General Paediatric OPD Referrals

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Overview- present waiting list 2 years

• Process up to 2017
• Background data, referrals, DNA rates
• New process “active triaging”
• Waiting list management virtual clinic
• Patterns of referral/top reasons
• Can we improve?
Process up to 2017

- Letters received by individual consultants (<10% by healthlink)
- Triaged individually-variance in practice, timing, categories
- 3 categories:
  - urgent,
  - soon,
  - routine
- Over 600 children awaiting OPD appointments by end 2016
- Routine waiting list of over 2 years from time of referral to being seen
- DNA rate high, especially for those long waiters 25%, wasted capacity
Background Data - Demand and Capacity

• Currently the General Paediatric Department receives approximately 1350 new patient OPD referrals per year.
• 4 (2 WTE +2 Temp) Consultant General Paediatricians currently see new OPD referrals
• Approximately 750 new patients can be seen in OPD annually
  • Afternoon clinics, shorter, EWTD,
• This results in a deficit in appointments of approximately 600
• Resulting in an ever increasing OPD wait list for new routine appointments
Attendance Rates at Paediatric Clinics Nov16-Oct17

OPD Developmental & General paediatrics

- NEW developmental
- RETURN developmental
- NEW General
- RETURN General

[Bar chart showing attendance rates for different categories]
What we see

• General and developmental paediatric problems requiring medical assessment or investigation
General Paediatric Catchment area

• Secondary Paediatric Service for children living in catchment of hospital, local kids

• CHO Area 6 and 7 Dublin SE/SW/Kildare/North Wicklow

• Children who are attending a tertiary service (e.g. cardiology, orthopaedic) from outside the catchment should be seen by local paediatric service for general and developmental concerns
The nine Community Healthcare Organisations are outlined below:

**Area 1 - Population 389,048**
Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO.

**Area 2 - Population 445,356**
Galway, Roscommon and Mayo LHOs

**Area 3 - Population 379,327**
Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO

**Area 4 - Population 664,533**
Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO

**Area 5 - Population 497,578**
South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO

**Area 6 - Population 364,464**
Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO

**Area 7 - Population 674,071**
Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO

**Area 8 - Population 592,388**
Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO

**Area 9 - Population 581,486**
Dublin North LHO, Dublin North Central LHO and Dublin North West LHO
Geography of referrals

**Green** pins – Hospitals with dedicated paediatric units

**Red** pins - location of residence of children referred
Temple St

New Hospital-
- What we **may** get Drift/convergence
- We want “Hub and Spoke”
Top 10 reasons for referral - Accenture
(data from Tallaght and Temple St mostly, but similar)

<table>
<thead>
<tr>
<th>Reason</th>
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<tbody>
<tr>
<td>Abdominal Pain</td>
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<tr>
<td>Developmental concerns***</td>
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<tr>
<td>Constipation</td>
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<tr>
<td>Headache</td>
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<tr>
<td>UTI</td>
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<tr>
<td>Failure to Thrive</td>
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<tr>
<td>Asthma/Wheeze/Cough/Hayfever</td>
</tr>
<tr>
<td>Seizure/Faints</td>
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<tr>
<td>Head shape &amp; size concerns</td>
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<tr>
<td>Eczema/skin conditions</td>
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What’s not on the list

• Our 2\textsuperscript{nd} commonest reason for referral “other” 17% of all referrals
• Some odd/rare symptoms or concerns
• Many for parental reassurance
  • Parental expectation to see paediatrician
  • Some nationalities it’s the norm
  • Children who re-present with the same problem, eg headache/abdo pain
  • 2\textsuperscript{nd} opinions
Model of Care New Hospital-Proposed

- **General clinics** will account for the majority of clinics within general paediatrics
- **Rapid access clinics** aim to provide access for patients to a consultant within 2-3 weeks of referral. These clinics will see all **new patients** and aim to see, treat & discharge within a single visit. There is a pilot ongoing in TSCUH and this will help to finalise the model
  - These clinics will be supported by OPD nurses providing **education & support** for families & **community liaison nurses** working with primary and community health care providers
- **Four specialist clinics** have been proposed. Each clinic would require the support of a specialist nurse with competencies. These clinics will also require the support of HSCP disciplines such as dietetics, psychology & play therapy. The clinics will also involve new & innovative models of care such as:
  - Continence / constipation education,
  - Eczema & food allergy
  - Asthma/Wheeze/Cough
  - Failure to thrive/infant feeding issues
- **Constipation**: GP advice via portal or virtual clinics for patients not responding to treatment
- **Failure to thrive**: Initial assessment and treatment by dietician & CNS with follow up visit with paediatrician
New Process—working towards new hospital and satellite centres

- Centralised referrals
- 2 clinic types either “general” or “developmental”
- General OPD and Developmental OPD referrals “pooled”
- Children seen in order by next available consultant
- September 2017 introduced pilot “Active triaging”
  - All referrals pooled
  - Joint triaging by 2 consultants within a week (aim)
  - Triage of Outpatient Referrals Clinic (TORC)
“Active Triaging”

