Form Follows Function

A Novel Clinic Model in Pediatric Rehabilitation

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Objective: To create a new clinic model based on function

Over the past year we have embarked on a project to transform ambulatory care in our pediatric rehabilitation program. The International Classification of Functioning, Disability and Health and the 'F Words' of disability have helped to shift our clinical focus from diagnosis and disability, to that of function. To deliver optimal care focused on the functional needs of our patients, a shift in our clinic model was needed.

Previous Clinic Model

At our institution clinics were organized based on diagnosis. There were separate clinics for cerebral palsy, neuromuscular disorders and spina bifida. Each of these clinics operated in a unique way. Two of the clinics generally adopted an interdisciplinary model, while the third clinic was typically multidisciplinary. If patients did not meet the specific diagnoses of one of these clinics, it was difficult to access the necessary rehabilitation care. Each of these clinics had a variety of professions serving their patient population.

The Inter-Professional Team

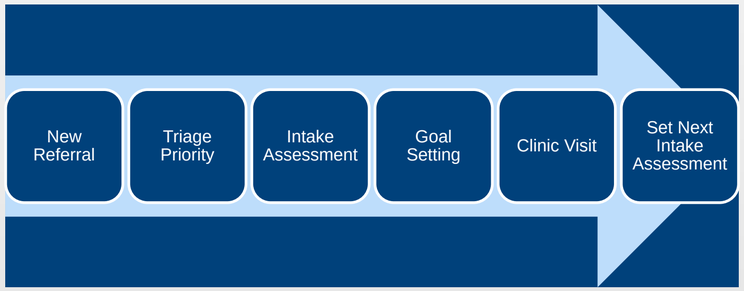
Our clinic model is designed for all members of the clinic team to practice to their full scope. Clinic is staffed by a core inter-professional team and care is coordinated with other medical specialties and services as needed.

The core clinic team includes:

- Clinic Team Leader
- Dietician
- Nursing
- Occupational Therapy
- Pediatric Rehabilitation Physician
- Physiotherapy
- Social Work

There is also availability of: Rehab Psychology, Specialty Seating, Recreation Therapy, Augmentative Communication and Technical Access, Orthotics and Prosthetics. Medical specialties including orthopedics, neurosurgery, urology, endocrinology, respirology and neurology are also coordinated.

New Clinic Model



Our outpatient clinic is now focused on functional goals, rather than diagnosis. The clinic serves patients within the Health Centre's geographic area that have a physical disability resulting in functional impairment. A key change in how the clinic operates is that patients are booked into clinic based on their functional goals. Thus patients see the right professional at the right time.

New referrals are triaged based on anticipated risk of further functional decline without intervention. Intake assessments are carried out by any of the clinic team members. This involves a chart review and semi-structured phone interview with the patient and, or family. This provides the clinic team with the necessary past medical, surgical, and developmental history, medications, investigations and current functional review. The intake interview closes with a discussion of the functional goals the patient and family identify. The clinician utilizes a solution focused approach and the Canadian Occupational Performance Measure to guide the goal setting discussion and scaling. The identified goals and information from the assessment are used to determine the optimal clinic booking for that patient. Thus, patients are booked into clinic when there are functional goals, or medical surveillance that is necessary. Families are encouraged to contact the clinic at anytime if there are new concerns or functional goals.

The clinic team meets on a weekly basis to review intake assessments, discuss the previous week's patients, upcoming patients, and quality improvement and patient safety issues.

All About Goals

The Canadian Occupational Performance Measure (COPM) is utilized as a tool to facilitate goal setting. Goals are tracked and the scoring allows for quantitative assessment of the success of interventions aimed to reach a patient's goals.

Central to the function of the new clinic model is a patient specific Care Plan. This document is an interdisciplinary communication tool. It is patient specific and not discipline specific. The Care Plan is where the patient's goals are documented and progress charted with COPM scoring. The document is a fluid, real-time document where team members summarize the body structure/function impairments, activity limitations and participation restrictions along with the proposed interventions to affect change on the patient's goals.

Example Goals

- "To eat meals together as a family"
- "Go to the mall with friends"
- "Be able to do activities as a family"
- "To socialize more and integrate with his peers"
- "To make dressing and bathing easier"
- "For the whole family to sleep at night"
- "To reduce pain to play with friends"
- "Eat safely and efficiently"
- "Be able to get a job"

Benefits

Our clinic model aims to improve efficiency of care by utilizing team members to full scope of practice. This allows patients to be seen by the right professional at the right time. We believe that 'no-show' rates will be significantly reduced as patients and families will have an increase sense of engagement and control of their care. The model empowers patients and families to learn skills in setting functional goals and directing their care. We believe this will translate into improved transition to adult care.

The clinic database is being utilized to track patient goals. We are also using various tools to measure patient engagement and satisfaction.

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