

Refining Rehab2Kids Multidisciplinary Outpatient Clinics

Presenters: Kylie French, Kate Clark

Acknowledgment: Kerry Hanns

Rehab2Kids Action Day



Dec 2023

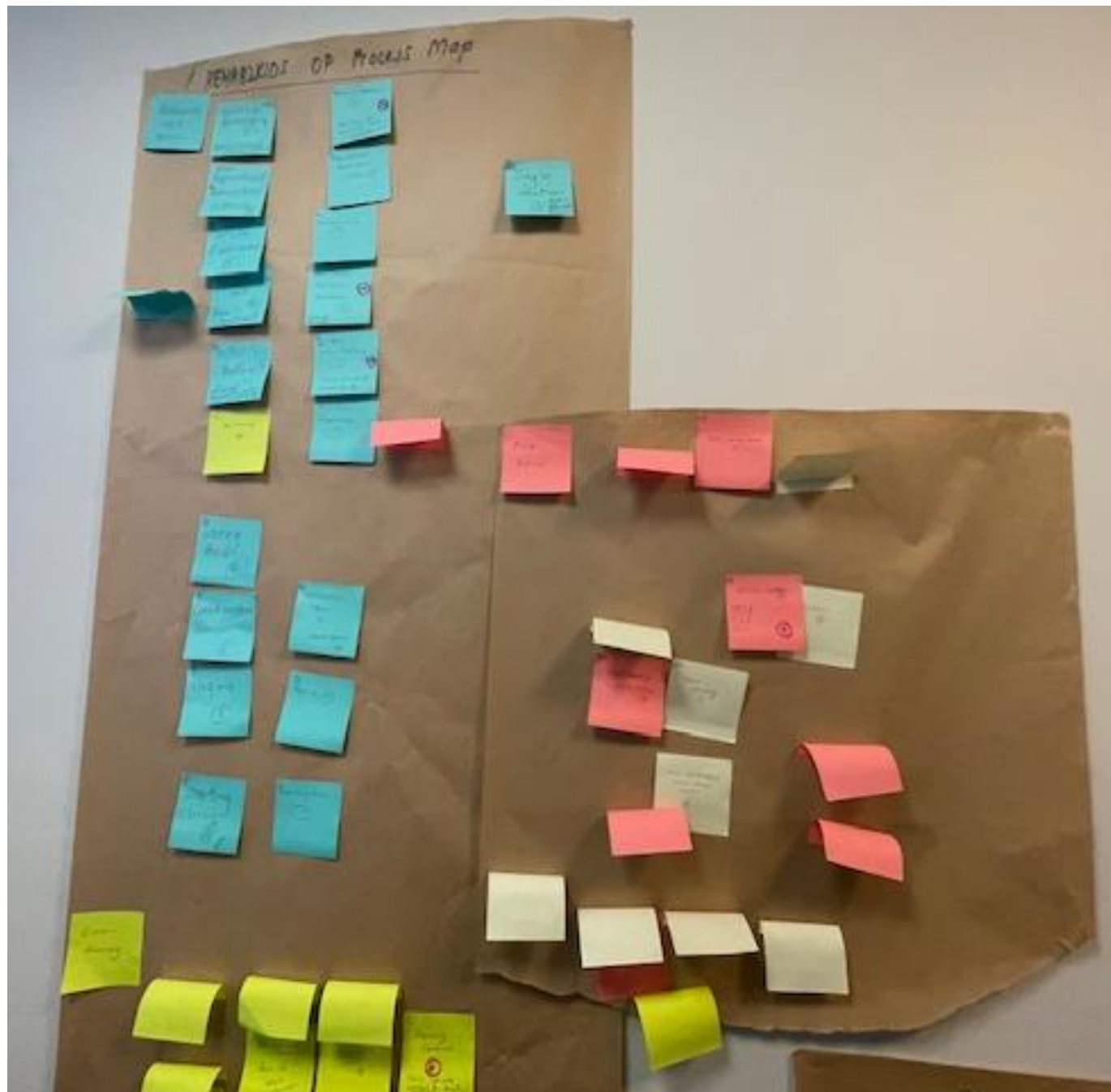


Pre-Planning

- Action Day Committee
- Pre-Action Day Survey



- Process Map



Process Map Exercise

Working Areas for
Well Improvement Priorities

Prior to Clinic

Referral Management	1		
Appointment Booking (Rebooking)	7	6	
Appointment Booking (Rebooking)	8	4	
Questionnaire	5	9	
Local therapy and family feedback	5	14	
Pre (Post) Clinic Meeting	16	11	
Planning/preparation	3	5	

Day of Clinic

Waiting area	8		
Admin	5	5	
Paging	3	2	
Starting Clinic	4	10	

During Clinic Appointment

First appointment		2	
Questions/Clinic structure	28	35	
MDT Functioning	24	24	
Time	4	9	
Consistency		6	
Child/adolscnt involvement	1	4	
Assessment	1	3	
Rooms		2	
Infection Control	5	1	
Telehealth	1		

Working Areas for
Well Improvement Priorities

End of Clinic Appointment

MDT Discussion		10	
Plan/Feedback provided to family	7	11	

After appointment

eMR Documentation/Stats	5	3	
Email Summary	5		
Clinic Letter	6	21	
Post Clinic Meeting	10	8	
Care Coordination/Follow up on Actions/	11	4	

Follow Up

Rebooking Timeframes	8	19	
Rebooking Process	10	10	
Appointment Availability		3	
Active patient management/Discharges/Lost to fo		4	

