

NSW Paediatric Rheumatology Network Implementation of the Model of Care

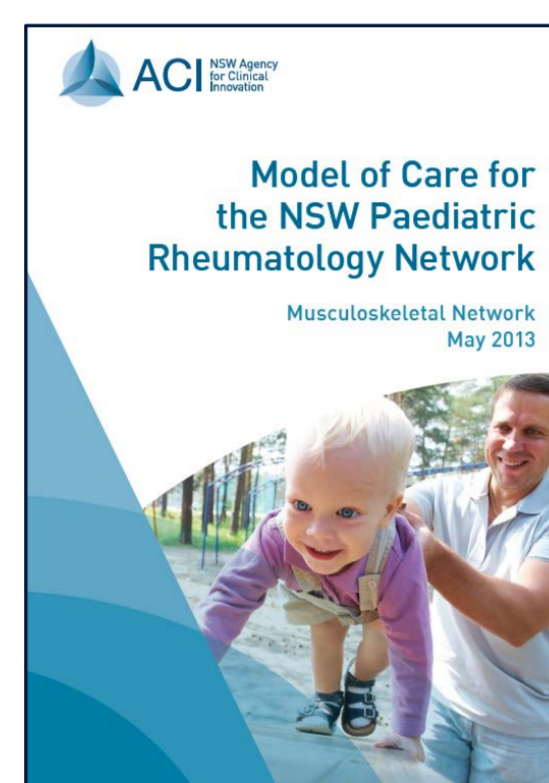
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Background

NSW Paediatric Rheumatology Model of Care, developed by the Agency for Clinical Innovation (ACI) was launched in 2013.

In July of 2015, Sydney Children's Hospital Network (SCHN) and ACI jointly funded a project officer to implement the Model of Care.



Aims

- To improve physical health & well-being of children & young people.
- To improve health education & support services for children & young people and their families
- To establish a culture of quality improvement
- To improve education for health professionals in the recognition and management JIA
- To develop & maintain a sustainable service.

Phase 1 NSW PRN project was guided by a Steering Committee with representation from patients and nongovernmental agencies.

The focus of Phase 1 is patients with juvenile idiopathic arthritis (JIA)

The patient with JIA's journey was mapped and compared to best practice

Methodology

Phase 1 of the project used the clinical redesign methodology. This poster will discuss:

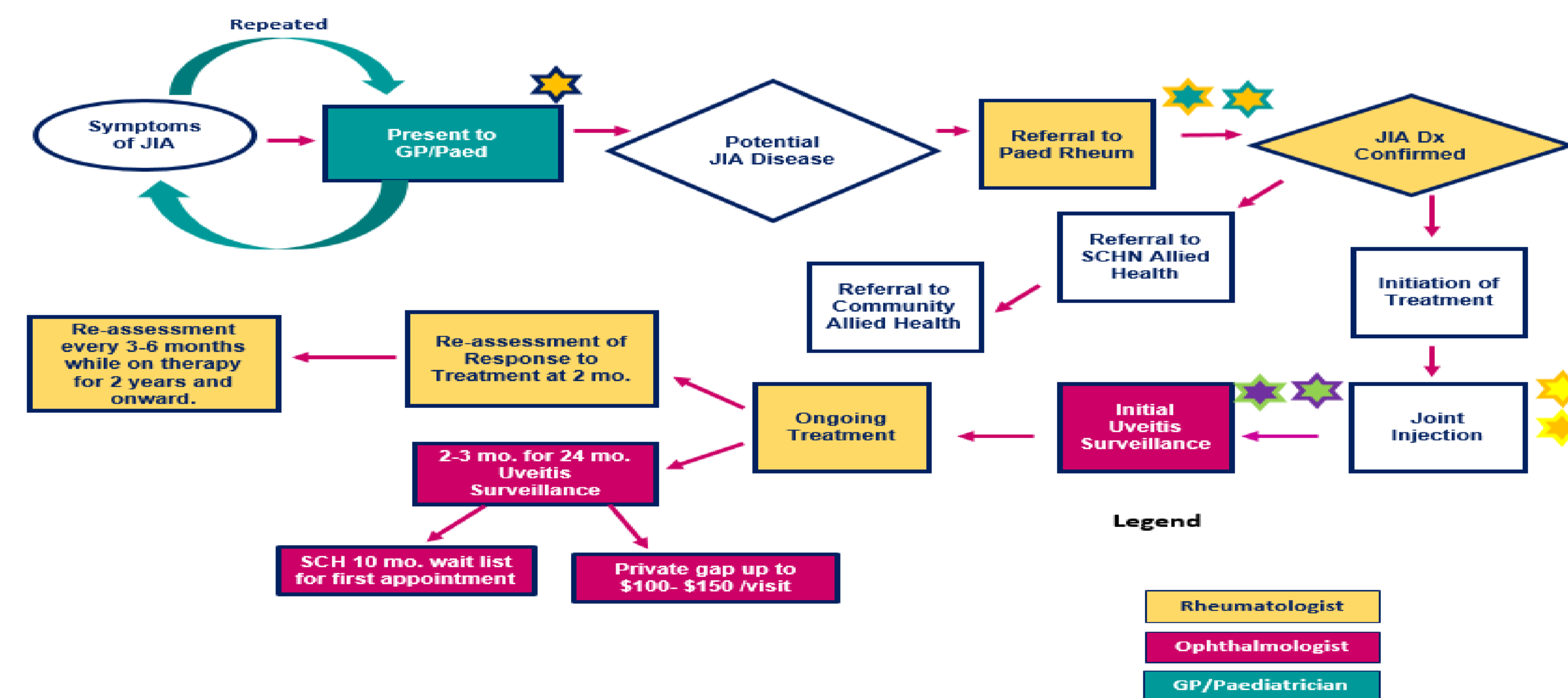
- Diagnostic Phase
- Solution Design
- Implementation Planning and
- Implementation

