




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



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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

Highlight

To highlight the benefits of quality improvement and innovation in clinical FASD practice

Promote

To promote the use of triage systems in the outpatient setting

Identify

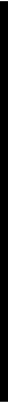
To identify novel approaches to address unique challenges of FASD assessment

Background

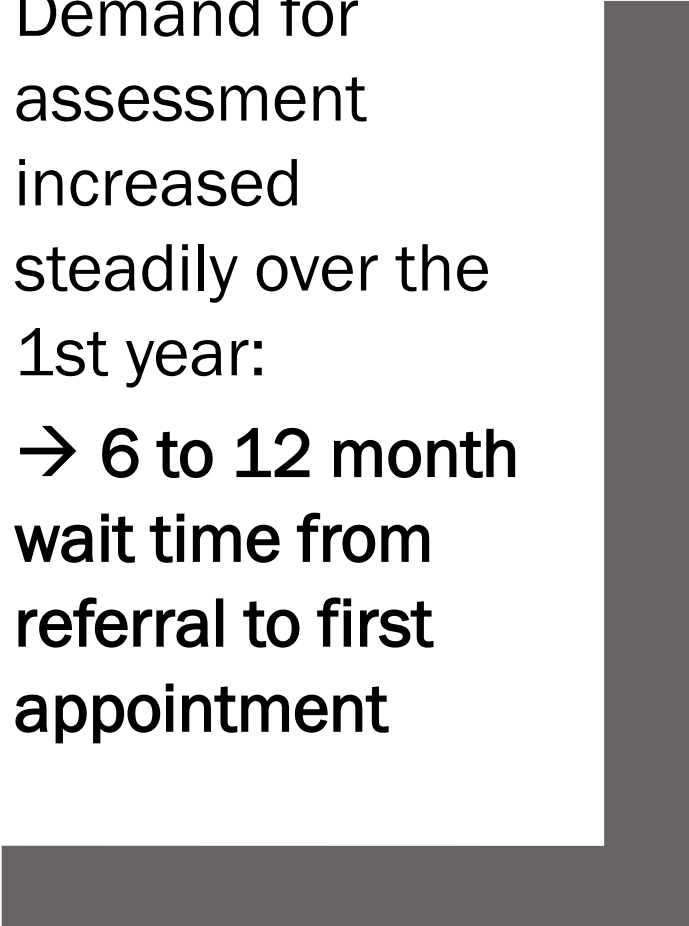
- New multidisciplinary FASD Assessment Service est. 2016
- Based in paediatric tertiary teaching hospital in Sydney, New South Wales
 - Australia's most populous state: ~1.5 million children <15 years of age.
- Only specialised FASD service for the state
- Clinical staff and service model
 - Paed + 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**





ACTION PLAN

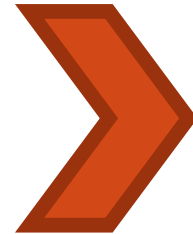


A quality improvement project was undertaken to improve patient access and engagement - using the existing clinical team