Side Processes

Eligibility/Service Model/Core Business		7	
Audits/Outcome measures	5	1	

Car Park

Botox	1	3	
Day rehab		1	
Rural families		1	

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ACTION DAY FOCUS

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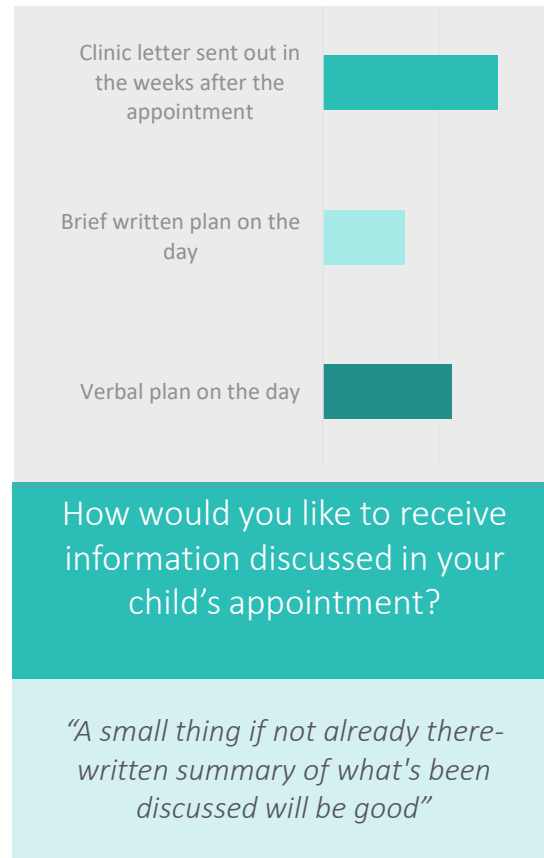
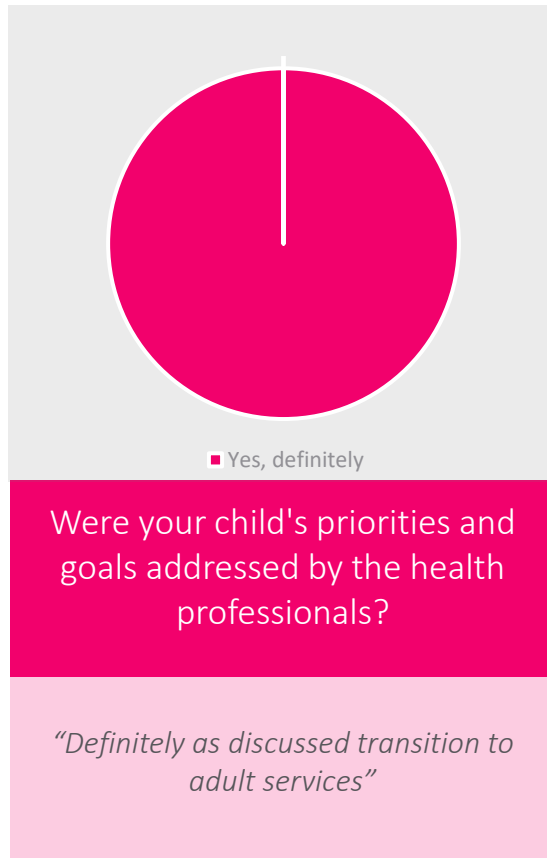
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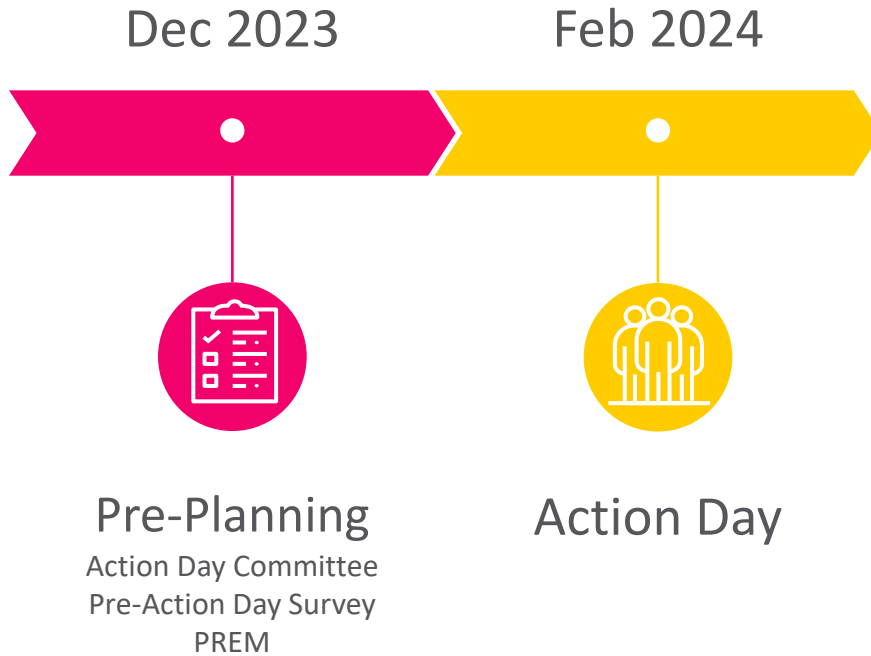
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Rehab2Kids Patient Reported Experience Measure (PREM) 2023/2024

