THE BENEFITS OF INNOVATION: A TRIAGE SYSTEM FOR FASD ASSESSMENT INTAKE

Dr Marcel Zimmet
- Catherine Williams (Parent of children with FASD)
- Natalie Phillips (Research Officer, FASD Service)
- Ruth Bunby (Quality Officer, CGU)
- David Sze (Senior Network Data Analyst, CGU)
- Professor Elizabeth Elliott (Head of Service)

**FASD Service Team**
- *Diana Barnett (Occupational Therapist)*
- *Nadishani Fernando (Clinical Psychologist)*
- *Jennifer Hort (Administration Officer)*
- *Amanda Simon (Speech Pathologist)*

- Line Manager: Professor Sue Towns
- Exec Sponsor: Christie Breen, CPD, Priority Populations SCHN
Disclosure

- We have no conflicts of interest, affiliations (financial or otherwise) with a pharmaceutical, medical device or communications organization, and hence have no biases.
**Learning Objectives**

<table>
<thead>
<tr>
<th>Highlight</th>
<th>To highlight the benefits of quality improvement and innovation in clinical FASD practice</th>
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<tbody>
<tr>
<td>Promote</td>
<td>To promote the use of triage systems in the outpatient setting</td>
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<tr>
<td>Identify</td>
<td>To identify novel approaches to address unique challenges of FASD assessment</td>
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Background

- New multidisciplinary FASD Assessment Service est. 2016
- Based in paediatric tertiary teaching hospital in Sydney, New South Wales
  - Australia’s most populous state: ~1.5 million children <15 years of age.
- Only specialised FASD service for the state
- Clinical staff and service model
  - Paed + psych 2 days, OT + SP 1 day
  - No clinical care coordinator
- Remit for education, research, capacity building and advocacy work - local, state and national level
KEY CHALLENGE

Demand for assessment increased steadily over the 1st year:

→ 6 to 12 month wait time from referral to first appointment
A quality improvement project was undertaken to improve patient access and engagement - using the existing clinical team.
Aims

- To **triage** all new patients within 1 month of receiving their referral
- To **reduce the average wait time** from:
  - Referral to first consultation
  - Referral to multidisciplinary assessment
- To **engage parents in project** and **improve communication with parents** from referral onwards
- To **streamline information gathering processes** and **improve staff interactions**

Innovations

- Triage system to prioritise patients
- Regular intake meetings
- Intake Consultations
- Optimise Telehealth usage
- Rotating intake officer
Project timeline

- **July-Nov 2017**: Comparison & baseline period
- **Dec 2017**: Pilot period: Key innovations trialled
- **Jan-May 2018**: Project period: Key innovations deployed
Intake and assessment service model

Pre-existing

- Referral received
- Referral reviewed by paediatrician
- Letter/email to family/referrer
- Extra info. requested (e.g. re PAE)
- Multidisc. Team Assessment
Intake and assessment service model

Redesigned service model

Referral received

Team Intake & Triage meeting (fortnightly)

Letter/email to family/referrer

Intake Consultation

Multidisc. Team Assessment
Triage System

Addresses unique aspects of FASD assessment, prioritising:

1. Psychosocial risk and prevention opportunities → esp. children living with their birth mother
2. Age (<2yo or 16-18yo)
3. Clarity of prenatal alcohol exposure in referral information
4. Other psychosocial risk factors (e.g. acute mental health issues)
Triage Level 1

- Birthmother (in care of)
- Child in OOHC
  - >16yo or <2yo
  - 2 – 16 yo
  - PAE + Microcephaly
  - PAE + In Crisis No paed/MH support.
Child in OOHC

- >16y or <2yo
  - PAE -
  - PAE +
    - Including as reported by (and in the care) of birthfather

- 2-16 yo
  - PAE-
    - All 3 SFF (dx by ref. paed)
    - or
    - Microcephaly
  - Sibling of child diagnosed w FASD
  - PAE – and In Crisis
    - No paed/MH support.

Triage Level 2
Triage Level 3

- Child in OOHC
- Does not fulfil other triage criteria

Triage Level 3
Intake Consultation

- Facilitates face-to-face patient engagement
- Explanation of our diagnostic process
- Information gathering about prenatal alcohol exposure
- Facial photos/analysis
- Growth check & physical FASD features screening
- Planning of multidisciplinary assessment
- Telehealth or phone consultations used for rural families
RESULTS
Parent feedback

It was 12 months wait until the 1st consultation...the long wait period delayed access to early intervention...