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

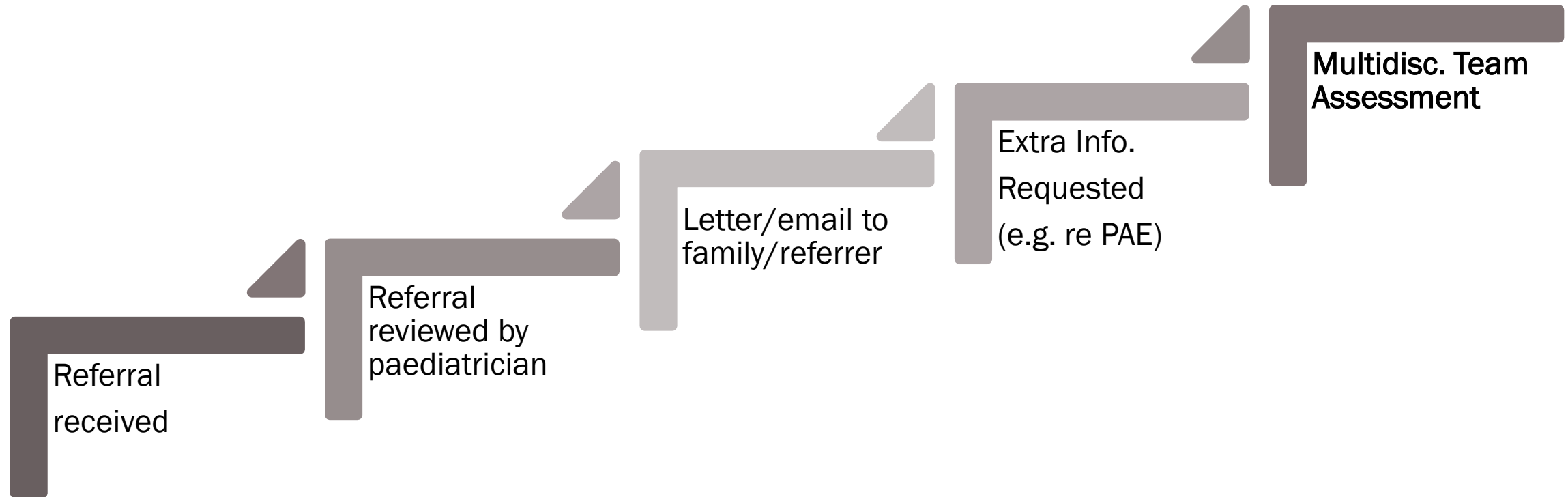
Rotating intake officer

Project timeline



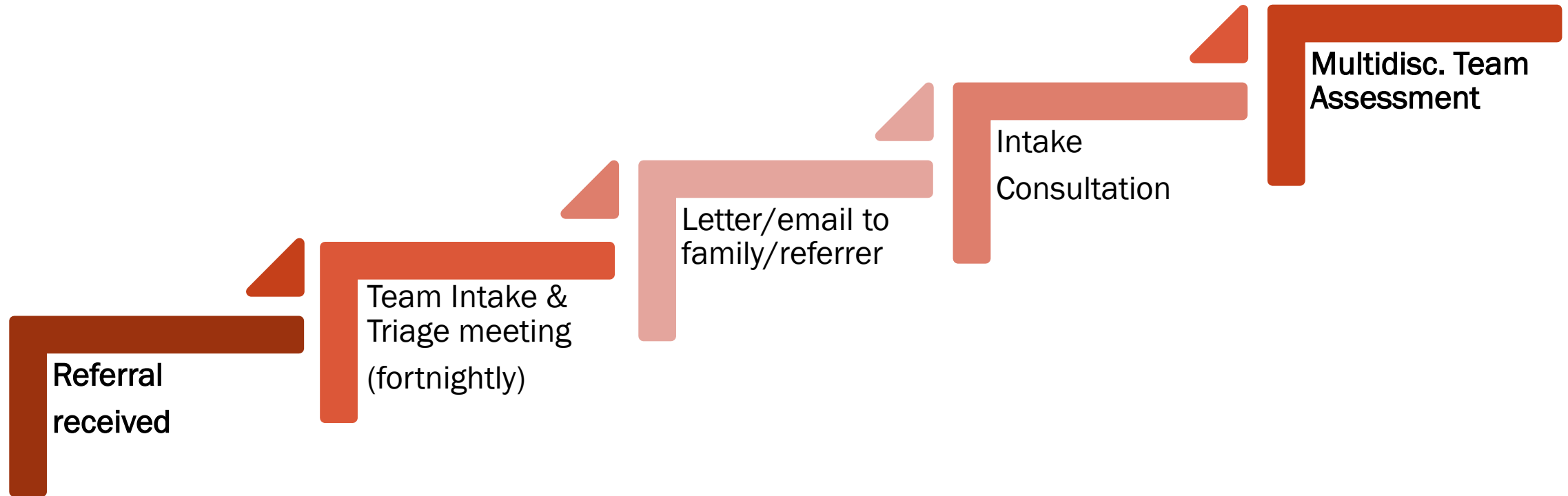
Intake and assessment service model

Pre-existing



Intake and assessment service model

Redesigned service model

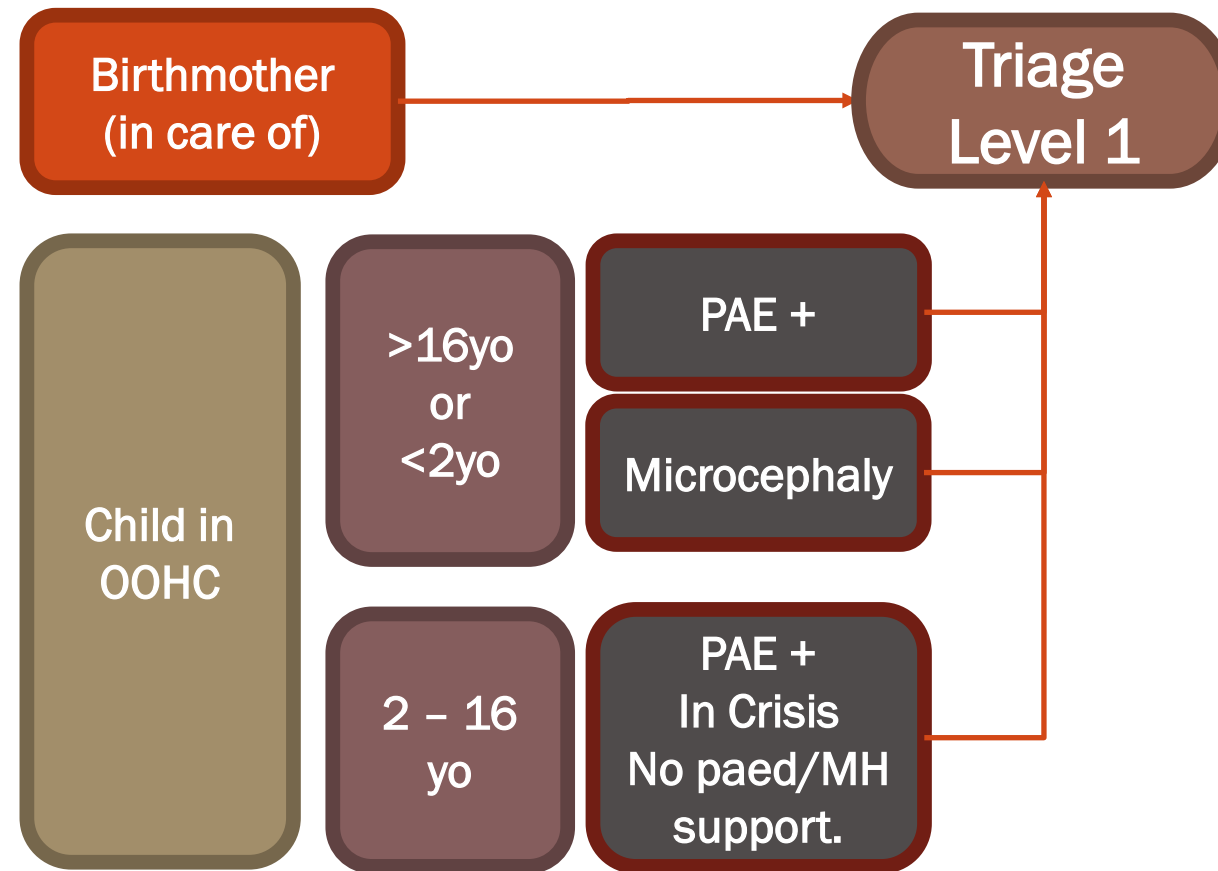