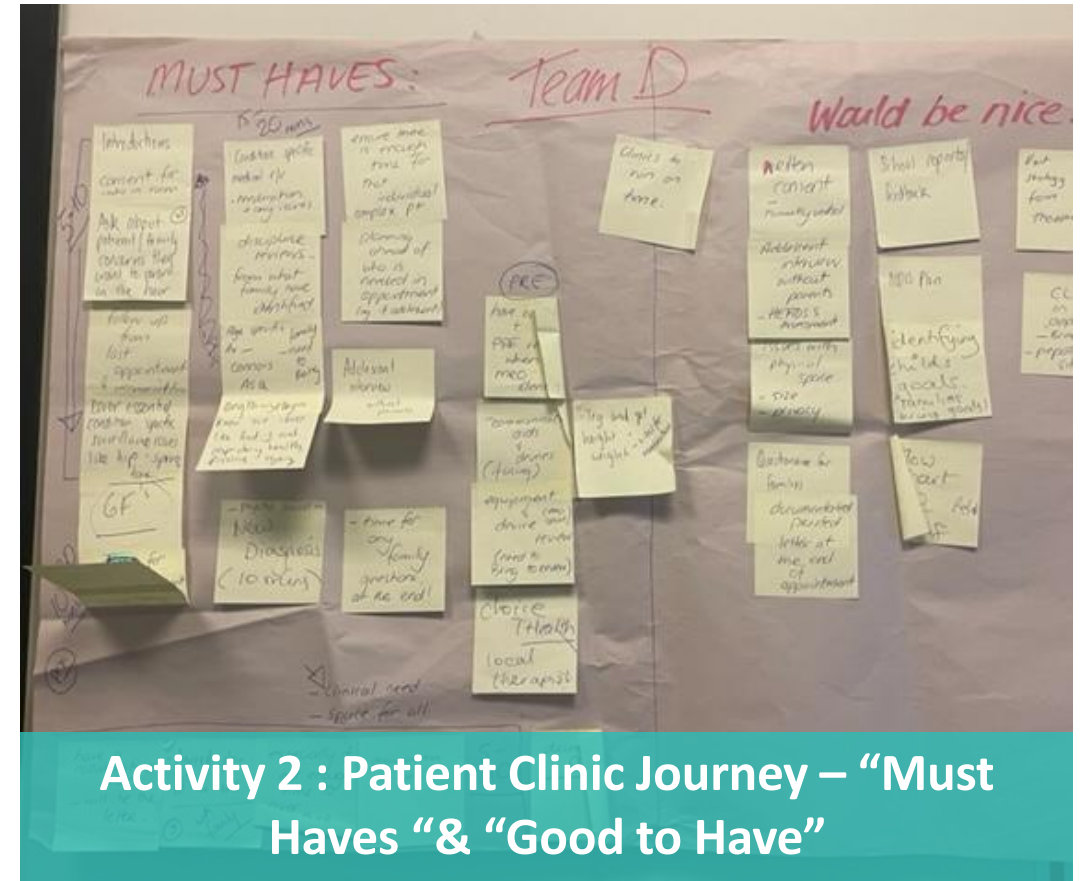


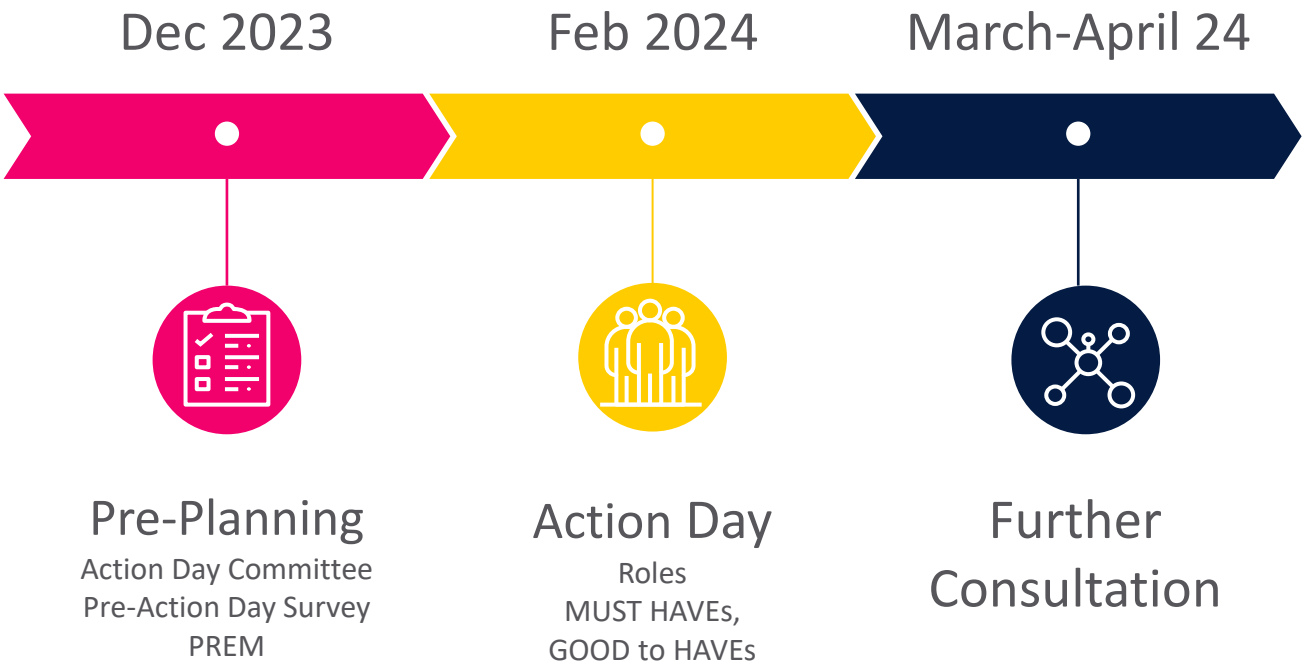


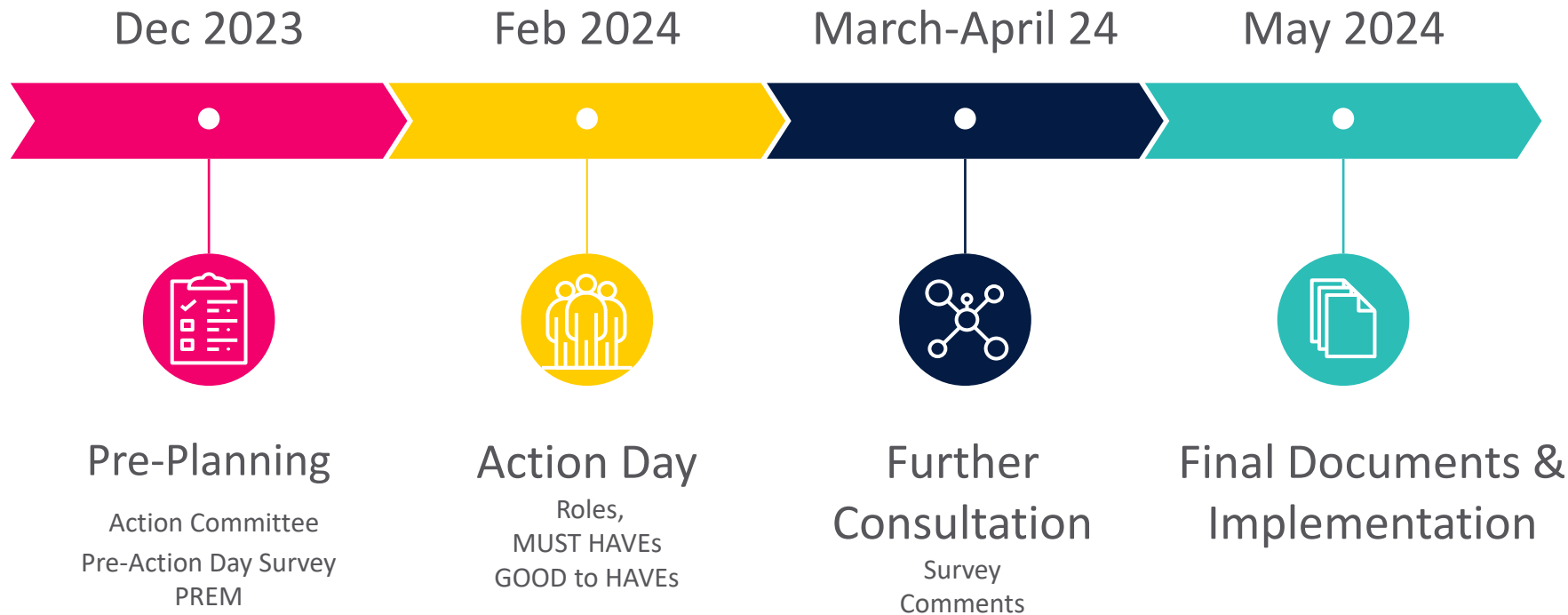
Agenda

9:30-10am	Welcome	Facilitator	Location
	Agreed Ways of Working for the day: Who are we, Communication & Overview.	Daisy Rossler	Conf Rm 6
10:00-11:15am	Session 1: 1 hr. 15 mins		
	MDT Functioning Roles and Responsibilities	Bec Barton and Daisy Rossler	Conf Rm 6
11:15-11:40pm	Break 1: 20 mins.		Reception
11:40-1pm	Session 2: 1 hr. 15 mins		
	Questions/Clinic Structure. Plan Provided to Family. Scenarios	Bec Barton and Daisy Rossler	Conf Rm 6
Finish 1pm	Lunch		

Action Day







Rehab2Kids Outpatient Clinic Appointment – Overarching Principles



Child / Family-Centred

- Respectful of and responsive to individual patient preferences, needs and values emphasising a partnership approach
- Encouraging participation of child / family with involvement in decision making and choices in healthcare
- Patient and family members are treated with dignity, compassion, and respect, receiving personalised and coordinated care.



Effective Team Communication

- Understanding of each team member's role and responsibilities, including shared roles and responsibilities
- Capacity to ask relevant questions, assess and review patients current functioning related to each disciplines area of expertise
- Ask open-ended questions and seek out families and children's 'stories'. (Rosenbaum 2020).
- All clinicians to speak up if concerns or questions remain and be receptive and listen to the concerns raised by others.



Functional Questions, Six F-Words

- Use of positive language
- Discuss what is going well, things to celebrate, achievements
- Strengths based approach
- F-Words (*Functioning, Family, Fitness, Fun, Friends, Future*). Team should aim to incorporate concepts across the patient's continuum of care.
- For more information about how concepts can be incorporated into Rehab2Kids delivery of care, click here [F-Words.docx](#)



Shared Roles and Responsibility

- Effective and flexible team-based approach to communicate and fulfil shared roles and responsibilities.
- It is the responsibility of all staff to assist with the following tasks:
 - MRO mx, room setup, bringing equipment relevant to each discipline's review/assessment (including toys where appropriate), assisting with distraction and/or engagement of the child as needed, and cleaning requirements.

Rehab2Kids Outpatient Clinic Appointment – Key Components

Welcome & Purpose (3-5mins)	Priorities (5mins)	Triage priorities (2mins)	Information Gathering (20mins)	Assessments (18-20 mins)	Check in team/ child/ family (3-5 mins)	Summary (5 mins)
All team members and family should introduce themselves and their role. Doctor to give explanation of clinic and purpose of today	The doctor to ask the family of their priorities of today. What is going well, achievements	The doctor to triage and verbalise the priorities of today, taking into account any input from therapists.	Doctor to take history focusing on what's important to family, including: <ul style="list-style-type: none"> • Sleep • Pain/pressure care • Bowel/bladder • Meds • Vision/hearing/respiratory • Dental/feeding/swallowing • Function, ADL's/School • NDIS/funding • Med/Surg/Diagnostic updates • Hip, spine, tone • Home: who is in the home • Enjoyment, fun, leisure 	The team should conduct relevant assessments of child/family, including combined assessments with all clinicians involved	The team should check in with team/family/child, have we missed anything? Anything else that needs discussion. If necessary, team to leave room for quick private huddle.	Doctor to summarise, clarify and document all information of the appointment, and verbalise plan to child/family.

MUST HAVES

GOOD TO HAVES



Room Setup

MRO's/PPE
Powerchart Tiles
Heights/weights

Pre-clinic questionnaire

A pre-clinic questionnaire emailed and received prior to clinic

Pre-clinic check in

Doctor and therapists to check-in before family come in to go over priorities/plan

Early involvement

Doctor to alert/involve relevant clinicians as early as possible

Individual discipline assessment/ intervention

Disciplines may perform assessment/interventions, pre/post/during the appointment, if indicated.

Simultaneous documentation

Where possible - clinicians to document in real time

Regular check-ins

Where possible, doctor to check in with other therapists involved to ensure topics required are covered

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Welcome & Purpose (3-5mins)

All team members and family should introduce themselves and their role.
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Priorities (5mins)

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What is going well, achievements

Triage priorities (2mins)

The doctor to triage and verbalise the priorities of today, taking into account any input from therapists.

