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Karitane

## Case for change

In the last five years our referrals have increased by 236%. We receive on average 300 referrals per month to be referred to nine services within Karitane. Our average waiting times for clients to be contacted and booked into one of our services is 23 days, and for high risk families entering our residential units is 9 weeks.

One of the most important aspects of a clients encounter at an Inpatient service setting, is how long they have to wait!



74% of clients are Level 2 and 3, who are vulnerable clients identified with psychosocial risk factors<sup>1</sup>.

There is an increase in Level 3 clients (high risk vulnerable clients) while waiting for admission from 5% to 14%. This could be due to ineffective triage or lengthy waiting times for clients resulting in increase in psychosocial risk factors

There is growing evidence that links childhood stress with disruptions to the developing brain, cardiovascular, immune and metabolic regulatory systems<sup>2</sup>.

## Goal:

To streamline the Intake process to improve equitable and timely access for referred families so that the right families are linked to the right Karitane service, by August 2019

## Objectives:

- (1) A decrease in the waiting period for clients from referral received to being contacted from 23 days to 7 days by Aug 2019
- (2) A decrease in the waiting period for clients being triaged and allocated to a service from 35 days to 7 days by Aug 2019
- (3) Decrease the average waiting times of high-risk families referred to the residential units at Karitane from 9 weeks to 6 weeks by Aug 2019.

## Method:

### Data Collection activities included:

- Process Mapping with clinicians and admin (n=12)
- All Karitane Staff survey (n=33)
- Referring Agents Survey (n=57)
- Issue Identification with clinicians and Steering Committee (N=10)
- Time in motion study with clinicians and admin (4hrs)
- Literature Review
- Client interviews (n= 16)
- Root Cause Analysis "5 ways" with clinical staff (n=10)

## Results

ISSUES	SOLUTIONS	RESULTS
<b>Process Delays</b> The current system has duplicating data entries, communication delays, phone tag with clients 	One data platform for all information to be recorded <b>DELAYED</b> PAS Scheduler for booking clients <b>QUICK WIN</b> Text message and email sent to clients upon receipt of referral with information on referral process and support services whilst waiting for admission <b>QUICK WIN</b>	<p><b>Objective 1: ON TRACK</b></p> Further work: To escalate the implementation of eMR
<b>Triage and Prioritisation</b> No processes to effectively prioritise referrals, and information gathered is repeated throughout services. 	Revised Referral Form to include information for triage and prioritisation of clients to access care <b>DELAYED</b> Standardized risk assessment triage tool and guidelines to ensure consistency in triaging referrals to support appropriate timely access to care <b>COMPLETED</b>	<p><b>Objective 2: ON TRACK</b></p> Further work: Health Share platform to be developed for efficient referral form processing
<b>Client Safety</b> The waiting times can impact the clients, and lack of support for clients waiting to be admitted to the residential unit. 	Weekly MDT intake meeting to prioritise referrals for client safety and client flow <b>QUICK WIN</b> Improve information on intake processes/ services for clients on the website Improved communication between Intake and referring agents to support appropriate timely access to care	<p><b>Objective 3: ON TRACK</b></p> Further work: Website to have FAQ's around Intake and admission processes and services.

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## References

1. NSW Department of Health. (2009) NSW Health/Families NSW Supporting Families Early Package – SAFE START Strategic Policy
2. Wood DI, Dobbins M, Earls A, Garner L, McGuinn J, Pascoe. (2012) Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health. Pediatrics. 129(1): 224. DOI: 10.1542/peds.2011-2662
3. Migeul R, McLean-Carranza A, Prado-Prado J, Domínguez-Caamaño P. (2016) Managing Waiting Times to Predict No-shows and Cancellations at a Children's Hospital. JIEM. 2016; 9(5): 1107-1118.

## Diagnostics

### Time in Motion Study

Total administrat on time per referral is **30 mins**. Average clinicians time per referral (Pre-admission Interview) is **40 mins**, which is 50% of daily working hours. Process delays takes up the other 50% of clinician's daily working hours.

54% of Referring Agents were "Unsure to Very Unsatisfied" with communication pathways with Intake

### Staff Survey

Only 16% of staff found Intake very effective

"There is a lengthy process to enter on PAS and Excel which results in a long wait for clients"

"Always playing phone tag and leaving messages and not knowing how the referral is progressing"

### Client Survey

"We were given our date and not sure how we were going to survive"

### Client Survey

I called 21 times and left 5 messages telling them I was interested in the booking



Reputational risk of not providing safe, high quality, person-centred care in accordance with the South Western Sydney Local Health District (SWSLHD) Service Agreement

Organisational KPI's on waiting times and bed occupancy, are to be maintained in accordance with SWSLHD Service Agreement. KPIs on waiting times and bed occupancy are not being met due to Intake process delays, resulting in a potential loss of 50% of expected revenue (equating to \$207,700 per year).

## Sustaining change

Sustaining change will be monitored by the following ways:

- Data collection of waiting times for clients to be contacted and accessing our services will continue to monitor changes.
- Client, staff and referring agent surveys will continue and solutions will be implemented.
- Ensuring Intake staff are compliant with implementing the triage guidelines.

## Conclusion

This project has delivered a Centralised Intake system with effective triage and prioritisation guidelines supporting the process, which will improve equitable and timely access for care. The newly developed Karitane Triage Tool can support other Child and Family Health Nursing services in NSW Local Health Districts to guide the prioritisation and suitability of clients to their programs.

Future development of electronic medical records will further streamline the Intake process which will improve equitable and timely access for referred families, so that the right families are linked to the right Karitane service in a timely manner.