Triage System

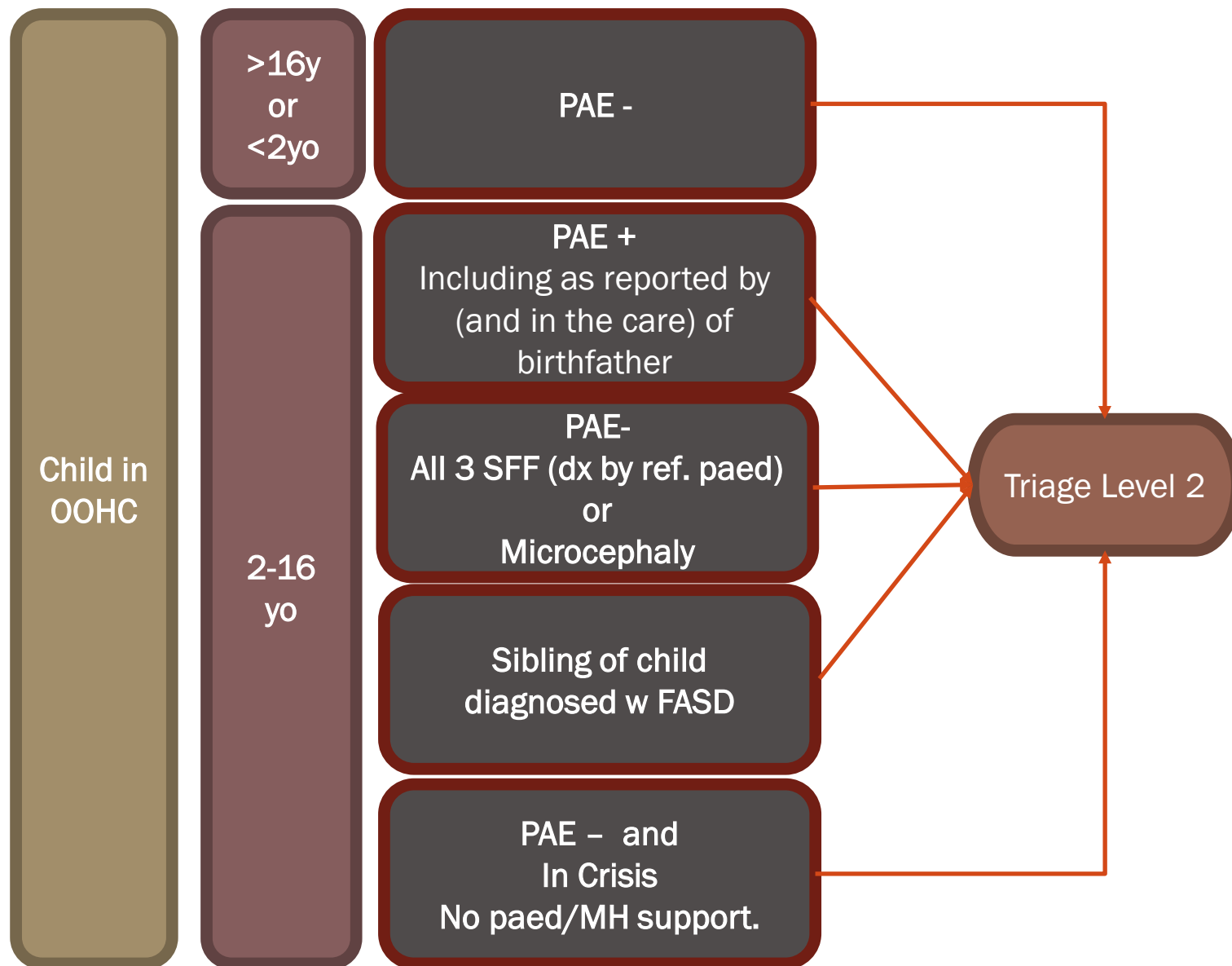
Addresses unique aspects of FASD assessment, prioritising:

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)**

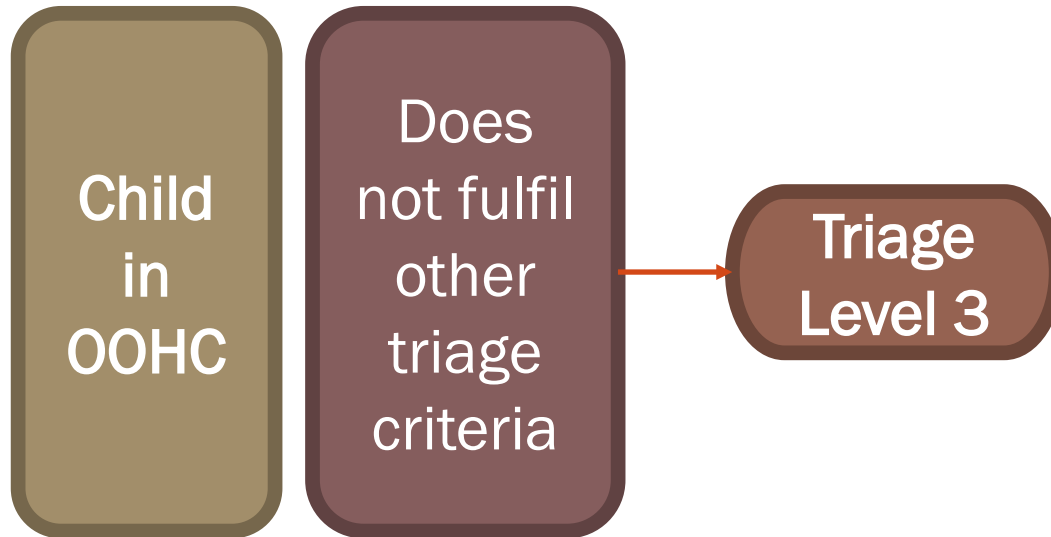
Triage Level 1



Triage Level 2



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...”