Information Gathering (20mins)

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Assessments (18-20 mins)

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Check in team/ child/ family (3-5 mins)

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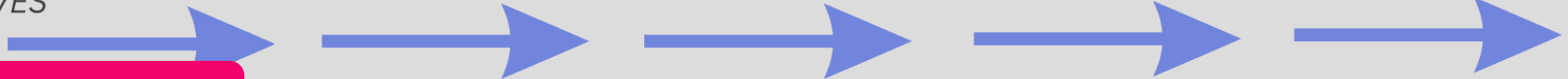
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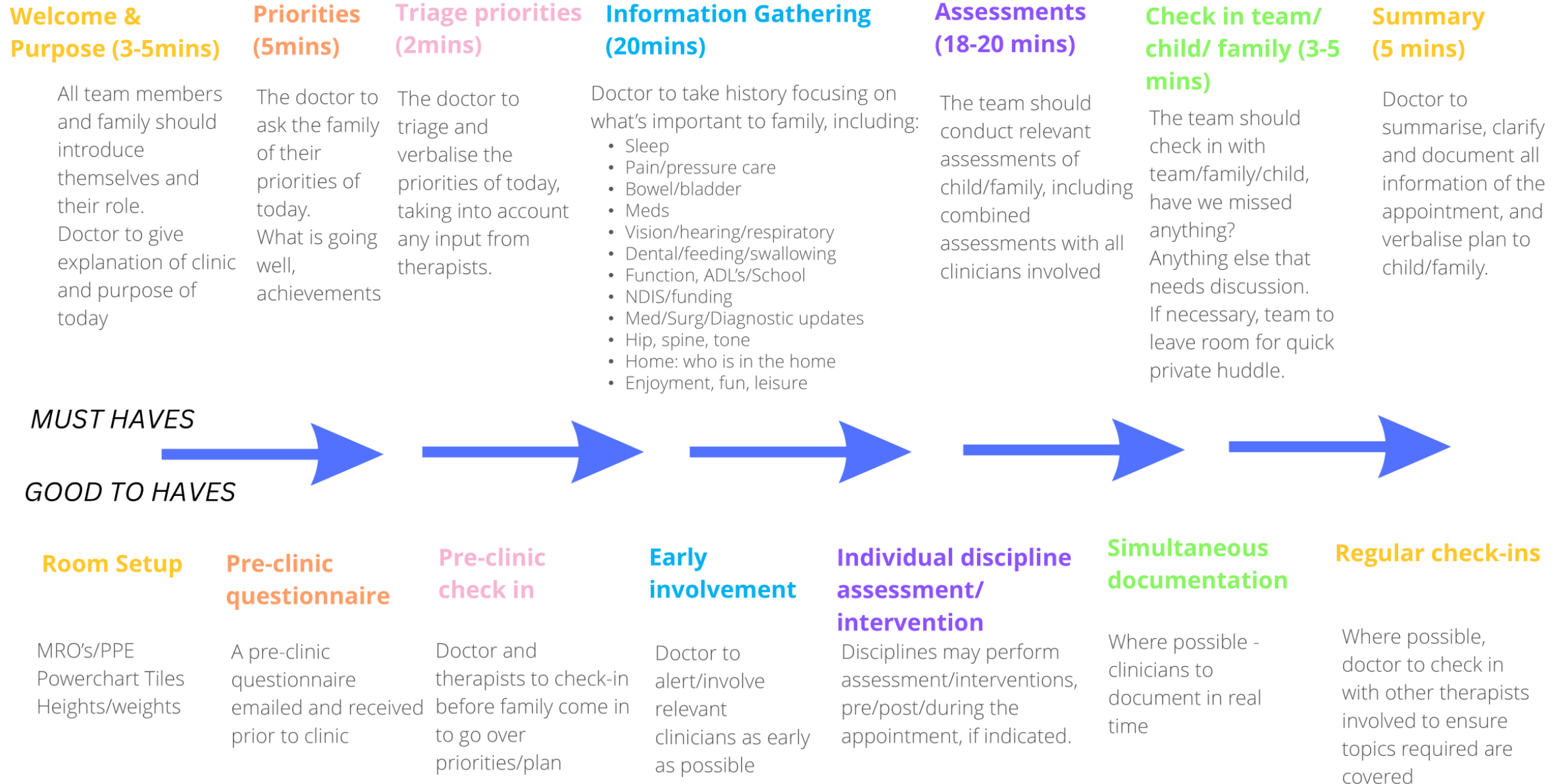
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GOOD TO HAVES

Room Setup	Pre-clinic questionnaire	Pre-clinic check in	Early involvement	Individual discipline assessment/ intervention	Simultaneous documentation	Regular check-ins
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Rehab2Kids Outpatient Clinic Appointment – Key Components



Rehab2Kids Outpatient Clinic Appointment - Roles & Responsibilities

Rehab2Kids Outpatient Clinic Appointment - Roles & Responsibilities			
Doctor <ul style="list-style-type: none"> • ‘Conductor’ of appointment, keeping to time • Triage & set priorities based on family situation (as clinic evolves) • Awareness of medico-legal responsibilities & ensuring evidence-based guidelines • Engaging family with MDT and bringing together plan, ensuring it's clear & documented. • Information gathering • Bio-psychosocial assessment & general health overview • Review & prescribe meds • Awareness of different teams involved; making internal & external referrals • Follow recc's from previous appointment • Clarifying rehab role vs other roles • Ensuring 6 F's are covered • Medical information to families, explaining injuries 	Occupational Therapist <ul style="list-style-type: none"> • Gather information and make recommendations to family and local community therapists related to: <ul style="list-style-type: none"> • Productivity, rest, sleep, ADL's • Upper limbs • Assistive Technology • Environmental access • School participation • Complete relevant assessments and refer as needed e.g. Developmental, upper limb • Trial of assistive technology • Upper limb splinting/casting if required 	Physiotherapist <ul style="list-style-type: none"> • Physical assessment • Review physical activity, review previous goals and set new goals according to child's interests. • Awareness of equipment required • Referral to orthotics • Looking at whether what's happening outside of clinic is 'enough' or 'too much'. • Discuss assessment results with team • Ensure doctor has relevant information • Liaise & communicate with local therapists • Hip surveillance report • Casting, Ortho, Botox advice • Respiratory management 	Speech Pathologist <ul style="list-style-type: none"> • Assess & provide recommendations for the following areas: <ul style="list-style-type: none"> • Speech/language • Feeding/swallowing • Saliva management • AAC • Social communication • Literacy • In addition, SP can also <ul style="list-style-type: none"> • Refer for & conduct of VFSS • Review current technology with OT • As required <ul style="list-style-type: none"> • Refer to dietitian/suggest referral • Advise regarding communication/participation & learning/literacy at school • Awareness of cognition & impact on communication and learning • Liaise & communicate with local therapists & school

Rehab2Kids Outpatient Clinic Appointment - Roles & Responsibilities			
Social Worker <ul style="list-style-type: none"> • Provide psycho-education & situational emotional support in context of adjustment <ul style="list-style-type: none"> • to diagnosis/ disability • (including grief/loss) & • impact of disability on family functioning • Conduct psychosocial assessments and interventions • Connect children and families with individual counselling • Support families to navigate & access information & support services (including sibling resources) • Advocacy • Provide NDIS psycho-education • Conduct risk assessments, including DV assessments and safety planning • Liaison with relevant statutory agencies • Empower families to voice their needs/ worries/ priorities in appointment 	Case Manager <ul style="list-style-type: none"> • Limited to specific patients • ‘Co-conductor’ in the clinic appointment • Gather information and support family to provide relevant information prior to clinic • Provide insight into priorities • Advocate for families' needs & questions • Education & assistance around schemes including Lifetime Care, CTP, NDIS (shared with SW) and School Learning Support • Following up recommendations, ensuring information is shared with relevant stakeholders (school/community providers) • Liaison between hospital/community • Complex care coordination • Translate clinic & roles back to family 	Clinical Psychologist <ul style="list-style-type: none"> • Review: <ul style="list-style-type: none"> • pt's emotional, behavioural, & social functioning • education/school/learning if NP not present • Assess: <ul style="list-style-type: none"> • emotional & behavioural concerns (incl observational Ax) • family dynamics/parental coping (in liaison w/ SW) • risk/safety • adjustment to difference/disability; trauma • (Psycho)Educate: <ul style="list-style-type: none"> • e.g., sleep, mood, emotion reg, behaviour & fatigue mx • appropriate resources, programs; local psychology services & funding options • Advise: <ul style="list-style-type: none"> • info/case formulation re: pt's psychological function & impact on other areas (e.g., physical fn, rehab engagement) • mental health diagnoses where appropriate • Liaise w/ local providers, schools, other hospital services etc. 	Neuropsychologist <ul style="list-style-type: none"> • Provide results of cognitive assessments • Provide recommendations • School liaison • Make diagnoses • Provide psychoeducation • Collaborate with clinical psych

