
eCDS: Virtual Child Development Services

Initiative Type

Model of Care

Status

Deliver

Added

11 December 2020

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<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/ecds-virtual-child-development-services>

Summary

eCDS (virtual Child Development Services) provides integrated, specialist child development services using an inter-professional telehealth model of care to service rural and remote communities while simultaneously supporting capability in health centres where access to specialist care is limited. This project is a partnership between Queensland Child and Youth Clinical Network

(QCYCN), CHQ, and hospital and health services throughout the Queensland (South West HHS, North West HHS, Torres and Cape). The eCDS team consists of a developmental paediatrician, social worker and psychologist - specialists that are often difficult to access locally. In partnership with local clinicians, the e-CDS team aims to empower families to ask questions, make informed choices and set appropriate goals to support the best-possible developmental outcomes for their children. After an initial appointment, one mother said: 'I feel like a breath of fresh air has come over me... to hear from a professional what I was thinking.' As well as improving patient outcomes, rural and remote health services are also benefiting from the program.

Key dates

Oct 2019

May 2020

Implementation sites

South West Hospital and Health Service • North West Hospital and Health Service • Child Development Service, CHQ (throughout COVID) • Negotiations with Torres and Cape

Partnerships

Queensland Child and Youth Clinical Network, Clinical Excellence Queensland Child Development Program, Child and Youth Community Health Service, CHQ South West Hospital and Health Service North West Hospital and Health Service

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Aim

Provision of integrated specialist child development diagnostic services through virtual service delivery to rural and remote communities with the goal of providing equality and access to tertiary level Child Development Service (CDS) closer to home for all children throughout Queensland. A new telehealth program is partnering with families in Queensland's far south west to access specialist-level diagnostic child development services (CDS) closer to home.

Benefits

- Inter-professional Model
- Single point of access for families to address multiple agendas
- Equitable access to specialist child development knowledge

Background

High developmental vulnerability exists throughout Queensland with disproportionate vulnerability occurring within our most rural and remote communities (over 50%). For many of these children, access to tertiary level developmental services is not possible or they are forced to sit on long waitlists to access services long distances from their home and community. Currently 42 000 children sit on outpatient waitlist. eCDS provides equitable access to specialist child development services in an efficient and accessible way within the child and families local community to support integrated care and capability within the health services that are closest to home.

Solutions Implemented

A digital child development service was developed through telehealth and trialled to provide an integrated, inter-professional dynamic assessment and formulation model that was inclusive of systemic therapeutic care in a brief way.

Evaluation and Results

- eCDS is four times cheaper than employing just one specialist locally while still providing access to expertise within the community.
- High engagement with 0% DNA rate
- 93% of families accessing eCDS identify as Aboriginal and Torres Strait Islander
- 83 % of local clinicians identified that eCDS improved professional growth and skills, was rewarding and increased their confidence in supporting children and families with assessment and development
- 72% of children seen through eCDS did not require a specialist level review
- 100% of the clients seen through eCDS were long waits breaches for specialist services across HHSs
- Using a Family Outcome Scale (FOS) eCDS was identified by families as being mostly and extremely helpful as an early intervention service, supporting families to communicate their child's needs and helping their child learn and develop

Lessons Learnt

eCDS was developed with the goal of providing equitable access to specialist child development diagnostics using an interdisciplinary, virtual model of care. There have been many positive outcomes and lessons learnt for ongoing care in outpatient paediatric care across the state, including:

- For most families a virtual service delivery is helpful
- Virtual CDS delivery can be equitably delivered throughout the state regardless of geography
- eCDS has shown significant efficiencies clinically (less demands on specialist services), systemically (reduced outpatient long waitlist), financially (cheaper than transporting families to other HHSs for care, cheaper than employing specialist)
- Virtual CDS delivery can be an effective model to address long waits breaches throughout the state
- eCDS inter-professional model can be a useful model to support staff retention and address staffing gaps in HHSs where recruitment of specialist staff is historically difficult.
- eCDS is a flexible and responsive model that can be used in a number of ways. The model was utilised through the Covid-19 period within the metro region (CHQ) with similar positive outcomes and efficiencies. Sustainability of the model is an area of development. eCDS is an innovation project that was initiated through the Clinical Excellence Queensland's Child and Youth Clinical Network. Due to the statewide focus and the integrated nature of the model across HHSs there are a number of system and financial barriers that need to be clarified before eCDS delivered virtual services can be provided throughout the state in a sustainable way.

References

Bringing specialist child development service to Queensland's rural and remote families, Excellence Matters, 2020. Wood, Stathis, Smith and Krause. (2012). E-CYMHS: and expansion of a child and youth telepsychiatry model in Queensland. *Australasian Psychiatry*. 0 (0), 1-5. Smith, Stathis, Randell, Best, Ryan, Bergwever, Keegan, Fraser, Scuffham and Wootton. (2007). A Cost-minimisation Analysis of a Telepaediatric Mental Health. *Journal of Telemedicine and Telecare*. 13: 3.

Further Reading

Provide any relevant documents, images, graphs, photos or links, so readers have the opportunity to find further information on this topic.

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