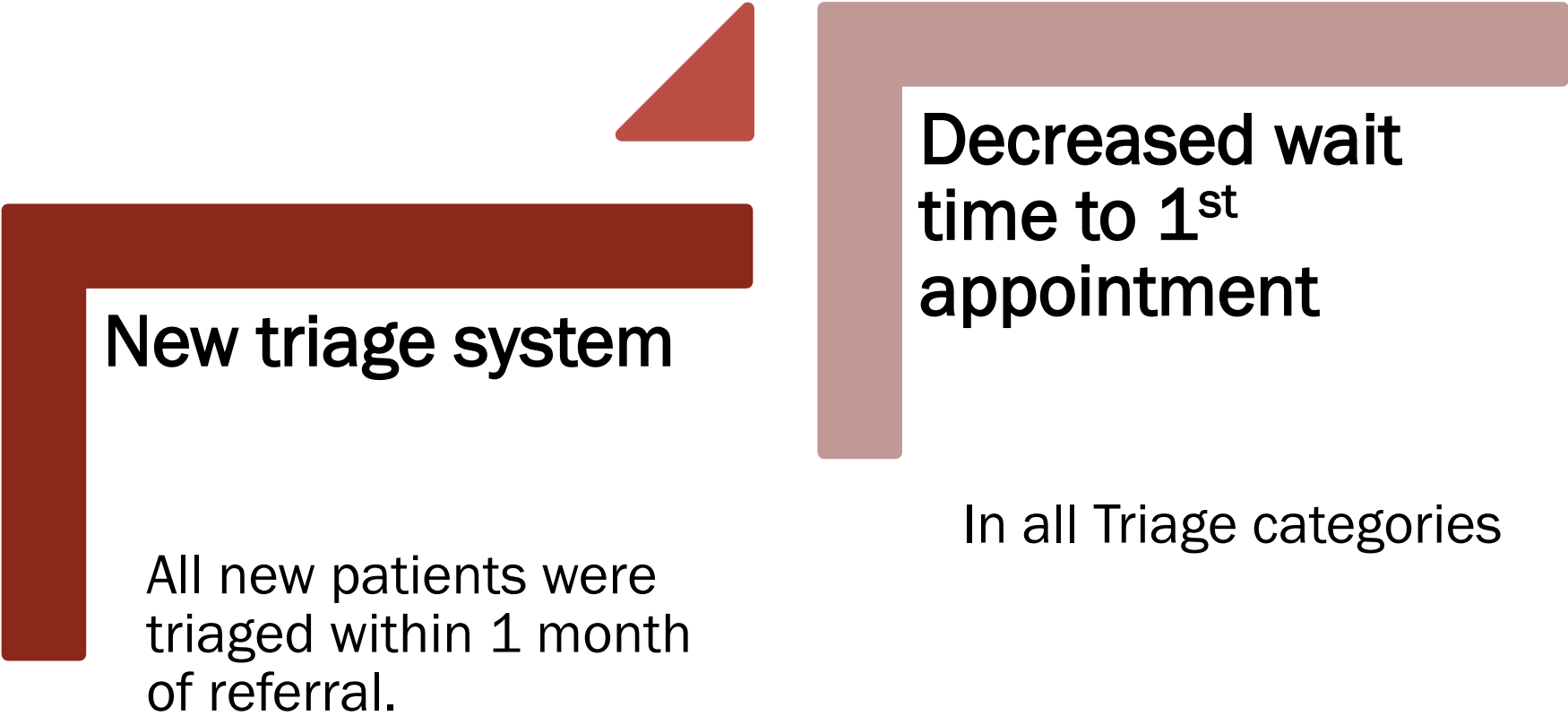
“Waiting times from initial engagement to first appointment have become shorter”

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



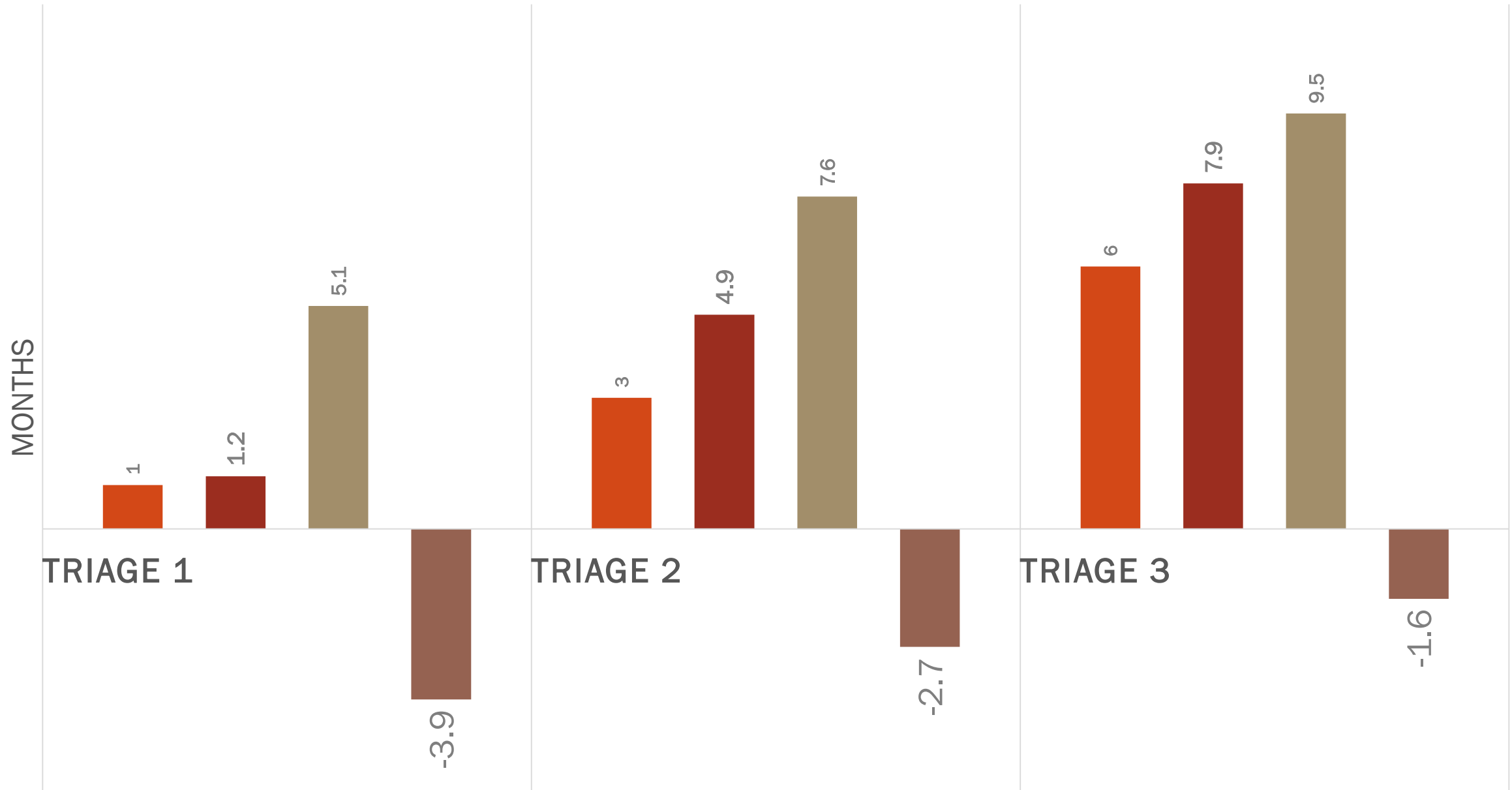
“Instead of having one big day, having it split between smaller consultations feels there is more consistent progress as we feel more involved in the process”