• Consistent approach to categorisation

• Some referrals rejected as out of catchment for general paediatrics

• Some forwarded to more appropriate consultant sooner
eg. OGD request, chest pain
“Active Triaging”

Outcomes

• Investigations ordered in advance of OPD, if appropriate—some OPD appointments not required after investigation (eg Renal US for UTIs) or only one OPD needed

• Increased contact with GP at time of referral to clarify queries - clarify weight/growth, clarify current management eg. constipation, referrals suggested while awaiting OPD eg. Physio, SLT, A.O.N

• Increased contact with family at time of referral: *can change triage information letters sent eg. constipation/headache diary etc
Results-209 referrals reviewed over 8 weeks
Results-Triage category of referrals

Urgent appointments arranged at time of triage

![Pie chart showing urgency categories]

- Routine: 64% (n=85)
- Soon: 26% (n=35)
- Urgent: 10% (n=13)

Total referrals: n=133
Results - Activities at triage

Activities n=104
- Constipation Letter n=6
- Radiology Requested n=19
- Prescription n=1
- Bloods requested n=4
- GP Letter n=31
- GP Phoned n=15
- Parent Letter n=7
- Parent Phoned n=21
Results - Reasons for referral

- Abdo Pain n=12
- Headache n=3
- Constipation n=8
- Asthma/Wheeze/Cough n=3
- Development/Speech n=32
- Syndromes n=3
- Food Allergy n=3
- Eczema/Skin n=0
- Head Shape/Size n=10
- UTI n=14
- Fits/Faints/Funny Turns n=7
- Lymphadenopathy n=3
- Recurrent Infections n=1
- FTT/GORD/Feeding n=12
- Continence/Enuresis n=2
- Short Stature n=1
- Behavioural Concerns n=1
- Sleep Issues n=0
- Fatigue n=2
- Diarrhoea n=7
- Other n=28
Outcome of Pilot
Triaging of Outpatient Referrals Clinic (TORC)

Pre TORC
• Avg new referrals W/L per week = 26
• Avg New Referrals W/L per 4 weeks= 104
• Avg New referrals W/L per 52 weeks =1352
• Avg new OPD apt/ 52 weeks 750
• Deficit 602

Post TORC
• Avg new referrals W/L per week = 16.5
• Avg New Referrals W/L per 4 weeks= 66
• Avg New referrals W/L per 52 weeks =858
• Avg new OPD apt/ 52 weeks = 750
• Deficit = 108

Difference = 496 appointment
Potential reduction in W/L time by 7 months
Virtual Clinics

*Not waiting list verification (Admin staff)*

Long waiters >2 years on routine waiting list

Parent +/- GP phoned

Discussion with parent re concerns

- Ongoing concerns
  - Action plan
- Not contactable

- No longer concerned
  - Discharged (up to 50%)
- Letter to parents to reply within 28 days
Top 10 referrals

What we like in referral from GP  What you can expect us to do
Abdominal Pain

**GP**
- Height and weight please*
- Urine check
- ?refer for bloods* eg coeliac
- Generally don’t recommend PFA.US
- Consider trial constipation management
- Consider H2 blocker/PPI
  - **Bloods in OPD with letter of referral Mon-Fri**

**Paediatrician**
- History and Examination
- Red Flags
  - Weight loss or Deceleration in growth
  - Dysphagia/odynophagia
  - Protracted vomiting/bilious
  - Chronic severe diarrhoea, >3/day x >2 weeks, bloody, nocturnal
  - Associated Fever, back pain, skin rashes, urinary symptoms
  - +FHx of IBD/PUD/Coeliac
  - Aphthous ulcers
  - Perianal abnormalities
  - Hepato-splenomegaly
  - Localised pain

- Constipation management
- Reassurance
Developmental Concerns

GP
- Head circumference*
- Birth details**
- Single concern-refer to local primary care service eg SLT
- Global/multiple concerns advise parents to complete “assessment of need” (AON)
- 1850 241850 hse or AON officer
- Behavioural concerns - CAMHS

Paediatrician
- History, examination
- Developmental assessment
- Appropriate investigations
- Local referral
- Follow up for results/progress/ensure linked
Barriers to accessing services

Referral procedure to the Early Intervention Team, HSE Dublin South West

Before making a referral to the Early Intervention Team (EIT), HSE Dublin South West, and to avoid unnecessary delays in accessing services, please read carefully the following points:

- **The EIT does not currently accept direct referrals from clinicians.** There are currently 3 pathways for a child to be referred to the EIT:
  - Via the Liaison Officer following the completion of an Assessment of Need (AON);
  - Via the Disability Services Case Manager for external referrals (& non-AON);
  - Directly to the EIT via HSE DSW Heads of Discipline, with their sign off.

