

# Training health service champions: An innovative approach to reduce waiting lists for paediatric therapy services in community health

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**Background:** Waiting lists for community-based paediatric therapy services are common. They are associated with poorer health outcomes, anxiety for families and missed opportunities for treatment during crucial developmental stages. The Specific Timely Appointments for Triage (STAT) model has been shown to reduce waiting lists in a range of health settings.

**Aims:** To determine whether providing training and support in the STAT model to health service champions using a remote “hub and spoke” approach to evidence translation (Fig.1) could reduce waiting time.

**Methods:** Representatives from 5 community health services providing paediatric allied health therapies participated. Each received:

- **Training for 2-3 ‘champions’ via 5x online workshops over 6 months**, working sequentially through the steps of the STAT model (Box 1)
- Access to written resources and **online coaching**
- A small **backlog reduction grant** (\$10,000)
- **Peer support** from fellow participants

Routinely collected data were used to measure median waiting time for children referred from January to August in the years before (2019), during (2020) and after (2021) the intervention and compared using the Kruskal-Wallis test. Staff satisfaction and perception of the model were explored using staff surveys.

**Box 1: Specific Timely Appointments for Triage (STAT)** is a demand driven, evidence-based model for managing access and flow in outpatient settings.

**Key elements:**

- Calculate** the number of new patient appointments needed each day/week to keep up with demand
- Reduce the existing backlog** using a focussed, “one off” intervention
- Protect the required number of new assessments** and book ALL patients, to a **timely first appointment**
- At initial assessment, triage for further care** using treatment pathways that achieve “the greatest good to the greatest number” of patients

**Results:** Data were collected from 2564 children (mean age 3.2 years, 66% male) referred for speech pathology, occupational therapy, physiotherapy, dietetics or psychology services. Waiting time reduced by 33% (median 57 to 38 days,  $p < 0.01$ , Figs 2 and 3), and the total number of children waiting for services reduced from 335 to 112. Variability in waiting time also decreased, suggesting a more equitable approach to service delivery (Fig 3). There was no impact on employee satisfaction, failure to attend or discharge rates.

This study was conducted in the context of the COVID-19 pandemic. Pandemic related disruptions have been found to exacerbate waiting lists and reduce staff morale in many services. This suggests stronger results may be possible in a more stable climate.



Figure 1: Conceptual model of the intervention

“STAT was helpful in reducing/minimising wait times for clients, establishing clear eligibility criteria for the range of services offered and prioritising and balancing caseload.”

“We really benefited from having the ability to review our model of care as part of this process”

“Less time managing client wait lists and more time for clinical work”

Figure 2 (right): Median waiting time (days) for first appointment by site

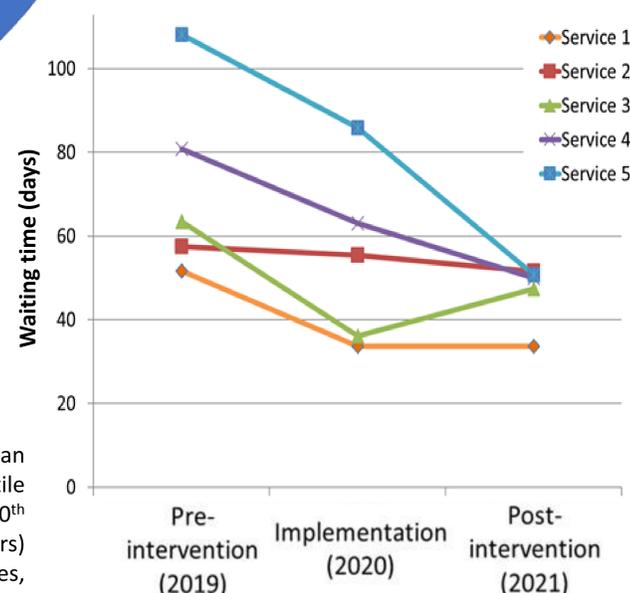
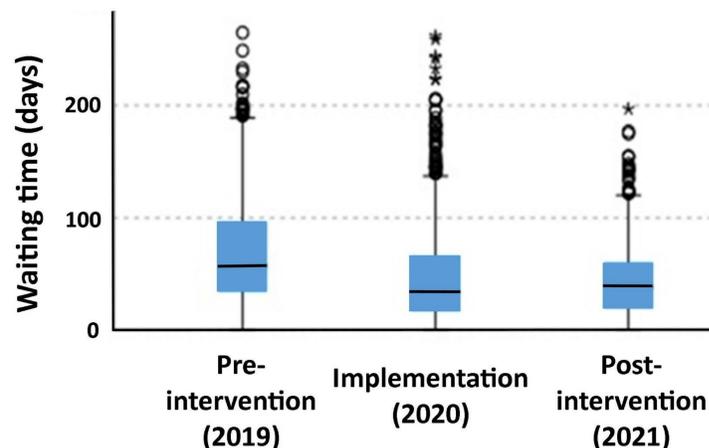


Figure 3 (below): Median waiting time, interquartile range (blue) and 10<sup>th</sup>-90<sup>th</sup> percentile (whiskers) pooled across all sites, before, during and after implementation of the STAT model



**Waiting lists are a major challenge across the health system. STAT provides a practical, low cost, data-driven approach to tackle this issue. This study demonstrates its applicability to paediatric therapy services. A “hub and spoke” approach to train champions was an effective implementation strategy with potential for scale up.**