Rehab2Kids Outpatient Clinic Appointment - Roles & Responsibilities			
Nurse <ul style="list-style-type: none"> • Adhoc involvement with immediate or unexpected needs • Wound care • Continence • Following up with school/community • Education • Discuss and follow up medication regimen • Coordinating siblings • Coordinating inpatient/day rehab • MRO's and PPE needs 	Orthotist <ul style="list-style-type: none"> • Collaborate on prescribing orthotics • Making orthotics (outside clinic) • Brief check-in during clinic • Available during clinic • Support child to use splint in day-to-day life • Educate therapists • Awareness of external providers and funding 	Dietician <ul style="list-style-type: none"> • Feeding & nutrition management • Advise family on local dietician services • Link in with other teams 	Patient <ul style="list-style-type: none"> • Attend appointment (depending on age) • Compliance / Cooperation • Participate • Identify goals • Report back on community/school • Come with questions • Help make decisions (with family) Family <ul style="list-style-type: none"> • Bring child/splints/equipment • Provide information/reports • Advocate for patient • Share clinical decision making • Fill gaps of information • Summarise previous 6 months of activity • Identify needs/priorities

Debriefing Tool

Purpose

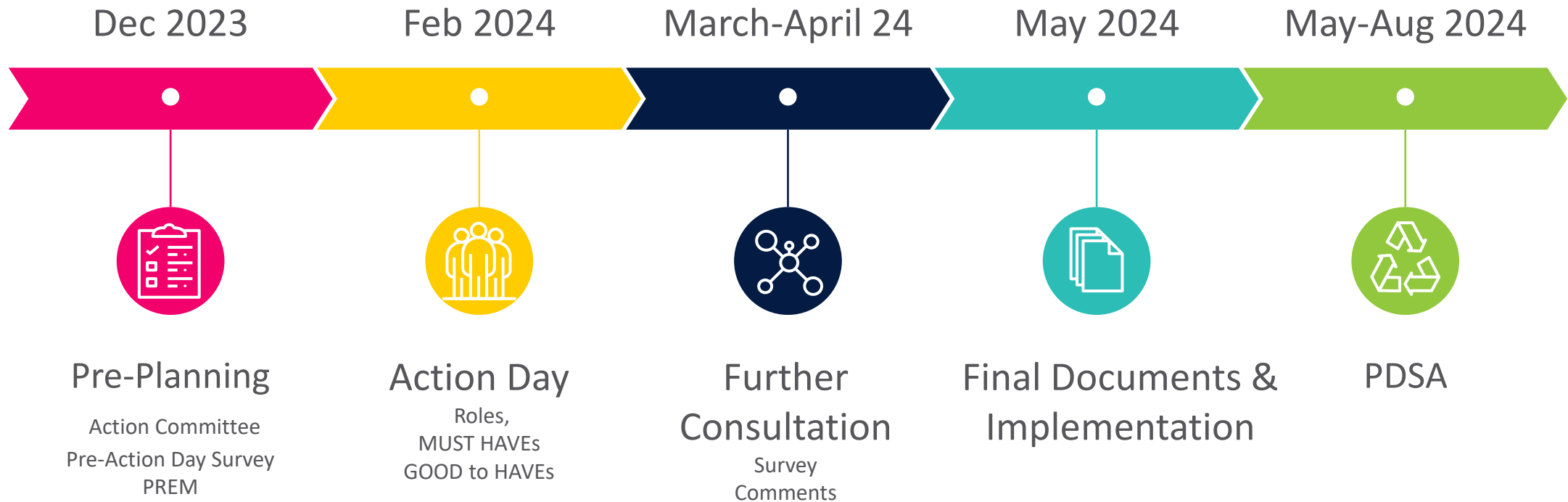
- Help staff to evaluate the team's success in delivering a family-centred appointment.
- Solution-focused tool to identify strengths
- Assess effectiveness in covering Key appointment. Components

Tool Usage

- Use ad hoc or at set times
 - As a team
 - Post-clinic
- Neutral facilitator beneficial
- Documentation optional

Evaluation

- Trial template
- Provide feedback
- Assess usefulness for reflection and practice changes
- Available as ongoing tool to drive improvement



May-Aug 2024



PDSA




- Pre-Clinic Questionnaire
- Clinic Letter
- Rebooking timeframes

Pre-Clinic Questionnaire

Rehab2Kids

Telephone: (02) 9382 0178
Email: SCHN-SCHRehab2Kids@health.nsw.gov.au



Rehab2Kids Pre-Clinic Information

To plan, guide, and help us address your priorities at your upcoming appointment at Rehab2Kids it would be great if you can complete the following information. We hope that by having this information prior to clinic we can make your appointment more efficient and ensure the right staff members are present. Please return via email to the address above before your appointment. Feel free to attach any reports (from specialists, local services, school) that may be relevant.

Childs Name:		Parent or Guardian/person completing form:	
Date of appointment:		Doctor /clinic attending:	

1. What would you like to talk about at your upcoming visit? (e.g. What has been going well? What are your challenges? What would you like to focus on?)
Families have also found the following resource helpful when thinking about what they would like to discuss - <https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability>

1.

2.

3.

4.

5.

2. Local Services - Please indicate which services you use and the relevant information. Please indicate if you would like the clinic report sent to this clinician after your appointment.

Service	Contact Name:	Email:	Phone:	Current Goals:	Send reports
Local Doctor (GP)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Paediatrician					<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Management/ Case Worker					<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietetics					<input type="checkbox"/> Yes <input type="checkbox"/> No
NDIS Support Coordinator					<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy					<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthotics					<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapy					<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychology					<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Pathology					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other e.g. Exercise Physiology					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Current Medications – Can attach a list if you have this documented elsewhere. Please add additional lines as needed.

Medication Name	Dose	When

4. School/Pre-school

(Pre-) School:		Class:	
Contact Details:			
Teacher's name:			
Learning Support:			

2/2

Clinic Letter

*Performed on: 20/02/2025 10:07 AEDT

General Information Last updated: Oct 2024

Clinic Date

Diagnosis

Present

☐ Mother ☐ Interpreter
☐ Father ☐ Foster Caret/s
☐ Grandparent/s ☐ Other:

Parent/carer names

Issues List

Current Medications This field is used for documentation of medication only and should not be used for prescribing or administration of medications

Relevant Investigations



Rehab2Kids SYDNEY CHILDREN'S HOSPITAL

Dr Carylyn Lim – Staff Specialist
 Paediatric Rehabilitation
 Provider No – 4242724T

Telephone: (02) 9382 0178
 Facsimile: (02) 9382 0177
 Rehab2Kids, Level 2, South West Wing
 High Street, Randwick NSW 2031

19 September 2024

REHABILITATION REVIEW

RE:
 MRN
 DOB:
 ADDRESS:
 PHONE NO:
 Date seen:

PRESENT AT INTERVIEW
 Jag and his mother Natalie, Sky Fostbrooke (Physiotherapist), Cath O'Sullivan (Occupational Therapist) and Dr Carylyn Lim (Rehabilitation specialist)

DIAGNOSIS

1. Left hemiplegia post right pontine haemorrhage (Nov 25th 2021) and right retrosigmoid craniotomy for excision of brainstem cavernoma (Dec 15th 2021)
2. Pontine Haemorrhage into brain stem cavernoma 6/4/24 requiring craniotomy and resection of cavernoma – resulting in worsening left hemiplegia, CN IV palsy, with inpatient rehabilitation, discharged 14/6/24

IMAGING:
 MRI Brain 26.7.24: 4mm cystic appearing lesion with a small region of post contrast enhancement superiorly.

