Improving the Health of Children in Foster Care: An Academic-Community QI Collaborative

Lindsay Terrell, MD
Aditee Narayan MD MPH, Karen St. Claire MD, Beth Herold DNP CPNP
I have no relevant financial relationships with commercial interests to disclose.
Outline:

• Discuss Project Background
• Identify AIM Statements
• Describe Project Methods
• Review Project Results
• Identify key interventions and barriers to change
• Discuss Next Steps
Background:

• Children in foster care have increased health needs.

• 2015 AAP recommended that children
  ✓ be seen within 72 hours of placement into foster care for an initial evaluation [IE]
  ✓ be seen within 30 days of placement for a comprehensive evaluation
Duke Foster Care Clinic

• Consultation model
• Staffed by 4 CAN subspecialty providers
  ~300 children in FC in Durham County
  ~7 children enter FC per month
• Prior to this project FC children were seen for one medical evaluation
Contrasting guidelines:

• AAP recommends IE be completed within 72 hours

• North Carolina DHHS Policy states IE be completed within 7 days and there is no mention of a comprehensive evaluation
AIM Statements:

• Global AIM: Improve the mean TTIE from 32 days to < 7 days within 12 months (Jan-Dec 2016) for children in foster care in Durham County.

• Specific AIM: Improve the average time from custody change to referral date from 10 days to < 5 days within 12 months (Jan-Dec 2016) for children in foster care in Durham County.

• Specific AIM: Improve the average time from referral date to IE from 22 days to < 5 days within 12 months (Jan-Dec 2016) for children in foster care in Durham County.
Methods:

- Identified members of the FC Collaboration
- Collected baseline data from Jan-Feb 2016
- Utilized the Model for Improvement as a framework
- Identified barriers utilizing a process map, key driver diagrams, Pareto chart, and modified event failure mode analysis
- Tested changes on small scale using PDSA cycles
Process Name: Foster Care Initial Evaluation

1. Child placed in DSS custody
   - 1. Child can be taken into custody by 3 types of SW

2. DSS sends referral to FC clinic
   - 1. Referral not sent by SW or delayed by SW

3. Child is scheduled for visit
   - 1. No apt available
   - 2. No driver
   - 3. Child not available (run away, EOGs etc)

4. Child arrives at appointment
   - 1. No show due to
     - a. Foster parent not aware of apt
     - b. Child not available
     - c. DSS/Foster parent forgot
     - d. Failure to remind

5. Evaluation completed, recommendations made
   - 1. New FC forms
   - 2. New FC instructions

Interventions:
- 1. 5/3 DSS breakfast education
- 2. Formalize referral process
- 1. Scheduler aware of need for an apt within 5 days
- 2. More apt slots available
- 3. Back up plan
- 1. Reminder system formalized. Call DSS work and Foster Parent.

Current Process:
- 1. 8/30 DSS Program Manager meeting
1. Foster Parent not available
2. No provider available
3. DSS not available
4. Child not available
5. DSS missed appointment
6: Scheduler Error
KEY DRIVER DIAGRAM
Improving Timeliness of Medical Evaluations for Children Entering Foster Care

AIMS

Improve the average TIE to less than 7 days within 12 months (Jan-Dec) for children in foster care in our county

KEY DRIVERS

- Need to have appointments available within 72 hours
- Child Welfare education – Increase awareness of new recommendations
- Child Welfare needs to refer as soon as child is removed from home
- Clinic education of new guidelines
- Initial evaluation forms need to be easy to use
- Real-time ID of failures
- Referral process by phone/fax/email
- Child needs to come to appointment that has been scheduled

INTerventions

- 3/1/16 Identified FC1 slots available in schedule
- 5/10 Identified back up plan for scheduler if apt not available in 3 days
- 5/3/16 Durham Child Welfare Program Manager Workshop
- 6/7/16 Durham Child Welfare SW Workshop
- Revision of change custody check list
- 3/1/16, 3/8/16, 5/10/16 FC Clinic Workshop
- 4/19/16 New forms approved state wide. Integrated to EHR.
- 5/10/16 Real-time tracking appointments/referrals

Blue = Clinic responsibility
Yellow = Child Welfare responsibility
Green = Joint responsibility
Pink = Caregiver responsibility

Dotted outline = continued improvement needed
Solid outline = completed
No outline = future interventions
Days from Custody to IE

X-Chart

Desired direction of change

Add/Adj apps
Educated Providers
Track scheduler
Reviewed recs w/ DSS
Feedback to DSS
Feedback to stakeholders

TTIE in days
Mean
Lower Control Limit
Upper Control Limit

Date Child Seen
Key Interventions

Child Welfare

• Educate Child Welfare staff and supervisors
• Provide bi-monthly progress reports

Duke FC Clinic

• Educate clinic staff, schedulers, and providers
• Improve clinic flow
• Develop process for urgent access to evaluations
Challenges Identified

• Implementing change within an academic clinic
  ➢ Must overcome resistance to change
  ➢ Balance other tasks within clinic

• Implementing change within a community agency
  ➢ Educating SW’s and FC parents
  ➢ State policy vs AAP recommendation
  ➢ SW’s have many important responsibilities

• Balancing Measures
  ➢ Assessments of scheduler, provider, child welfare worker, FC parent burdens
In Summary

• Required unique collaboration between medical providers and Child Welfare
• Strengthened the relationship between our clinic and community agency
• Enhanced services to a vulnerable, high risk population
• Addressed the processes and challenges related to implementing both the NC and AAP guidelines
How are we doing now?

• January 2018
  Average TTIE: 16 days

• February 2018
  Average TTIE: 19 days
Next Steps

- Continue current interventions to continue to improve the TTIE
- Develop new interventions to target standardizing referral process and ensure that all children are referred.
- Perform a retrospective study to evaluate whether improved TTIE improves health outcomes and decreases health care costs.
Acknowledgements

• The Duke FC Clinic is grateful for the continued collaboration with Durham County Child Welfare including Michael Becketts, Jovetta Whitfield, Ann Granby, Sharyn Flood, and all social workers.
• We appreciate the support from Salley Gardner, Savai Smith, Scott Snider and CAN staff including nurses and assistants, as well as foster children and parents. Duke Scholarship Oversight Committee members provided valuable feedback on the project.
• We are grateful for the “Improving the Pediatric Experience” grant from Duke Children’s Hospital and the Department of Pediatrics which supported this project.
• This project would not have been possible without QI assistance from Health McLean, MD and the FC expertise of Moira Szilagyi, MD.
• We would also like to acknowledge Steve Felton and others for their generous donations to the CAN Clinic.
References


• Hagele, Dana, MD, and Leslie Starsonbeck, MSW. NC Health Oversight and Coordination Plan. Raleigh: North Carolina Pediatric Society, 2013. PDF.