. Compelling evidence to this effect has resulted in whole of government responses to ensure all children benefit from quality early relationships and nurturing caregiving environments.

Subsequently our communities are host to many universal and targeted services that provide support for children and families (e.g. intensive family support, Triple P, circle of security, child care inclusion support). Being aware of what is available across the community and building **partnerships** with **universal services** (general practice, child health nurses, schools and educational settings) and **targeted services** (early intervention clinicians, non-government organisations) encourages a shared understanding to promote development in naturalistic contexts. Effective partnerships enable children and families to transition between services and supports in a way that is timely and that maximises service flow.

## Use technology

**Telehealth** is an adjunct to a face to face model of care and provides economic advantages to both the service and families, particularly but not limited to rural and remote areas. Increased use of telehealth is one of the priorities identified in the *Better Health for the Bush* (2014) to support rural and remote consumers' access to allied health services.

Use of **telephone consultations** and email in a key worker model can act as an efficient review process both for families and clinicians.

**Mobile and tablet apps**, linkages to evidence informed educational websites and computer programmes, you tube links and video analyses are all ways to support parent engagement, assessment and professional development for clinicians and parents. Keeping up to date with what is available online is an important component of contemporary practice.

## Work to full or expanded scope

Working to full or expanded scope requires a clear understanding of a professional's own full scope and a willingness to share and push professional boundaries to enable efficient use of limited allied health and medical specialist resources. For children and families with complex needs, the practice of using a key worker to support linkages with services and other team members is preferred by consumers and provides an efficient means of supporting families in linking with their services. The Calderdale framework is a tool to develop safe and effective skill sharing and delegation with multidisciplinary teams. See AHPOQ link below for examples of initiatives to support delegation and extended scope of practice.

## Schedule clinical team activity and document efficiencies

Where children and their families require an integrated and coordinated approach to assessment, diagnostic formulation and intervention from multiple disciplines, a planned approach to clinical scheduling is critical in building practice efficiencies. Patient flow and lean thinking methodologies viewed through the experience of the consumer can be utilized to map the current patient journey to match capacity with demand and identify existing duplication or waste in the system.

As referral demands and team structure are unique to the local context, team activity scheduling requires a local response. Continuous quality improvement through collaborative teamwork, strong leadership and sharing measured successes with other CDS through the Child Development Subnetwork will maximise operational efficiency without compromising safety and quality.

## Further information and training options

### Calderdale Framework

<https://www.health.qld.gov.au/ahwac/html/hpminitaskforce.asp>

### The Uses of Technology to Support Early Childhood Practice: Instruction and Assessment

<http://www.acf.hhs.gov/programs/opre/resource/the-uses-of-technology-to-support-early-childhood-practice-instruction-and-assessment>

### Improving patient flow

[http://www.health.org.uk/sites/health/files/ImprovingPatientFlow\\_fullversion.pdf](http://www.health.org.uk/sites/health/files/ImprovingPatientFlow_fullversion.pdf)

### National Framework for Universal Child and Family Health Services

[https://www.health.gov.au/internet/main/publishing.nsf/Content/AFF3C1C460BA5300CA257BF0001A8D86/\\$File/NFUCFHS.PDF](https://www.health.gov.au/internet/main/publishing.nsf/Content/AFF3C1C460BA5300CA257BF0001A8D86/$File/NFUCFHS.PDF)

### National Framework for Child and Family Health Services-secondary and tertiary services

<http://www.coaghealthcouncil.gov.au/Portals/0/National%20Framework%20for%20Child%20and%20Family%20Health%20Services%20-%20updated.pdf>

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*This paper's content is a synthesis of the referenced literature with consideration of the Child Development Service context prepared by Child Development Subnetwork*