
Child Health Integrated Care (CHIC)

Initiative Type

Model of Care

Status

Deliver

Added

04 July 2018

Last updated

07 September 2020

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/chic>

Summary

The project enables general practitioners with special interests (GPwSI) and advanced allied health practitioners to connect children with suspected, developmental, behavioural and learning difficulties with appropriate "best-fit" services as soon as possible after concerns arise. This is being achieved by providing primary care providers with information about appropriate treatment, care and early intervention pathways, and by centralising the referral, assessment and triage process.

Key dates

Jan 2017

Dec 2018

Implementation sites

Sunshine Coast Hospital and Health Service

Partnerships

Healthcare Improvement Unit, Central Queensland, Wide Bay and Sunshine Coast PHN, GPs

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Aim

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1. Address an increasing service demand through a redesign of referral and triage processes for children with developmental, learning and behavioural issues in the Sunshine Coast Hospital and Health Service (SCHHS).
 2. Establish a more skilled and knowledgeable local General Practitioner (GP) sector concerning child health issues.

Benefits

- Enhance the capabilities of primary care clinicians to manage the care of children with developmental, behavioural and learning difficulties in the community.
- Increase access to services for patients from hard to reach/ high risk groups.
- Streamline referral pathways for various treatment options for children with behavioural, developmental and learning difficulties.
- Support families in accessing appropriate services for their child.

Background

The [Integrated Care Innovation Fund](#) provides financial support to innovative projects that deliver better integration of care, address fragmentation in services and provide high-value healthcare. Funded projects also demonstrate a willingness to embrace and encourage the uptake of new technology alongside the benefits of integrating care and improving communication between health care sectors.

Solutions Implemented

- A central intake model for all referrals for the target group has been implemented.
- Specialised GPSI clinics for developmental screening (as proposed in the model) have proven unviable and have not continued.
- GPSIs have been employed by SCHHS to manage long Cat 3 waitlists
- GP Masterclasses (x 3) have been held and have been well attended and received positive feedback

Evaluation and Results

Formative qualitative and quantitative data has been gathered and indicates progress towards goals:

- Reviews of the intake database demonstrate decreases in intake and triage time.
- Demographic data suggests that referral rates for children in vulnerable areas are high.
- Referrals from GPs have been audited and continue to demonstrate increased awareness of referral requirements
- GP Masterclass events have been well attended and have received positive feedback. Advanced skill GPs have been identified for inclusion on HealthPathways

Lessons Learnt

- Informal and unwritten local business rules that conflict with HHS processes have been very hard to shift
- Professional rivalries between nursing and allied health sectors have impacted on acceptance of the proposed model.
- Triaging for services of which the project team are not directly a part made it difficult to establish strong working relationships.

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