Achievements – Triage + Intake Consultation



1ST APPOINTMENT - WAIT TIME CHANGE

Target New Previous Difference



Achievements – MDT assessments



Better use of MDT assessment

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

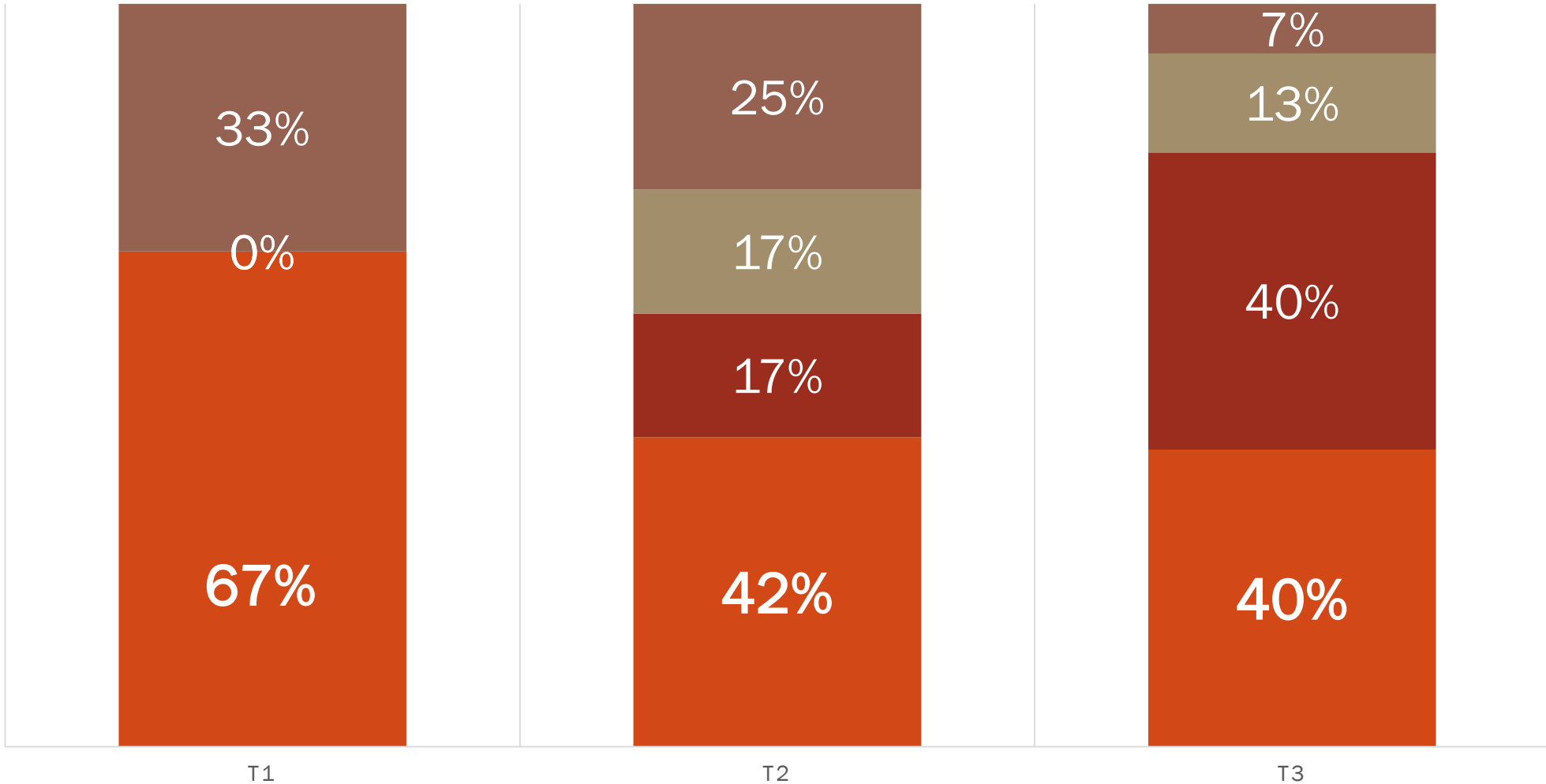


Decreased wait time for MDT assessment

54% of new patients
(Triage I and II)

