

St George Multidisciplinary Feeding Service Interim Report 2014



Table of Contents

Authors	2
Core Values	3
Mission Statement	3
Vision	3
Background	3
Target Population	4
Outcomes and Key Performance Indicators	4
Clinic Design	4
Intake Criteria	4
Access Pathway	4
Clinic Model	4
Implementation Timeline	5
Appendix 1: Pilot Evaluation	5

Authors

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Core Values

CARE: Collaboration. Education. Research. Accountability

Mission Statement

"To assist paediatricians in SESLHD Southern Sector manage children with complex feeding problems by providing multidisciplinary assessment, intervention and follow-up. The clinic will be a leader in best practice through our core values of care, collaboration, education, research and accountability."

Vision

- 100% geographic coverage of Feeding Clinics for children in SESLHD, with clarity between Randwick and St George clinics about their boundaries
- For children who we don't see, we give clear advice on the resources available.
- A single point of intake with no specialised referral form
- Rapid review available
- Every referral acknowledged in a timely manner

Background

The original St George Hospital Multidisciplinary Feeding Clinic (MFC) started in 2005 and was a part of the paediatric gastroenterology clinic run by Dr Usha Krishnan (Paediatric Gastroenterologist) with dietitian and speech pathologist paged on an *ad hoc* basis as required. In 2007, due to unmanageable and unpredictable workloads for allied health staff, an allied health feeding clinic was commenced in lieu of attendance at Dr Krishnan's clinic. This allied health clinic included a dietitian and speech pathologist and the assessment was expanded to involve observation of the child eating and extended consult times; neither was able to be achieved in a medical clinic structure. There has not been a paediatrician involved in the clinic since 2007; the absence of consistent medical or nursing support in the clinic was a recognised weakness of the service.

In addition to this formal clinic the care of medically complex children with feeding difficulties was provided *ad hoc* through a combination of individual clinic visits to speech pathology, dietitian and paediatric clinics, and by having allied health professionals informally consult during paediatric clinics or ward admissions. This model of care continued to 2014 and was at risk of fragmentation; was not family oriented; activity was un-auditable; billing revenue was not able to be collected; it created stress for clinicians adding unplanned work to their day, and in many cases children were admitted to or remained in hospital simply to receive co-ordinated multidisciplinary review.

In May 2014 Dr Chris Elliot (General and Community Paediatrician) joined the allied health feeding clinic and the Paediatric Multidisciplinary Feeding Clinic was re-launched as an assessment and follow-up service. St George and Sutherland Child and Family Health Nursing (CFHN) approached the clinic in the second half of 2014 to forge closer links with the service and to provide education opportunities for their lactation consultants. As a result of our CFHN colleague joining the service, we are now able to provide psychosocial screening for the parents of newly referred patients.

Target Population

Children with complex feeding problems and/or failure to thrive requiring speech pathology *and* dietitian review, who are under the care of a paediatrician.

Core Value	Example Outcome	
Care		
Child	Growth	
	No. Aspiration Pneumonia	
	Duration of tube feeding	
Family	Waiting time	
	Feedback survey - family	
Referring Clinicians	Waiting time	
	Feedback survey - referrer	
Hospital	Billings revenue	
	Admission avoidance	
	Reduced length of stay	
Collaboration	Satisfaction surveys (both family and referrer)	
Education	No. inappropriate referrals	
	No. clinicians seen prior to this clinic	
	No. education sessions / resources provided	
Research	No. publications	
	No. trials in action	
Accountability	Reporting framework met within timeframes	

Outcomes and Key Performance Indicators

Clinic Design

Intake Criteria

- Geographic post-codes
- Clinical
 - o Tertiary review service for medically complex patients
 - Any child whose paediatrician would refer to both a speech pathologist AND a dietitian is potentially eligible.

Access Pathway

This is a tertiary referral service. Referrals will only be accepted from a paediatrician. Rapid review clinic slots have been opened in the St George Paediatric Outpatient clinic service to accommodate urgent reviews who have not been seen by a paediatrician, but who clearly meet intake criteria (eg: newborn with cleft palate and complex feeding problems).

Clinic Model

The clinic is staffed by a paediatrician, speech pathologist, dietician, child and family lactation consultant and other clinicians as needed (eg: occupational therapist).

Initial appointments are 1 hour long. They involve assessments of relevant medical issues, medications, growth and nutrition and oro-motor skills. A short case conference between clinicians

will happen after about 45minutes and a management plan made. The team will then discuss their formulation of the issues and recommendations with the family.

Implementation Timeline

- May 2014Clinic commencedSeptemberStrategic Plan completedEvaluation Strategy completedOctoberPrelim Evaluation Commenced
- January 2015 First follow-up Evaluation
- March First Reporting Period

Appendix 1: Pilot Evaluation

Evaluation Dates	12/05/2014 - 15/09/2014
No. of clinics	16
No. of occasions of service	51
No. of patients seen	29
Billings	
Total	\$ 15,633
Mean per clinic	\$ 977
Fail to attend	8% of clinic time
No. on enteral (tube) feeds	8
Male gender	62%
Patient age groups	Number
0-1 month	1
1-12 months	13
1-5 years	15