It was a pleasure to see Jag in Dr Epps' Brain Injury Clinic as her locum. He is now 6 years old. He is well known to Dr Epps but this is his first appointment since his re-bleed and most recent admission to hospital.

To recap his last admission, he had presented on 6/4 with right sided headache and left sided weakness with associated facial droop, worsening gait and coordination. CT Brain demonstrated right pontine haemorrhage with no hydrocephalus and he progressed to a craniotomy and resection of the cavernoma. Following his acute period, he had a 1 week inpatient admission under rehabilitation followed by 6 weeks of Day Rehab.

Follow up Time Frames

	Family/child preference	Goals and Rehab needs	Function	Local Services	Interventions/ Assessments	Social Factors	Transition/ Key points
3-month (or less) appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Not all goals/needs were addressed at the appointment New patient 	<ul style="list-style-type: none"> Young patient with emerging needs (i.e. movement disorder) Rapidly changing picture 	<ul style="list-style-type: none"> Local services not in place 	<ul style="list-style-type: none"> Time sensitive assessment i.e. VEIP protocol, Review effect of interventions (i.e. Botox) 		
6-month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Rehab goals that need reviewing in a short timeframe High number of goals/needs Not all goals/needs addressed 	<ul style="list-style-type: none"> Changing developmentally and/or functionally Complex patient Younger patient (under 3yo) 	<ul style="list-style-type: none"> Local services not in place or not well established 	<ul style="list-style-type: none"> Assessment due – i.e. HINE Hip surveillance Consideration of Botox Upcoming surgery 	<ul style="list-style-type: none"> Priority populations and vulnerable (i.e. recent OOHC) Family need high support to manage needs/attend appointments 	<ul style="list-style-type: none"> Recent admission Corresponds with a key transition point (school etc)
12-month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> Identified ongoing rehab needs and goals Age/developmental related needs 	<ul style="list-style-type: none"> Stable Function No acute medical needs Monitoring Requires surveillance/intervention over time Changes related to growth 	<ul style="list-style-type: none"> Accessing local services Well linked with local supports GP/Paediatrician in place 	<ul style="list-style-type: none"> Hip surveillance 	<ul style="list-style-type: none"> Family/carer may not be reliable/unlikely to book further follow up when required 	<ul style="list-style-type: none"> No transition points that require aligned appointment
18+ month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> No new rehab goals or needs 	<ul style="list-style-type: none"> Stable Function No acute medical needs No changes in function Benefit from review but more regular review not required Nil new rehab goals / priorities 	<ul style="list-style-type: none"> Accessing local services Good relationship with local services GP/Paediatrician in place 	<ul style="list-style-type: none"> No interventions or assessments 	<ul style="list-style-type: none"> Family/carer may not be not reliable/unlikely to book further follow up when required 	<ul style="list-style-type: none"> No upcoming transition points No transition points that require aligned appointment
Transition point appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> Goals/needs currently met Goals and needs likely at this point 	<ul style="list-style-type: none"> Stable Function Minimal changes Early injuries GMFCS I 	<ul style="list-style-type: none"> Accessing local services Good relationship with local services GP/Paediatrician in place 	<ul style="list-style-type: none"> Assessment required at this time point – i.e. NP Ax Appointment scheduled around upcoming surgery or intervention 	<ul style="list-style-type: none"> Family/carer may not be not reliable/unlikely to book further follow up when required 	<ul style="list-style-type: none"> Ensure appointments happen around this time <ul style="list-style-type: none"> - Pre-school - Starting school - High school - Adults
Family to contact when need an appointment	<ul style="list-style-type: none"> Family involved with discussion and are happy to contact when they need 	<ul style="list-style-type: none"> No current rehab needs Possibility that new needs may arise Timeframe for need is unknown 	<ul style="list-style-type: none"> Stable function Doing well 	<ul style="list-style-type: none"> Good local supports Accessing services if needed 	<ul style="list-style-type: none"> No interventions or assessments required 	<ul style="list-style-type: none"> Family confident to contact if concerns No high-risk social factors – e.g. OOHC Coordinate with other appointments 	
Discharge	<ul style="list-style-type: none"> Family don't wish to attend Family are not seeing benefit from attending 	<ul style="list-style-type: none"> No rehabilitation goals or concerns Issues not related to rehab or better suited to another team (referrals made to other departments) 	<ul style="list-style-type: none"> Back to baseline function No functional needs or impairments Meeting all milestones 	<ul style="list-style-type: none"> No therapy services required Local therapy services meeting needs 	<ul style="list-style-type: none"> No interventions or assessments required 		<ul style="list-style-type: none"> Transitioned to adult services Finished school

Follow up Time Frames

	Family/child preference	Goals and Rehab needs	Function	Local Services	Intervention Assessment
3-month (or less) appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Not all goals/needs were addressed at the appointment New patient 	<ul style="list-style-type: none"> Young patient with emerging needs (i.e. movement disorder) Rapidly changing picture 	<ul style="list-style-type: none"> Local services not in place 	<ul style="list-style-type: none"> Time sensitive assessment i.e. V protocol, Review effect of interventions (i.e.
6-month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Rehab goals that need reviewing in a short timeframe High number of goals/needs Not all goals/needs addressed 	<ul style="list-style-type: none"> Changing developmentally and/or functionally Complex patient Younger patient (under 3yo) 	<ul style="list-style-type: none"> Local services not in place or not well established 	<ul style="list-style-type: none"> Assessment due HINE Hip surveillance Consideration of Upcoming surgery
12-month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> Identified ongoing rehab needs and goals Age/developmental related needs 	<ul style="list-style-type: none"> Stable Function No acute medical needs Monitoring Requires surveillance/intervention over time Changes related to growth 	<ul style="list-style-type: none"> Accessing local services Well linked with local supports GP/Paediatrician in place 	<ul style="list-style-type: none"> Hip surveillance
18+ month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call 	<ul style="list-style-type: none"> No new rehab goals or needs 	<ul style="list-style-type: none"> Stable Function No acute medical needs No changes in function Benefit from review but more regular review not required Nil new rehab goals / 	<ul style="list-style-type: none"> Accessing local services Good relationship with local services GP/Paediatrician in place 	<ul style="list-style-type: none"> No interventions assessments

appointment booked	<ul style="list-style-type: none"> • discussion around follow up and agree with this timeframe • Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> • Age/developmental related needs 	<ul style="list-style-type: none"> • Monitoring • Requires surveillance/intervention over time • Changes related to growth 	<ul style="list-style-type: none"> • Well linked with local supports • GP/Paediatrician in place 	
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Transition point appointment booked	<ul style="list-style-type: none"> • Family involved with discussion around follow up and agree with this timeframe • Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> • Goals/needs currently met • Goals and needs likely at this point 	<ul style="list-style-type: none"> • Stable Function • Minimal changes • Early injuries • GMFCS I 	<ul style="list-style-type: none"> • Accessing local services • Good relationship with local services • GP/Paediatrician in place 	<ul style="list-style-type: none"> • Assessment required at this time point – i.e. Ax • Appointment scheduled around upcoming surgery or intervention
Family to contact when need an appointment	<ul style="list-style-type: none"> • Family involved with discussion and are happy to contact when they need 	<ul style="list-style-type: none"> • No current rehab needs • Possibility that new needs may arise • Timeframe for need is unknown 	<ul style="list-style-type: none"> • Stable function • Doing well 	<ul style="list-style-type: none"> • Good local supports • Accessing services if needed 	<ul style="list-style-type: none"> • No interventions assessments required
Discharge	<ul style="list-style-type: none"> • Family don't wish to attend • Family are not seeing benefit from attending 	<ul style="list-style-type: none"> • No rehabilitation goals or concerns • Issues not related to rehab or better suited to another team (referrals made to other departments) 	<ul style="list-style-type: none"> • Back to baseline function • No functional needs or impairments • Meeting all milestones 	<ul style="list-style-type: none"> • No therapy services required • Local therapy services meeting needs 	<ul style="list-style-type: none"> • No interventions assessments required