- Consider whether or not this Early Intervention Team is the most appropriate service to meet the child’s needs. A specialist Early Intervention Team within other Disability services covering the Dublin South West area could be more suitable to meet the child’s needs:
  - Enable Ireland;
  - Cheeverstown;
  - Menni, St John of God;
  - Lucena;
  - Beechpark.

- The child must:
  - present with **complex developmental needs which would be best met by this Disability Team**;
  - be under **4 years 11 months** old at time of referral. If over the age range, a referral to the HSE School Age Team should be considered;
  - live in or be in the care of the HSE Dublin South West catchment area;
  - not be accessing clinical services from another Disability Team (see above).
Constipation

**GP**
- Lactulose, Movicol
- Consider
  - coeliac screen/FBC/Ferritin/TFTs

**Paediatrician**
- What's been tried?
- Feeding history-delayed weaning/still drinking bottles
- Growth, examination-spine, reflexes, perianal area
- More Movicol +/- disimpaction
- Adequate fluids
- Bowel training “gastro-colic reflex”
- Consider bloods if not already done
- We don’t x-ray/do US
- Reassurance
Headache

GP

• Check for Red Flag symptoms
  • Worsening recent progressive headache, or changing
  • Nausea/vomiting
  • Night/early morning symptoms
  • Any focal neurology/visual

• Height, weight, head circumference please

Paediatrician

• History red flags
• Assess Growth, school
• Examination+BP/Fundoscopy
• Headache Diary
• Identify triggers—sleep/screens/adequate fluids/skipping breakfast
• Simple analgesia-only if needed
• Imaging only if abnormal neurological examination
• Reassure—migraine, tension,
UTI/Urinary symptoms

GP

- Urine dipstix positive, please send to lab if possible.
- Start antibiotic if leucocyte esterase and nitrite positive
- Infants under 1 year- ED referral
- Repeated UTIs-Request an Ultrasound-available by posting or faxing in referral to Xray

Paediatrician

- History; toilet training, boys urine stream
- Confirm definite UTIs (>100,000, single organism, significant WCC >20)
- Examination-Spine, genitalia-labial adhesions, vulvo-vaginitis
- Refer for US if not already done
- Advice re constipation Mx
- Adequate fluid intake
- Bladder re-training
Failure to Thrive/ Growth faltering/ Feeding Issues

**GP**
- Birth measurements
- Current weight, height
- Current Feeding
- What's been tried
  - ?GORD/ CMPA
- Consider bloods
- Link with PHN

**Paediatrician**
- Review history
- Examination, growth, development*
- Bloods-always
- Hope for OPD review, some need admission-feeding assessment
- Link with PHN/+/- community dietician
Fits/Faints/Funny Turns

GP
• Description of events
• Ask parents to video events if possible*
• Birth history and measurements
• Generally don’t see febrile convulsions in OPD

Paediatrician
• History, development, growth, examination incl: CVS
• Common events by age-
  • Benign sleep myoclonus, REM sleep, breath holding spells, reflex anoxic, vaso-vagal, hyperventilation
  • Reassurance if possible
  • Sometimes EEG/ECG/Holter/FBC
Head Shape and Size concerns

**GP**
- Plagiocephaly-refer to local physiotherapy, advise re – positioning
- Serial head circumference measurements please*
- Weight and height please*
- Siblings? Parents?
- Development
- PHN/SAMO
- Refer Cranial US

**Paediatricians**
- History, examination, growth, development
- Reassure
- Cranial US
- Refer local Physio
- Ant fontanelle (<6 months to 24 months), as long as OFC growing and development normal
“Other”-large undefined category

**GP**
- Odd things-not sure who they should be seen by
- Unusual symptoms
- Parental expectation-the norm in some parts of Europe
- Re-Attenders with same problem-2nd opinion
- Reassurance

**Paediatrician**
- Odd/unusual-assess and re-direct if necessary
- Reiterate/re-affirm GP plan
- Reassure
What we can’t help with...........Sorry..

We have no access to the following for outpatients:

- Dietetics
- Psychology
- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Enuresis or other specialist nurse
- Multi-disciplinary Autism diagnosis
What we discharge

- Children with a diagnosed disability suitable for community service
- Children with Learning Disability with no ongoing medical issues
- Children with Autism with no medical issues
Can we improve?

• Trying to reduce waiting lists-virtual clinics and triage clinics
• Appointing 3rd permanent consultant in Gen Paeds soon (brings total to 3.3)
• Ideally would like Rapid access clinic
• DNA rates too high-partly due to long waiting list, difficulty getting through
POINTS OF INTEREST

https://www.hse.ie/eng/about/Who/cspd/ncps/paediatrics-neonatology/resources/

https://www.hse.ie/eng/about/Who/cspd/ncps/paediatrics-neonatology/moc/

Note: General Paediatrics page on OLCHC website is due to be updated shortly
Thank you

Any Questions?