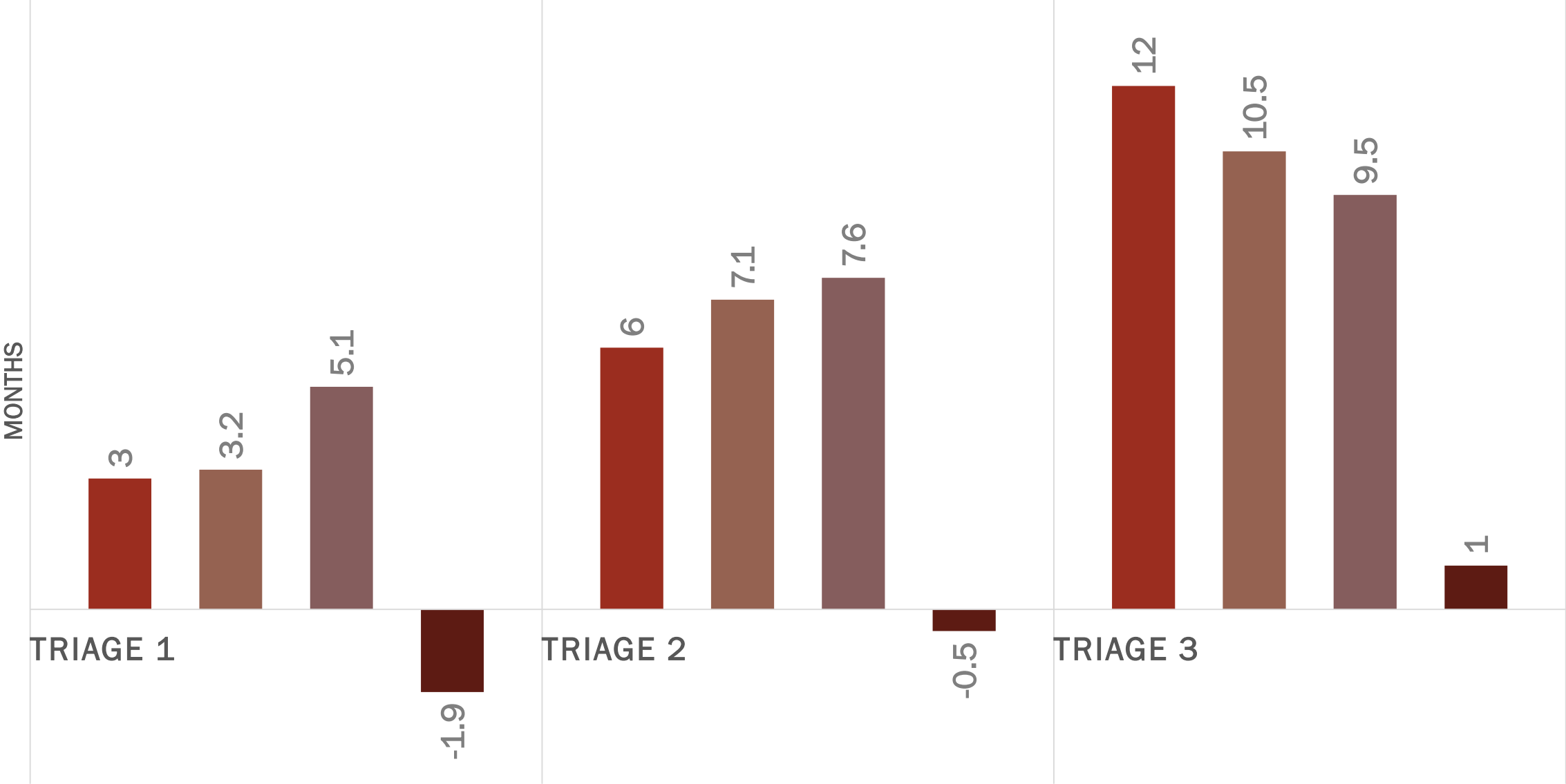
Outcome after Intake Consultation

■ Full Ax ■ PAE unclear ■ No extra Ax. Approp. ■ No extra Ax. Req.



FULL MULTIDISC. ASSESSMENT - WAIT TIME CHANGE

■ 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

Challenges & Sustainability

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

	Use of a novel triage system and Intake Consultation has helped to:
Stratify	Stratify our waitlist
Improve	Improve access to FASD assessment
Decrease	Decrease waiting times until first appointment and full multidisciplinary assessment

