Paediatrics and Partnerships: HealthPathways and the redesign of allergy care in Western Sydney

Presentation Handout

Jasmine Glennan  
Western Sydney HealthPathways Program Manager, WentWest Ltd.

Christie Graham  
Food Allergy Project Lead, The Sydney Children’s Hospitals Network

Western Sydney HealthPathways is a collaborative initiative between WentWest Ltd, Western Sydney Local Health District (WSLHD), and the Sydney Children’s Hospitals Network (SCHN).

Supported and enabled by a Memorandum of Understanding (MOU) between Western Sydney Local Health District (WSLHD) and WentWest, as well as a MOU between WentWest and the Sydney Children’s Hospital Network (SCHN). The alignment of strategic directions between WentWest, WSLHD and SCHN focus on:

*Working in partnership to improve the health and wellbeing of children through clinical care, research, education and advocacy*

**Leading integrated primary health care towards better health, equity and empowerment for our Greater Western Sydney communities and the health professionals who care for them.**

Key Strategic Areas

- **Quality and Excellence:** Improving access
- **Partnerships & Networks:** Building strategic partnerships and collaborations
- **Knowing our community**
- **Integrated and coordinated care**
- **Teaching, education and research**

**Better Health Service for the People of Western Sydney and Beyond**

HealthPathways is governed by the Western Sydney HealthPathways Steering Committee, which reports directly to the joint Partnership Advisory Council. All partnership activities and initiatives between WentWest, WSLHD and SCHN are governed by the joint Partnership Advisory Committee.

The Paediatric Advisory Group has representation from clinicians and management from WentWest, WSLHD, SCHN and General Practice, and guides prioritisation of paediatric HealthPathways to be localised and developed.
The HealthPathways and ReAct Project teams, GP Clinical Editor, clinicians and staff from WentWest, WSLHD and SCHN have worked collaboratively to localise HealthPathways on:

- Child Health Referrals: Urgent Paediatric Assessment and Advice, Routine Paediatric Assessment
- Private Paediatrician Directory
- Food Allergy (Non-anaphylaxis)
- Food Allergy Tests
- Anaphylaxis
- Urgent Immunology and Allergy Assessment or Advice
- Routine Immunology and Allergy Assessment
- Private Immunology and Allergy Physician Directory
- Allergy Dietitian Directory

Guided by determined and agreed priorities, additional HealthPathways are currently being localised in Cardiology, Respiratory, Gastroenterology, Urology and Child Development (to name a few!)

### Re- ACT Western Sydney

**Redesigning Allergy Care Together**

This clinical redesign project is a collaborative partnership between the Sydney Children’s Hospitals Network (CHW), the Western Sydney Local Health District and WentWest. This Project was completed as part of the Agency for Clinical Innovation, Center for Healthcare Redesign Diploma Program.

**Project Goal:** Re- ACT aims to establish an integrated health care system across primary, secondary and tertiary care for children with diagnosed or potential food allergies in Western Sydney.

**Objectives:** To reduce the time to:

1. New appointment for tertiary allergy consultation from 25 weeks to 18 weeks by December 2015 and to 12 weeks by July 2016
2. Low risk food challenge in Western Sydney to 12 months by December 2015 (currently 18 months)
3. High risk food challenge in Western Sydney to 4 months by December 2015 (currently 6 months)

To improve consumer satisfaction with the patient journey by December 2015

**Steering Committee:** The Re- ACT steering committee meets 1-2 monthly and includes representation from SCHN, WSLHD, WentWest and consumer representation; Maria Said, President of Allergy and Anaphylaxis Australia.
Background:
- The prevalence of allergic disease in Australia has been reported to be as high as 10% in infants (Osborne 2011) and 4-8% in children.
- Paediatric allergy services in Australia have relied on tertiary specialist services with the national mean waiting time for a new appointment in a public metropolitan service of 10.4 months. (Morawetz, 2014)
- Morawetz 2014 also reported General Pediatricians had significant gaps in their knowledge of diagnosis and management of food allergy and relatively poor knowledge of ASCIA guidelines for prescribing auto injector pens.
- Diagnosis of food allergy requires a thorough medical history, is supported by non-invasive diagnostic testing however is confirmed by an oral food challenge (OFC). (Sicherer 2014)
- There is a large group who are sensitised (positive IgE-based test results), but not allergic (have no clinical reaction) to a food. OFC’s are required to identify them and potentially reduce unnecessary food avoidance.
- In a study of 125 children primarily with allergic disease who were avoiding foods for a variety of reasons, 89% of 364 OFC results were negative, allowing dietary expansion. (Fleischer 2011)
- Food avoidance adversely affects patient and family quality of life, results in increased costs (e.g. special formulas, adrenaline autoinjectors) and can affect nutrition. (DunnGalvin A 2010)

