




A Patient Physiotherapy Journey – From Acute Admission to the Community


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Queensland
Government



We would like to acknowledge the contributions of the de-identified family and patient, the multi-disciplinary team across Children's Health Queensland and the community team who provided input for this presentation, and we recognise that rehabilitation journeys are unique and individual to each patient and family.



Statistics 2022 – 2024 (Inpatients)

- 148 Admissions across 15 different hospital health services with an average length of stay of 28 day

Condition	Percentage of Caseload
Stroke (Haemorrhagic & Ischaemic)	12%
Brain Dysfunction (Non-Traumatic)	32%
Brain Dysfunction (Traumatic)	28%
Neurological Conditions (example - MS / ADEM / GBS)	7%
Spinal Cord Dysfunction	18%
Other	3%

Meet Ella

4-year-old Female

Interests: Arts and Crafts, Reading, Fairies and making bracelets

Dream Job: Koala Saver

Developmental History: reached age-appropriate developmental milestones

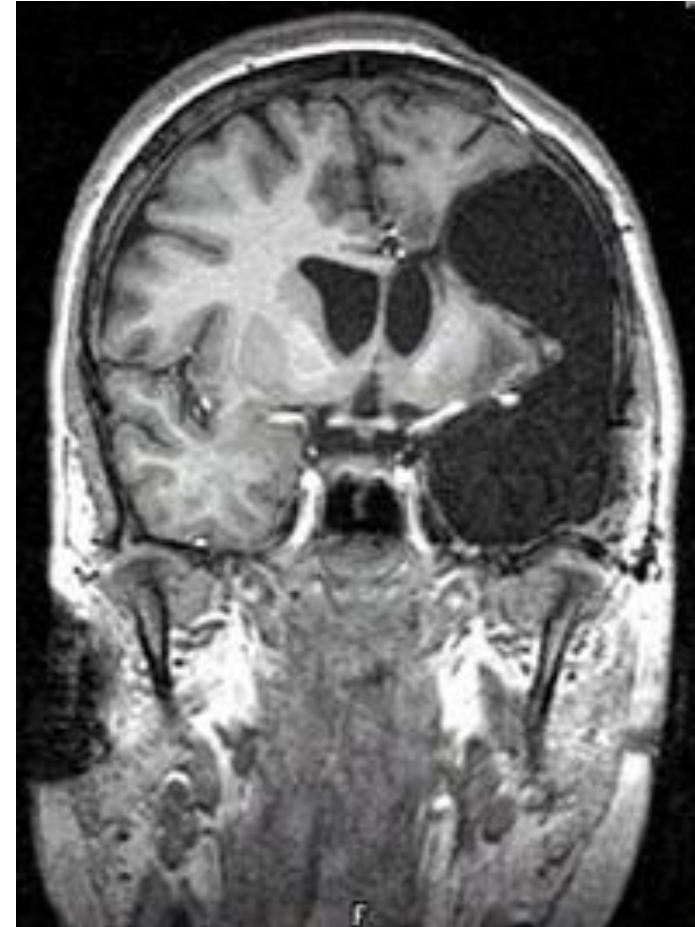
Medical History:

- Medical journey began March 2023- first focal seizure
- Multiple seizures/day, ED presentations and hospital admissions monthly
- Diagnosed with Rasmussen's Syndrome in April 2024
- Inability to participate in age-appropriate activities including kindergarten, swimming, independent sleeping and playgroups
- Emergency hemispherectomy booked September 2024 following 25-minute abnormal seizure at home



Ella's Surgery

- Left hemispherectomy
- Peri-insular approach
- Expectant Right sided dense hemiplegia
- Cranial Nerve 5, 7, 9, 10 and 12 weakness
- Expectant Right Hemianopia



<https://my.clevelandclinic.org/health/procedures/17092-hemispherectomy>



Acute Ward

Rehabilitation Ward



Day Hospital

Community &
QPRS Follow-up



Coordinated Care: *Consulting and preparing for transition to rehab*

Key Roles Responsibilities & Goals	Key Collaborative and Communication Points
<ul style="list-style-type: none">• Consultation on Tone management<ul style="list-style-type: none">- Referral for orthotics• Provision / Measuring of Equipment and supporting early mobility• Understanding Respiratory and Pain Management Plans	<ul style="list-style-type: none">• Liaising with Acute Physiotherapy Department• Introducing Rehabilitation Service to family and patient• Liaising with QPRS MDT: Medical Team, Orthotist, OT, SP, SW, AHA, Music Therapy (MT) & Nursing



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Returning Home: *Family-centred rehabilitation & support*

Key Roles Responsibilities & Goals

Key Collaborative and Communication Points

- **Intensive rehab** (1-2 daily) working on mobility progression, coordination, strengthening, improving endurance and fatigue management
- Continuing to review **equipment and orthotic needs**
- **Regular assessment** of Tone and Function
- Weekly **Case reporting** meetings
- Development of family lead ward programs and education on environmental enrichment
- Facilitating transition back to age-appropriate activities of daily living through school visits, community outings, home visits
- Providing additional support as required; equipment trials, starting NDIS process through inpatient hospital discharge pathway, linking in with community therapy teams
- **Education and goal setting**