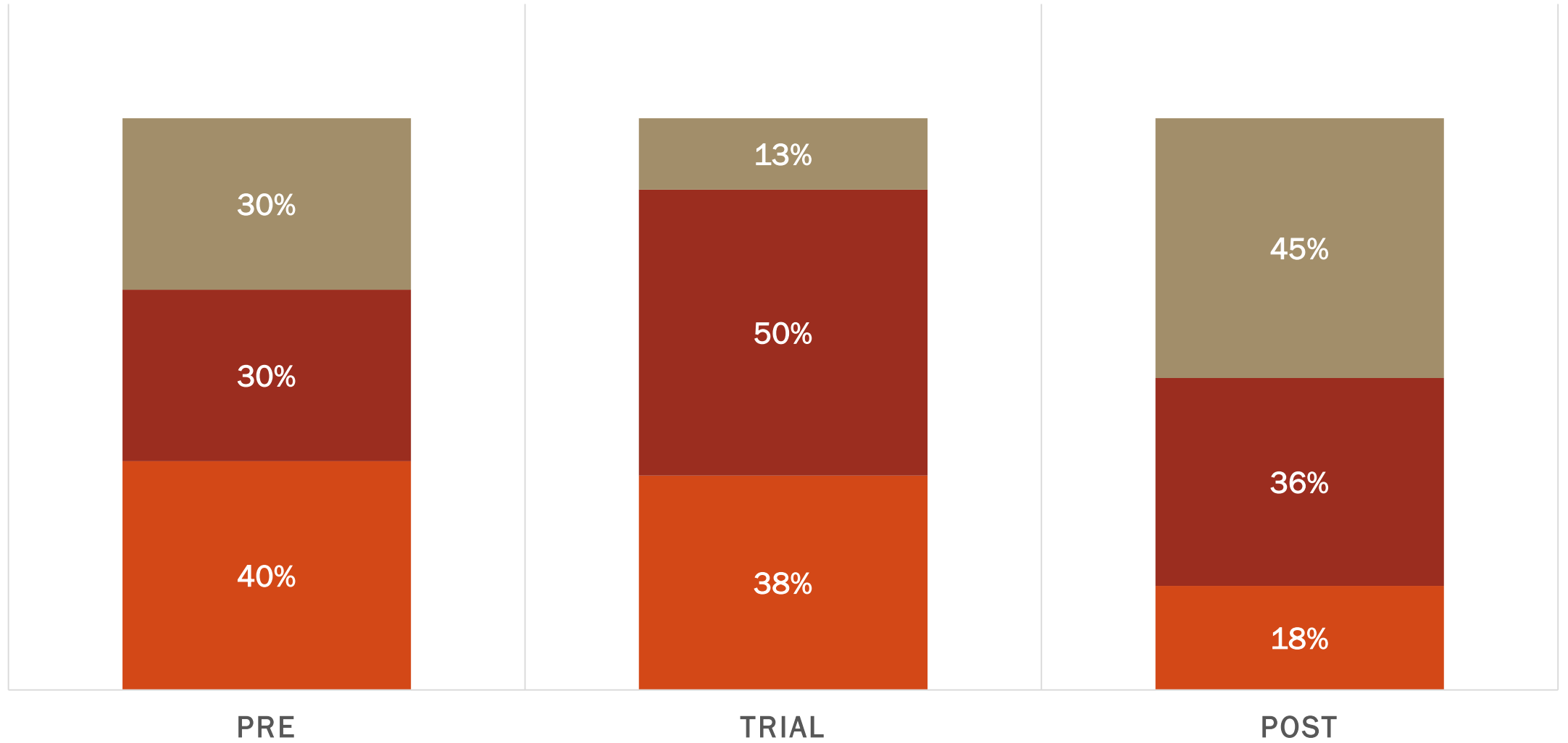


THANK YOU

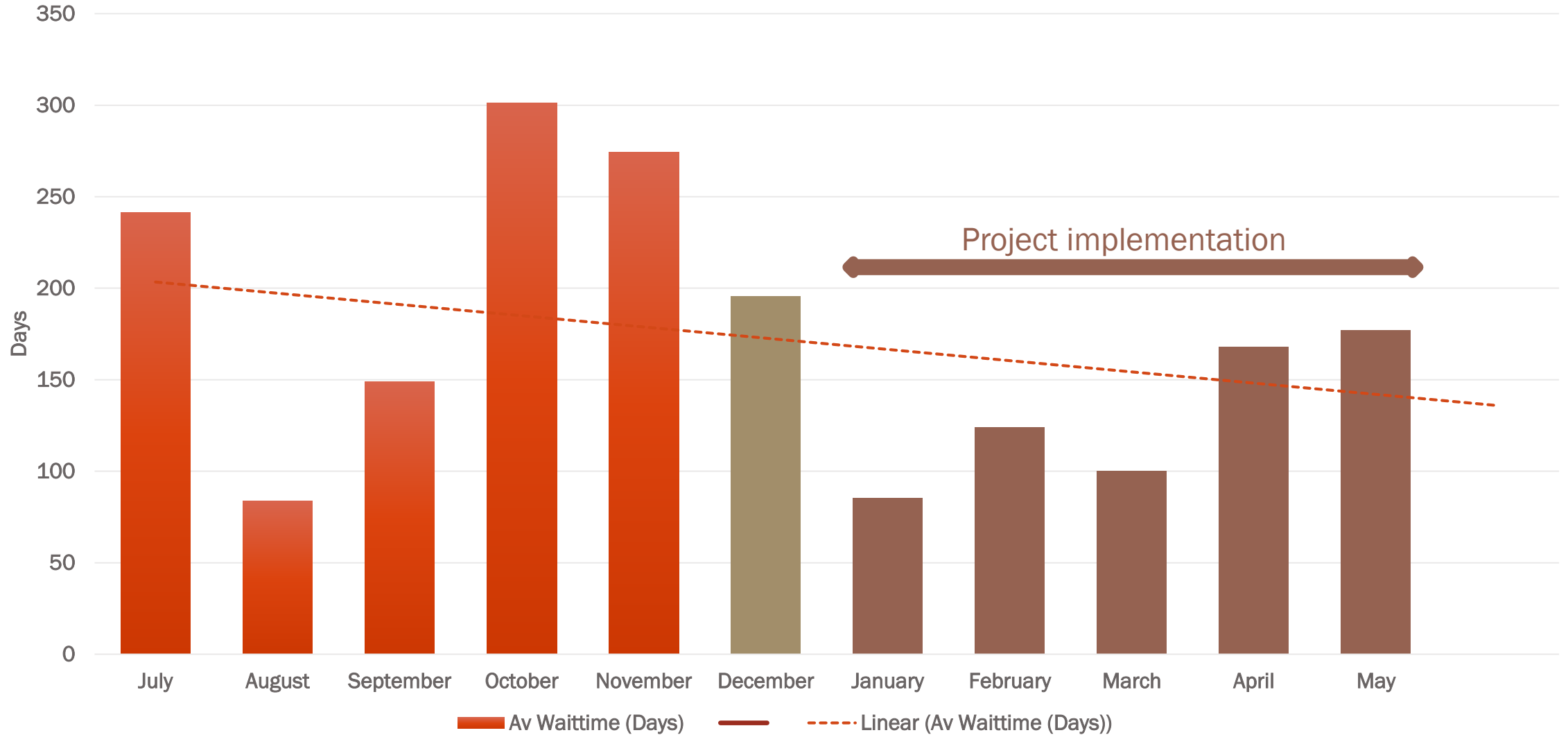


% TRIAGE 1/2/3

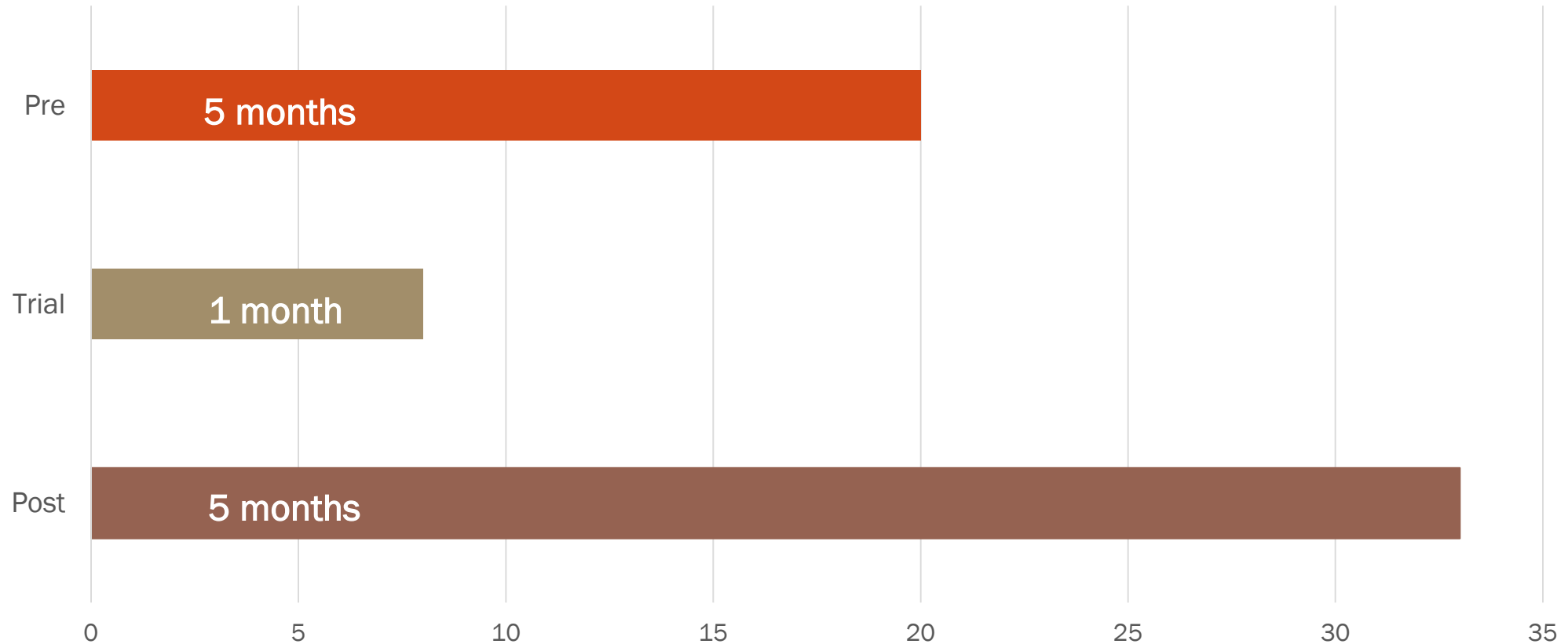
■ Triage 1 ■ Triage 2 ■ Triage 3



ALL (triage 1, 2, 3) Wait time until 1st appointment

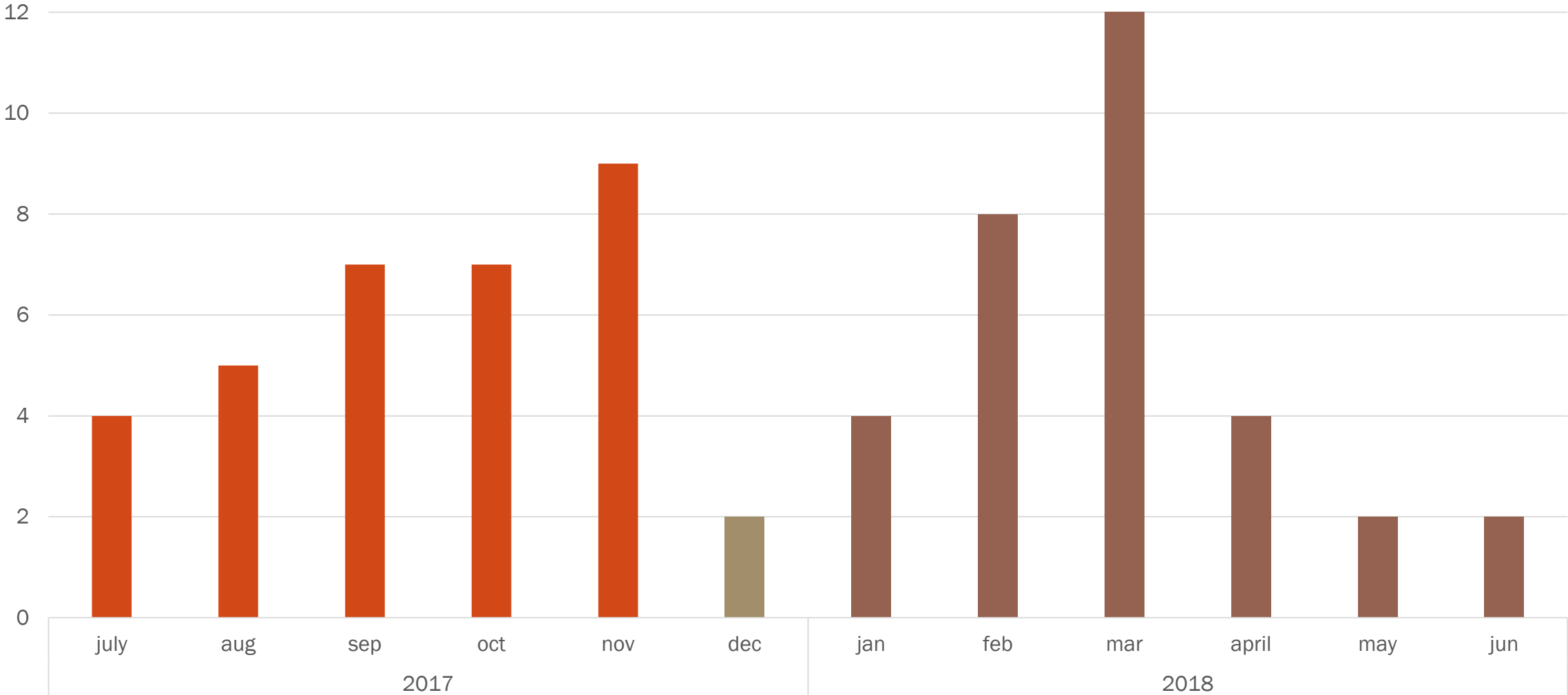


Number of new patients (per period)



Similar number of referrals for 2nd half 2017 vs 1st half 2018 (n=34, n=32)

Number of referrals per month



Pre-implementation

Trial

Post-implementation

Essentially the same number of referrals for 2nd half 2017 vs 1st 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”

Triage Level 1