Diagnostic Findings:
Parent Interviews: Sixteen semi-structured parent interviews were conducted at CHW and Mt Druitt Hospital: highlighted the need for improvement in 3 key patient satisfaction domains:
- Access to care
  - ‘I think waiting for challenge is the most difficult.’
  - ‘Getting an appointment is one of the biggest issues.’
- Emotional support and alleviation of anxiety
  - ‘You don’t really know if your daughter is going to die next time or not’
- Education and information.
  - ‘I was really frustrated and disappointed because nobody could give me any guidelines.’

Health Professionals
Staff consultation at Blacktown-Mt Druitt and CHW revealed concerns around:
- Resourcing and available, appropriate space;
- Health professional knowledge/misinformation provided to families
- Access to care especially food challenge clinics,
- Lack of administrative support
- Lack of coordination and communication between care providers,
- Inadequate emergency management of anaphylaxis,
- Limited availability of tertiary advice,
• Lack of criteria for both referral and triage
• Parental anxiety and expectations

GP surveys identified the need for tertiary support and clear, direct referral pathways, increased education, and improved communication and guidance from specialist services. In addition the lack of definition of roles and responsibilities at primary, secondary and tertiary care levels was identified as a key barrier to care.

Process Mapping:
• High and Medium level process mapping and patient journey mapping highlighted additional key concerns related to patient safety, inefficient or non-existent systems and significant wait times.
• The Wait time to specialist appointment was 6months and the wait time to food challenge was up to 18 months.

Recommendations
1. Formalise the Western Sydney Kids Allergy Collaborative (virtual service) with governance model.
2. Develop ‘Ways of Working’ in allergy services across Western Sydney
   a. EBP will be delivered in the appropriate primary, secondary or tertiary service
   b. WS Allergy services will have clinical triage system in place
   c. Evidence based care to be delivered as ‘a package of care’ in WS
   d. Diagnostic testing in line with the ASCIA EBP
   e. Management of food allergy; is EBP guided by ASCIA guidelines
3. Establish Integrated Clinical Service Model for Western Sydney
   a. Develop HealthPathways for Allergy services in the local geographical area
   b. Standardised communication from tertiary service to the local services
4. Establish Diagnostic Service Model for Western Sydney

Clinical Redesign to enable Health Pathway development (A case of the chicken or the Egg?)

Four health pathways were developed and localized to Western Sydney, with clinical redesign solutions implemented in both the WSLHD and CHW in order to ensure that pathways and clinical practice align.

Pathways:
1. Anaphylaxis Management Pathway: Clinical Redesign required
   • Development of an SCHN network protocol that includes hyperlink to the ASCIA anaphylaxis action plan, to be reviewed and implemented in WSLHD Emergency Departments
2. Food Allergy
   • Triage commenced for urgency and goal wait times.
3. Allergy Testing in Children
   • Skin Prick testing services reviewed to ensure in line with ASCIA recommendations
Capacity increase in geographical area for food challenge with LHD low risk service proposed

4. Allergy Referral pathways
   • Outpatient referral criteria for outpatient services to allow GP referrals for specific criteria and a

Spread
   • Other LHDs within NSW can adopt Food Allergy, Anaphylaxis and Allergy Testing Pathways from the medical management perspective.
   • PHNs can incorporate local pediatric allergy services offered by LHD providers and private practitioners.

We would like to acknowledge and thank the Doctors, Nurses, Allied Health Professionals, staff, management and executives from WentWest, Western Sydney Local Health District, The Children’s Hospital Westmead (Sydney Children’s Hospitals Network) and General Practice that continue to contribute and support both Western Sydney HealthPathways and ReACT with passion and dedication, aiming to improve the quality of care for children, their carers and families in western Sydney.