Follow up Time Frames

Family/child preference	Goals and Rehab needs	Function	Local Services	Interventions/ Assessments	Social Factors	Transition/ Key points
<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Not all goals/needs were addressed at the appointment New patient 	<ul style="list-style-type: none"> Young patient with emerging needs (i.e. movement disorder) Rapidly changing picture 	<ul style="list-style-type: none"> Local services not in place 	<ul style="list-style-type: none"> Time sensitive assessment i.e. VEIP protocol, Review effect of interventions (i.e. Botox) 		
<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Rehab goals that need reviewing in a short timeframe High number of goals/needs Not all goals/needs addressed 	<ul style="list-style-type: none"> Changing developmentally and/or functionally Complex patient Younger patient (under 3yo) 	<ul style="list-style-type: none"> Local services not in place or not well established 	<ul style="list-style-type: none"> Assessment due – i.e. HINE Hip surveillance Consideration of Botox Upcoming surgery 	<ul style="list-style-type: none"> Priority populations and vulnerable (i.e. recent OOHC) Family need high support to manage needs/attend appointments 	<ul style="list-style-type: none"> Recent admission Corresponds with a key transition point (school etc)
<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> Identified ongoing rehab needs and goals Age/developmental related needs 	<ul style="list-style-type: none"> Stable Function No acute medical needs Monitoring Requires surveillance/intervention over time Changes related to growth 	<ul style="list-style-type: none"> Accessing local services Well linked with local supports GP/Paediatrician in place 	<ul style="list-style-type: none"> Hip surveillance 	<ul style="list-style-type: none"> Family/carer may not be reliable/unlikely to book further follow up when required 	<ul style="list-style-type: none"> No transition points that require aligned appointment
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Follow up Time Frames

	Family/child preference	Goals and Rehab needs	Function	Local Services	Interventions/ Assessments	Social Factors	Transition/ Key points
3-month (or less) appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Not all goals/needs were addressed at the appointment New patient 	<ul style="list-style-type: none"> Young patient with emerging needs (i.e. movement disorder) Rapidly changing picture 	<ul style="list-style-type: none"> Local services not in place 	<ul style="list-style-type: none"> Time sensitive assessment i.e. VEIP protocol, Review effect of interventions (i.e. Botox) 		
6-month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe 	<ul style="list-style-type: none"> Rehab goals that need reviewing in a short timeframe High number of goals/needs Not all goals/needs addressed 	<ul style="list-style-type: none"> Changing developmentally and/or functionally Complex patient Younger patient (under 3yo) 	<ul style="list-style-type: none"> Local services not in place or not well established 	<ul style="list-style-type: none"> Assessment due – i.e. HINE Hip surveillance Consideration of Botox Upcoming surgery 	<ul style="list-style-type: none"> Priority populations and vulnerable (i.e. recent OOHC) Family need high support to manage needs/attend appointments 	<ul style="list-style-type: none"> Recent admission Corresponds with a key transition point (school etc)
12-month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> Identified ongoing rehab needs and goals Age/developmental related needs 	<ul style="list-style-type: none"> Stable Function No acute medical needs Monitoring Requires surveillance/intervention over time Changes related to growth 	<ul style="list-style-type: none"> Accessing local services Well linked with local supports GP/Paediatrician in place 	<ul style="list-style-type: none"> Hip surveillance 	<ul style="list-style-type: none"> Family/carer may not be reliable/unlikely to book further follow up when required 	<ul style="list-style-type: none"> No transition points that require aligned appointment
18+ month appointment booked	<ul style="list-style-type: none"> Family involved with discussion around follow up and agree with this timeframe Family would prefer appointment to be booked rather than call to arrange 	<ul style="list-style-type: none"> No new rehab goals or needs 	<ul style="list-style-type: none"> Stable Function No acute medical needs No changes in function Benefit from review but more regular review not required Nil new rehab goals / priorities 	<ul style="list-style-type: none"> Accessing local services Good relationship with local services GP/Paediatrician in place 	<ul style="list-style-type: none"> No interventions or assessments 	<ul style="list-style-type: none"> Family/carer may not be not reliable/unlikely to book further follow up when required 	<ul style="list-style-type: none"> No upcoming transition points No transition points that require aligned appointment
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Family to contact when need an appointment	<ul style="list-style-type: none"> Family involved with discussion and are happy to contact when they need 	<ul style="list-style-type: none"> No current rehab needs Possibility that new needs may arise Timeframe for need is unknown 	<ul style="list-style-type: none"> Stable function Doing well 	<ul style="list-style-type: none"> Good local supports Accessing services if needed 	<ul style="list-style-type: none"> No interventions or assessments required 	<ul style="list-style-type: none"> Family confident to contact if concerns No high-risk social factors – e.g. OOHC Coordinate with other appointments 	
Discharge	<ul style="list-style-type: none"> Family don't wish to attend Family are not seeing benefit from attending 	<ul style="list-style-type: none"> No rehabilitation goals or concerns Issues not related to rehab or better suited to another team (referrals made to other departments) 	<ul style="list-style-type: none"> Back to baseline function No functional needs or impairments Meeting all milestones 	<ul style="list-style-type: none"> No therapy services required Local therapy services meeting needs 	<ul style="list-style-type: none"> No interventions or assessments required 		<ul style="list-style-type: none"> Transitioned to adult services Finished school

Developing a follow-up framework in Rehab2Kids

Kylie French and Kerry Hanns – Rehab2Kids, Sydney Children's Hospital, Randwick



Background:

- Large multidisciplinary rehabilitation clinics
- Inconsistent follow up timeframes across clinics
- Staff rated this as a high- priority issue to address
- Increasing waitlists for clinics

Aim:

- Develop a user-friendly framework to guide appropriate clinic follow up times for staff.

Method:

- Scoping activities to identify existing frameworks
- Comprehensive input from all team members around factors to consider.

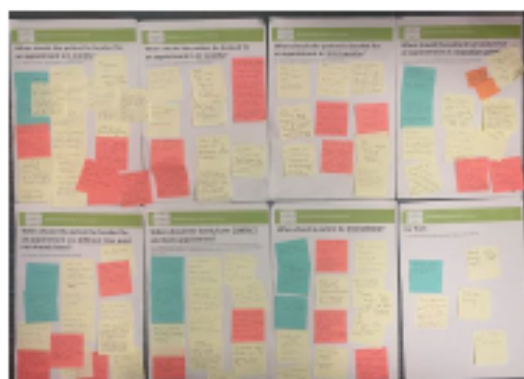
Results:

- Follow up table created and implemented within department
- Maps typical follow up time points vs seven considering factors
- Families informed of flexibility to change appointments and educated on when to contact

3 months
6 months
12 months
18 months +
Transition point
Family to contact
Discharge

vs

Family/carer/child preference
Goals and rehab needs
Function
Local services
Intervention and Assessments
Social factors
Transition/Key Points



