Outpatient Pediatric Rehabilitation Services: Transitioning services from a traditional service delivery model to intensive therapy programs

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Background:
As inpatient rehabilitation services were no longer available at our hospital and outpatient pediatric services were being relocated to a new facility, staff identified the opportunity to redefine our therapy services to meet the needs of children/families we serve. The team objective was to provide a more comprehensive outpatient therapy program for children with rehabilitation needs in our region.

Description & Objectives:
An interdisciplinary, family centered team approach is an integral part of patient care at the UVA Children’s Hospital and this continued to be our focus in developing an intensive therapy model at our new outpatient facility. For children with chronic conditions resulting in functional deficits, traditional pediatric outpatient services for occupational, physical and speech therapies provide limited frequency of visits over prolonged period of time. Staff were dissatisfied with patient progress and continuity of care and identified the desire to offer intensive programs with increased frequency of services each week for a set number of weeks, including family in setting specific functional goals as well as scheduling. In redesigning our rehabilitation programs, specific objectives included:

1. Provide defined episodes of care within specific time frame.
2. Increase family participation in goal setting.
3. Identify outcome measures for intensive programs.
4. Coordination of care between OT, PT and Speech services.
5. Collaboration with attending services within the new building.

Results:

<table>
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<th>Family satisfaction scores</th>
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<td>Would Recommend UVA</td>
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<tr>
<td>2016</td>
</tr>
<tr>
<td>85</td>
</tr>
<tr>
<td>2017</td>
</tr>
<tr>
<td>87</td>
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Goal Attainment Score:
82% achieved expected goal or performed level of expectation with average score > .41 (N = 103)

Therapy staff satisfaction scores:
92% satisfied / very satisfied professionally

Staff identified advantages:
- Increased goal attainment
- Consistent attendance
- Improved ability to identify functional goals
- Increased family & patient participation

Staff identified disadvantages:
- Patient fatigue
- Scheduling difficulty for families from large catchment area
- Obstacle coordinating team meetings and goal discussions

Program Design:
- Staff education on healthcare trends, outcome measures and literature review related to intensive therapy models.
- Review of staff caseloads to identify target patient populations which includes children birth to 21 years old with various diagnoses
- Development of referral matrix for transitions from our acute care facility.
- Determining scheduling guidelines:
  - 3x weekly for 4 weeks
  - 2x weekly for 6 weeks
  - 1x weekly for 12 weeks
- Selection of outcome measures and patient/family satisfaction survey tools:
  - Goal Attainment Scale
  - UVA Family Survey tool
  - Interdisciplinary staff survey
  - Education of referral sources
- Collaboration with newly recruited sub-specialist in Pediatric PM&R
- Clinic coordination with Developmental Pediatrics
- Weekly rehabilitation patient care rounds

Discussion / Future Directions:
- Identify quality of life measure (e.g. CP Child)
- Ongoing review of frequency of visits (more intense may be needed for programs like CI(T)).
- Specific scheduling slots for consistency
- Designating formal team meeting time slots
- Revision of family information packet
- Posting outcome measures for families (web-based tools?)
- Any role for continuing traditional therapy model and if so, who should provide? El vs School vs outpatient.
- Monthly consultative visits between episodes of care?

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