Optimising the care process for children with developmental problems: A Vinnvård project

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"Arvid"
Before age 5
90% of a child’s brain development happens

90%
Brain development before age 5

10%
Brain development after age 5

Source: Harvard Center for the Developing Child

Building Bright Futures
Vermont’s future starts with today’s children
BOY
Screened positive at
the CHC

Speech
pathologist

Psychologist

Multiple parallel
processes

After 9 months and
9 appointments

NOTHING, yet,
persisting
problems
PARENTAL FRUSTRATION
(Qualitative interviews)

”There has got to be a plan!”

”I called the physio, the dietician, etc, etc (...) there really should be some kind of coordination”

”And then as a consequence of all these pressures I had a complete nervous brakedown”
A Quality by design improvement process

- Current situation
- Goal setting
- Fishbone diagram
- Solution proposals
- Outcome measures
- PDSA – cycles

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Stays in Optimus

Referral → Intake → First visit → Multidisciplinary clinical examinations

Case conference → Preschool observation → Feedback session

Follow-up → Habilitation services → Child psych

PDSA cycles → END
Goals

• Care quality
  – Process finished in 6 weeks
  – Catch children earlier
  – Clear and agreed plan
  – No referrals back

• Patient satisfaction/experience
  – Parents feel safe in and satisfied with the process
  – Team attending to parental needs
  – Clear whom to turn to

• Economy
  – Efficient resource use
  – No unnecessarily visits
## Care quality

<table>
<thead>
<tr>
<th>Nº of Children</th>
<th>Appt per child</th>
<th>Nr of weeks</th>
<th>What happens?</th>
<th>Mean age</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>6</td>
<td>6</td>
<td>60% Habilitation 40% Optimus</td>
<td>3 yrs</td>
</tr>
</tbody>
</table>
## Patient satisfaction & experience N=7

<table>
<thead>
<tr>
<th>Question</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction with the team (1-4)</td>
<td>4</td>
</tr>
<tr>
<td>Was the process clear? (1-4)</td>
<td>3.5</td>
</tr>
<tr>
<td>Did you know whom to turn to during the process? (Yes)</td>
<td>50%</td>
</tr>
<tr>
<td>Were you able to affect the evaluation process? (Yes)</td>
<td>15%</td>
</tr>
<tr>
<td>Received adequate support as a parent (in case of felt need)</td>
<td>75%</td>
</tr>
<tr>
<td>Clear agreed plan (Yes)</td>
<td>60%</td>
</tr>
</tbody>
</table>
Possible problems

• Co-creation – room for improvement!
• More physician time required than otherwise routine – worth it?
• A coordinator/case manager is needed – maintenance?
• 40% of children not possible to ”sort”
• A specified team or a way to work – what is the ’scalable unit’?
Next steps

• Defining the "scalable unit"
• Going to scale in our county
• Trialling Optimus in another county
• Relevant clinical outcomes?
• Follow-up of children staying in Optimus – development, symptom change, adequacy of interventions?
Conclusions

- Reduced period of time for clinical investigations
- Short time from start of investigation to intervention offered
- High parent satisfaction
- Adequate referrals
- Children follow through well
- Team members satisfied
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