- Family
- QPRS MDT (Medical Team, Orthotist, AHA's, OT, SP, SW, NP, MT & Nursing Staff)
- Community stake holders (school, community therapists, equipment suppliers)
- Hospital NDIS Team / NIISQ



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Everyday Adventures: *Contextual rehabilitation supporting transition back into activities of daily living*

Key Roles Responsibilities & Goals	Key Collaborative and Communication Points
<ul style="list-style-type: none">• Ongoing Intensive rehab working on mobility progression, coordination, strengthening, improving endurance and fatigue management in more contextual environments• Continuing to review equipment and orthotic needs• Ongoing assessment of Tone and Function• Development of family/patient lead home exercise programs• Weekly Case Meetings• Ongoing facilitation of transition back to age-appropriate activities of daily living through school visits, community outings, home visits• Providing additional support as required; equipment trials, starting NDIS process through inpatient hospital discharge pathway, linking in with community therapy teams• Education and goal setting	<ul style="list-style-type: none">• Family• QPRS MDT (Orthotist, AHA's, OT, SP, SW, NP, Medical Team)• Community stake holders (school, community therapists, equipment suppliers)• Hospital NDIS Team / NIISQ



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**Community &
QPRS Follow-up**

Ella's QPRS Follow-up

- Multidisciplinary clinic review of progress
 - Initial ~ 3/12 post Inpatient discharge
 - Following this, needs based and considering key transition periods
- Two-way communication (we received a handover for Ella prior to her RMED appointment)
- Pre clinic telephone call
- Reports/letter post

What is Ella doing now?

- Able to walk independently to park, play on playground equipment (climb to a slide) and walk home
- Now able to swim 25m independently
- Riding modified trike and completed Gold Coast Dash on Race Runner
- Sleeping by herself
- Enrolled into Kindy with plan to transition to school next year



Feedback from Family

*"The transitions between phases of care were all quite smooth and well thought-out. In particular, we felt as though our daughter was never rushed to the next phase of care before she was ready, and **we always felt like our opinions and thoughts were valued on that matter**"*

*"We feel that rehabilitation is less 'clinical' than we expected, and involves a team that genuinely wants the best for our daughter, including us. We feel as though rehabilitation is less about attending appointments with therapists (while this is still important), but more about how we **embed those teachings in our everyday life**, so our daughter can be given as much opportunity and guidance as possible to reach her full potential, with a smile on her face."*

*"(our) level of preparedness prior to surgery, as there were some areas of recovery that we did not foresee, or know the extent of. **While we were well educated** on the long term difficulties that may result from the surgery, and knew that the immediate challenges post-surgery would be extensive, **we were not quite expecting** how significant the change from pre to immediately post-surgery would be"*

Barriers & Enablers

- Patient and Family factors (grief, loss and trauma; prognosis; resources and geographical location)
- Ensuring Timely Handovers
- Sharing
 - Patient Journey
 - Goal setting
- Families may not have identified community therapists and/or have approved funding upon discharge - encourage community therapists to reach out as responsibility goes both ways.

Get in Touch

Queensland Paediatric Rehabilitation Service:


<https://www.childrens.health.qld.gov.au/services/rehabilitation/rehabilitation-queensland-childrens-hospital>


Email: QPRS@health.qld.gov.au

Clinical Connections: gprs-education@health.qld.gov.au

Please ask families to add you to the QPRS consent and contact list

We want
your details
here!



 **Queensland Government**
Children's Health Queensland
Hospital and Health Service
Queensland Paediatric Rehabilitation Service (QPRS)

PLEASE AFFIX PATIENT LABEL

Consent / Contact

Please complete or check details below and record any new information. Thank-you.

Patient Details		Parent / Other Person with Legal Authority Details		
Name:		Name	Phone	Email
DOB:				
QCH UR:				
Address:				

CONTACTS	Contact Y / N	Report Y / N	Name / Postal Address	Phone
Parent / other person with legal authority				
Parent / other person with legal authority				
General Practitioner				
Paediatrician				
Orthopaedic Specialist				
Insert Therapist discipline				
Insert Therapist discipline				
Insert Therapist discipline				
Insert Therapist discipline				
School				
Insurer				
			QCH Medical Chart	

Consent for Disclosure for Reports
Children's Health Queensland Hospital and Health Service is bound by the Information Privacy Act 2009. Personal information, including medical reports prepared in relation to your child, will be collected, securely stored on our database and used for the purpose of providing your child with ongoing care and treatment and communicating with you. Disclosure of this information may occur in certain circumstances, such as if required or permitted by law, in connection with your child's ongoing care in the best interest of your child or where you give prior consent (see below / above requests to disclose to your GP, School, Paediatrician or other health professional). You are able to withdraw your consent at any time and you can apply to access or amend documents held by us under the Information Privacy Act 2009.

I also give permission for QPRS to send me newsletters (please provide email address) ☐ Yes ☐ No
I also give permission for QPRS to send me surveys (please provide email address) ☐ Yes ☐ No

Parent / Other Person with Legal Authority signature: _____ Date: _____

QPRS STAFF USE ONLY – Consents completed / updated

	Date
Consent for Digital / Video / Audio Recording (CHQ form completed)	
Consent for Email Communication (CHQ form completed)	
Consent for QPRS / Research / CP Register pack (QPRS form completed)	
Consent / Contact form updated date	

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