Diagnostics

Jack's Story

An 11 yr. old boy presents from a regional area of NSW with an 18 month history of pain and a limp. His Mum repeatedly presented to local GPs. Switched GP twice before final referral to SCHN. Prior to this, he was an active boy, played sports all year round. 12 months prior to referral, he stopped playing all sports due to pain. He began missing one to two days of school a week in Year 6. On presentation, he has evidence of arthritis in one ankle, both knees, a wrist and cervical spine. Optimal management includes intra-articular steroids however next available joint injection list appointment slot is in eight weeks

Patient Journey



Patient Journey Timeline

Journey Timeline	Time to Referral ⭐	Time to see Rheumatology Team ⭐	Time to Joint Injections ⭐	Time to Uveitis Surveillance ⭐
CHW	3-12 months	2 weeks	2 mo. - no list	< 4 weeks*
SCH, R	3-12 months	2 weeks	2 mo. - 1 list mo.	10 mo. waiting list*
BSPAR ^{1,2}	< 10 weeks	< 4 weeks		< 6 weeks

1. BSPAR Standards of Care for children and young people with juvenile idiopathic arthritis <http://rheumatology.oxfordjournals.org/content/49/7/1406.full.pdf>
2. Guidelines for Screening for Uveitis in Juvenile Idiopathic Arthritis (JIA) Produced jointly by BSPAR and the RCPOphth 2006. <https://www.bspar.org.uk/DocStore/FileLibrary/PDFs/BSPAR%20Guidelines%20for%20Eye%20Screening%202006.pdf>
*Diagnosis of uveitis - patients seen within 2 weeks