	Family/carer/child preference	Goals and rehab needs	Function	Local services	Intervention/ Assessments	Social factors	Transition/ Key points
1 month (or less) appointment booked	Family/carer/child preference: appointment booked by family/carer/child preference	Goals and rehab needs: appointment booked by family/carer/child preference	Function: appointment booked by family/carer/child preference	Local services: appointment booked by family/carer/child preference	Intervention/ Assessments: appointment booked by family/carer/child preference	Social factors: appointment booked by family/carer/child preference	Transition/ Key points: appointment booked by family/carer/child preference
6-month appointment booked	Family/carer/child preference: appointment booked by family/carer/child preference	Goals and rehab needs: appointment booked by family/carer/child preference	Function: appointment booked by family/carer/child preference	Local services: appointment booked by family/carer/child preference	Intervention/ Assessments: appointment booked by family/carer/child preference	Social factors: appointment booked by family/carer/child preference	Transition/ Key points: appointment booked by family/carer/child preference
12-month appointment booked	Family/carer/child preference: appointment booked by family/carer/child preference	Goals and rehab needs: appointment booked by family/carer/child preference	Function: appointment booked by family/carer/child preference	Local services: appointment booked by family/carer/child preference	Intervention/ Assessments: appointment booked by family/carer/child preference	Social factors: appointment booked by family/carer/child preference	Transition/ Key points: appointment booked by family/carer/child preference
18-month appointment booked	Family/carer/child preference: appointment booked by family/carer/child preference	Goals and rehab needs: appointment booked by family/carer/child preference	Function: appointment booked by family/carer/child preference	Local services: appointment booked by family/carer/child preference	Intervention/ Assessments: appointment booked by family/carer/child preference	Social factors: appointment booked by family/carer/child preference	Transition/ Key points: appointment booked by family/carer/child preference
Transition point appointment booked	Family/carer/child preference: appointment booked by family/carer/child preference	Goals and rehab needs: appointment booked by family/carer/child preference	Function: appointment booked by family/carer/child preference	Local services: appointment booked by family/carer/child preference	Intervention/ Assessments: appointment booked by family/carer/child preference	Social factors: appointment booked by family/carer/child preference	Transition/ Key points: appointment booked by family/carer/child preference
Family to contact when next appointment	Family/carer/child preference: appointment booked by family/carer/child preference	Goals and rehab needs: appointment booked by family/carer/child preference	Function: appointment booked by family/carer/child preference	Local services: appointment booked by family/carer/child preference	Intervention/ Assessments: appointment booked by family/carer/child preference	Social factors: appointment booked by family/carer/child preference	Transition/ Key points: appointment booked by family/carer/child preference
Discharge	Family/carer/child preference: appointment booked by family/carer/child preference	Goals and rehab needs: appointment booked by family/carer/child preference	Function: appointment booked by family/carer/child preference	Local services: appointment booked by family/carer/child preference	Intervention/ Assessments: appointment booked by family/carer/child preference	Social factors: appointment booked by family/carer/child preference	Transition/ Key points: appointment booked by family/carer/child preference

Data:

- Pre- implementation data indicates a wide variation in follow up time frames.
- Significant differences noticed across similar clinics and cases.

Percentage of follow up times requested across consultants

	2-5 months	6 months	7-10 months	12 months	13-17 months	18+ months
Dr 1	9%	25%	3%	56%	0%	0%
Dr 2	14%	18%	20%	34%	5%	7%
Dr 3	8%	20%	11%	41%	4%	11%
Dr 4	8%	12%	8%	40%	3%	22%
Dr 5	30%*	25%	8%	22%	2%	2%
Average	14%	20%	11%	39%	3%	8%

*known documentation error

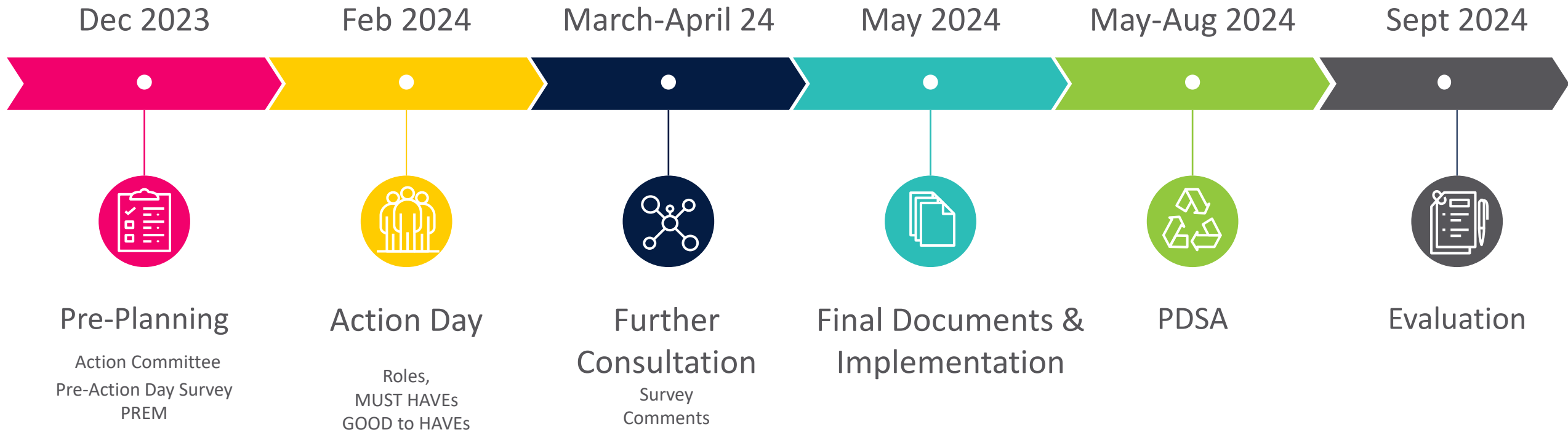
Evaluation:

- 12-month review planned to assess if there is greater consistency in follow up recommendations.

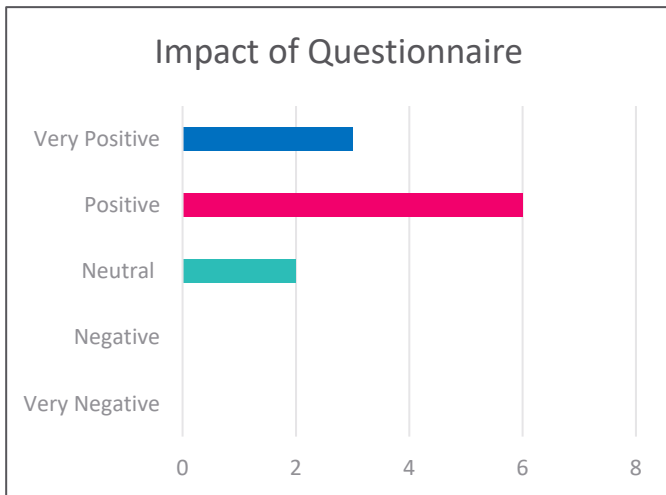
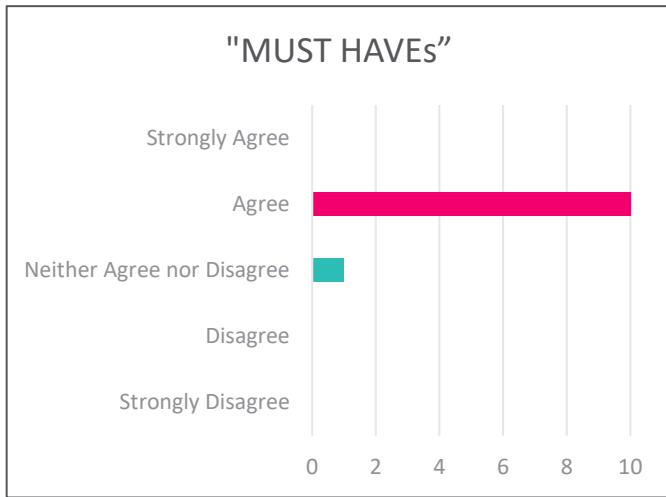
Sharing:

- Please contact for a copy of the follow-up table.

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kerry.hanns@health.nsw.gov.au



Evaluation Survey



Most staff report that "MUST HAVES and
"Good to Haves" are implemented

*"Drs considers ways to step out of clinic if need to have team discussion
before providing recommendations to families"*

Most staff feel Pre-Clinic Questionnaire
positively impacts clinics.

*"Now we see a stronger focus on family's priorities, especially
with incorporation of F-words into clinics"*

Most agree debrief tool is useful for reflection
and plan to use it.

"It's been helpful, the self-reflection practice is useful"

Insights



Focus Group

- Action Committee
- External Facilitation



Documentation

- Clear documentation of changes
- Access to documents



Staggered Roll Out

- Staff “buy-in”
- Implementation of agreed changes



Champions / Sponsorship

- HOD
- Action Committee
- Clinical Coordinators



Feedback

- Staff
- Consumers



Sustainability Strategies

- Meetings
- Self-Reflection Tool
- Spreading Change
- Orientation



The Sydney
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