

---

# Early and Quick: Improving Access and Quality of Care for Developmental and Behavioural Paediatrics

Initiative Type

Model of Care

Status

Plan

Added

15 March 2018

Last updated

12 October 2020

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/early-quick>

## Summary

This model introduces a number of health professionals into the current Developmental and Behavioural Paediatrics Pathway of Care to aid the paediatrician in the diagnosis, and ongoing management of patients. Valuable expertise will be provided by an Intake Child Psychologist (ICP),

---

Developmental General Practitioner with Special interest's GPwSI (D GPwSI) and Developmental Case Manager (DCM) in the patient journey. **Referral & Triage Phase** Rather than have a new GP referral passed into the general paediatric triage system, the referral is "picked up" & actioned by an ICP. The ICP will:

- contact the parents and conduct a phone interview using a standardised history taking tool
- request further information from collateral sources
- monitor receipt of information and 'chase' further information as necessary
- organise/conduct further assessments if needed
- triage the patient to a more appropriate service at any point in this initial phase after discussion with the patients' GP as necessary
- suggest as necessary the commencement of a management plan and early intervention therapy supported by Medicare or NDIS
- collate all the above into a coherent formulation/summary

**Assessment Phase** In this phase multiple health practitioners will engage with the child and their family. Activities in this phase include:

- ICP providing a coherent formulation/summary &/or consulting jointly with a Developmental General Practitioner with a Special Interest (D GPwSI) at the first appointment
- D GPwSI and ICP initiate or continue the intervention plan, if already in place as a result of triage phase.
  - If the D GPwSI is unable to make a diagnosis the child is seen by a developmental paediatrician as a secondary consultation on the same day
- Support is provided by a paediatric pharmacist who can dispense psychotropic or other medication as required, and can be involved in the initial discussion and education phase with parents

**Management Phase** If the management plan is unclear, complex or difficult, a case conference or direct review is scheduled with the developmental paediatrician and the patients GP. This phase is facilitated by a Developmental Case Manager (DCM) who:

- Facilitates rapid referral to the NDIS.
- Provides ongoing case management and health/disability system navigation for the patient and their families by monitoring progress of the management plan through liaison with parents and other involved care providers including schools, allied health and other non-government organisations e.g. Headspace, Kalwun Health Services.
- Consults (when there is deviation from the expected trajectory) with the D GPwSI +/-the ICP +/-the developmental paediatrician to modify management accordingly.
  - This may include additional face-to-face or telehealth consultations with any member of the team, or advocacy to other agencies including the NDIS.
- Works with the patient's regular GP to provide long term management with a view to discharge from the clinic
- Ongoing medication monitoring and management, including parent and GP liaison will be provided by the paediatric pharmacist

---

## Key dates

Jan 2018

Jun 2019

## Implementation sites

Gold Coast University Hospital

## Partnerships

Healthcare Improvement Unit

## Key Contacts

Dr Doug Shelton

1027

[paul.blee.hiu](mailto:paul.blee.hiu)

Director, Community Child Health

Gold Coast Hospital and Health Service

(07) 5687 3513

Doug.Shelton@health.qld.gov.au

## Aim

---

---

To implement a new, innovative service delivery model integrating the Gold Coast University Hospital (GCUH) Paediatric Developmental Outpatient Service with psychology, general practice, child health nursing, pharmacy and other allied health disciplines.

## Benefits

The potential benefits of this model of care include:

- Families reporting
  - Better mental health
  - Decreased family stress
  - Improved health and educational outcomes for their children
  - Earlier access to National Disability Insurance Scheme (NDIS)
  - Increased levels of satisfaction with service quality
- Children being triaged to appropriate services sooner with waiting lists being actively managed by the team
- Specialist paediatrician time being used more effectively and efficiently with the paediatrician no longer being the sole provider of care but part of an integrated team
- Developmental paediatrician visits organised via secondary consultation according to need, thus demand for paediatrician assessment, is balanced

## Background

All paediatric outpatient services in Queensland have long waiting lists for children with developmental conditions. Many developmental conditions are chronic and require long term follow up. Poorly managed developmental conditions result in increased hospital usage for mental health, emergency department, outpatient and inpatient attendances. The current standard model of care is provided almost exclusively by developmental paediatricians, for all three phases of the patient journey (i.e., referral and triage, assessment; and management) leading to delays in diagnosis and care.

## Solutions Implemented

New model roles were established:

- Intake child psychologist
- Administrative Officer
- GP with Special interest in child development
- Paediatric Pharmacist

- 
- Development Case Manager

## **Evaluation and Results**

- Children were seen early and quick
- More efficient and effective service
- It provided better outcomes for patients and families
- There was a higher rate of throughput and discharge
- The project was portable and scalable
- There was better GP collaboration and partnership than before the project

PDF saved 22/12/2024