“Waiting times from initial engagement to first appointment have become shorter”

“J’s 1st appointment was a massive day...we were not necessarily prepared for so many assessments”

“Instead of having one big day, having it split between smaller consultations feels there is more consistent progress as we feel more involved in the process”
Achievements – Triage + Intake Consultation

New triage system

All new patients were triaged within 1 month of referral.

Decreased wait time to 1st appointment

In all Triage categories
1ST APPOINTMENT - WAIT TIME CHANGE

MONTHS

<table>
<thead>
<tr>
<th>TRIAGE 1</th>
<th>TRIAGE 2</th>
<th>TRIAGE 3</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1.2</td>
<td>5.1</td>
</tr>
<tr>
<td>-3.9</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>7.6</td>
<td>7.9</td>
<td>9.5</td>
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Target | New | Previous | Difference

-3.9 | 3    | 4.9     | 7.6
-2.7 | 6    | 7.9     | 9.5
-1.6 | -3.9 | -2.7    | -1.6
Achievements – MDT assessments

Better use of MDT assessment
Decreased proportion of patients required or qualified for full team evaluation (40-67%)

Decreased wait time for MDT assessment
54% of new patients (Triage I and II)
Outcome after Intake Consultation

- **T1**: 33% Full Ax, 0% PAE unclear, 7% No extra Ax. Approp., 67% No extra Ax. Req.
- **T2**: 25% Full Ax, 17% PAE unclear, 17% No extra Ax. Approp., 40% No extra Ax. Req.
- **T3**: 13% Full Ax, 17% PAE unclear, 13% No extra Ax. Approp., 40% No extra Ax. Req.
FULL MULTIDISC. ASSESSMENT - WAIT TIME CHANGE

- Target
- New
- Previous
- Difference

MONTHS

TRIAGE 1
3.2
3

TRIAGE 2
5.1
6

TRIAGE 3
7.1
7.6
12

Target
New
Previous
Difference
Achievements
Service delivery: Quantity & Quality

60% increase in new patients seen

- Same clinical resources
- Same rate of monthly new referrals
- Quality of care & communication enhanced
- Increased Telehealth
Key challenge is sustainability:
- Waiting times trending up in recent months
- ‘Downstream’ challenges for paediatrician and administration work load
- Greater volume requires better case planning and coordination
- Ongoing limitations in staffing
## CONCLUSIONS

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Stratify</td>
<td>Stratify our waitlist</td>
</tr>
<tr>
<td>Improve</td>
<td>Improve access to FASD assessment</td>
</tr>
<tr>
<td>Decrease</td>
<td>Decrease waiting times until first appointment and full multidisciplinary assessment</td>
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THANK YOU
% TRIAGE 1/2/3

- **Triage 1**
  - Pre: 40%
  - Trial: 38%
  - Post: 18%

- **Triage 2**
  - Pre: 30%
  - Trial: 50%
  - Post: 36%

- **Triage 3**
  - Pre: 30%
  - Trial: 13%
  - Post: 45%
ALL (triage 1, 2, 3)
Wait time until 1st appointment

Project implementation

Days

July | August | September | October | November | December | January | February | March | April | May

Av Waittime (Days)
Linear (Av Waittime (Days))
Number of new patients (per period)

Similar number of referrals for 2nd half 2017 vs 1st half 2018 (n=34, n=32)
Essentially the same number of referrals for 2\textsuperscript{nd} half 2017 vs 1\textsuperscript{st} half 2018 (n=34, n=32)
Quality Improvement methodology:

- Driver Diagrams and Team Planning
- SMART Aim Formulation
- Plan Do Study Act (PDSA) Cycles
Opportunities

- **More staff** – social worker/clinic coordinator, extra admin. support
- **Build capacity** - trainees, other clinics
- **Tracking parent & staff satisfaction** - ongoing feedback loop
- **More Telehealth** – for rural/remote engagement
Conclusions: Parent feedback

“the endless hard work and effort they put into their thorough assessment process....is amazing”

“We are forever grateful to The FASD Clinic...I don’t only speak for myself but many other carers and parents”
Birthmother (in care of)

Child in OOHC

>16yo or <2yo

PAE +

Microcephaly

2 - 16yo

PAE +

In Crisis

No paed/MH support.

Triage Level 1

Intake
Consultation
Paed
Explain service
Clarify PAE
Facial Ax+growth

1 month

3 months

Full team assessment
Paed + SP/OT/PSY

Paed +/- Psy