

‘Close the Wait Strategy: a dynamic approach to wait list management’

Kathryn Witt¹, Paula Hennessy²

¹Child Development Program , Children’s Health Queensland, 199 Grey St South Brisbane, 4001, kathryn.witt@health.qld.gov.au

²Child Development Program , Children’s Health Queensland, 199 Grey St South Brisbane, 4001

Background

As part of a major service redesign for the Child Development Program (CDP), pre-existing long wait lists for developmental assessment were identified. These lists impacted on the implementation of a recently endorsed service model. A targeted strategy to deliver extended outpatient clinics was undertaken. This paper documents the learnings from a dynamic, multidisciplinary allied health model.

Method / Results

This integrated, brief intervention model involved medical and allied health staff coming together from different geographical sites to provide afterhours outpatient clinics over a three month period. In an orientation session for staff, clear practice parameters were set and resources provided to support the implementation of the model. 255 clients on long wait lists were provided with a clinical triage via phone. 62 clients were discharged through this clinical triage process.

When further clinical contact was indicated, families were provided with a coordinated initial clinical session to build an understanding of their child’s development and create a plan based on integration of parent, referrer and clinician questions. The management/intervention provided was based around the principles of a ‘single session’ framework. Clinicians were required to approach a client’s care in a trans-disciplinary way. The implementation of a clinical coach role ensured team members were supported on the ground. Feedback was gained through questionnaires at multiple service delivery points and revealed high satisfaction from families and staff.

Discussion

A dynamic, collaborative approach was used to ‘close the wait’. A focus on function and participation underpinned the practice philosophy in addition to empowering families. This approach differed from some clinician’s traditional practice which focussed on assessment and remediation. Key learnings included need for flexible and well coordinated scheduling that matched each child’s identified needs. There was benefit in having a designated coaching role that supported clinicians and facilitated application of model principles.