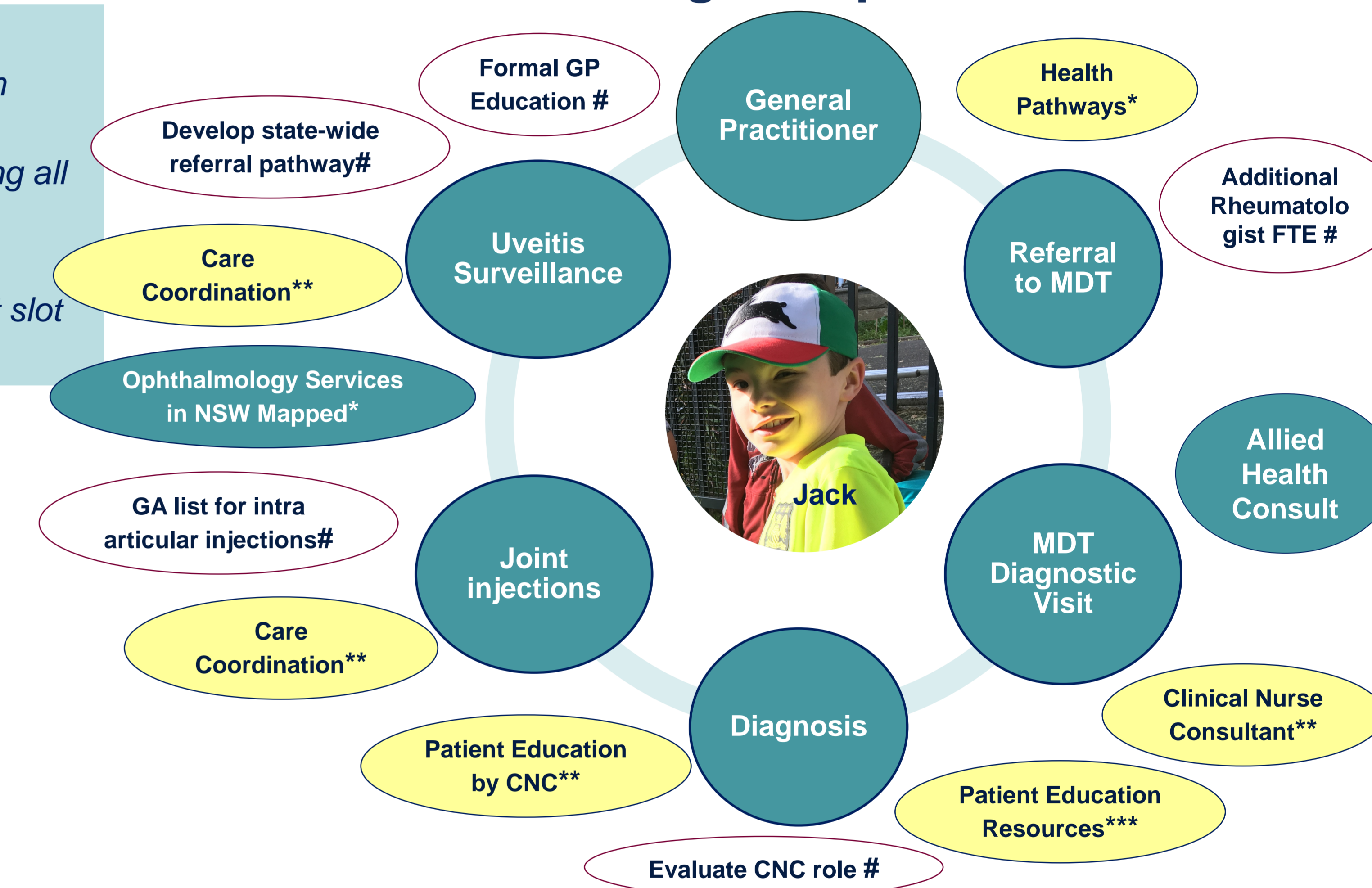
Identified Strengths

- SCHN – once referred, timely appointment to Rheumatology service
- At CHW – timely uveitis surveillance

Identified for Improvements

- Early recognition of illness & referral to rheumatology
- Care coordination/education
- Access to rheumatologist & interdisciplinary care

Solution Design / Implementation



Early Recognition of Illness*

3 HealthPathways created and in the process of being rolled out across NSW

Health Pathway	Live/Signing Off	Localising	No HPs in PHN
JIA	5	3	5
Pain or Swollen Joint	4	4	5
Child with a Limp	5	3	5

Service Enhancement**

- Addition of a CNC to the Paediatric Rheumatology Team

Educational resources developed***

- SCHN Intranet – Patient and Family Resources section developed
- "What is JDM: a resource for patients and families about Juvenile Dermatomyositis"
- Paediatric Rheumatology NSW Website – under development

Next Steps - Phase 2#

- Evaluate the impact of HealthPathway
- Implement & evaluate the impact of the CNC Role –
- Health priorities
 - Uveitis surveillance
 - Greater access to joint injections with nitrous oxide & general anaesthetic
- Development of data collection system to support the development a QI & research

