It takes a Village

How a team approach drives outcomes in Pediatrics

Katherine Lefert PT, PCS
Katie Purcell PT, DPT, CBIS

childserve
Believing in the spirit of a child.

Objectives

- Describe the complexities that are unique to providing PT in a pediatric setting
- Identify the key team members and/or roles that are needed for good therapy outcomes in a pediatric setting
- Explore case examples to illustrate how team members contribute to the PT outcomes of a child

childserve
Believing in the spirit of a child.

When is a team approach required?

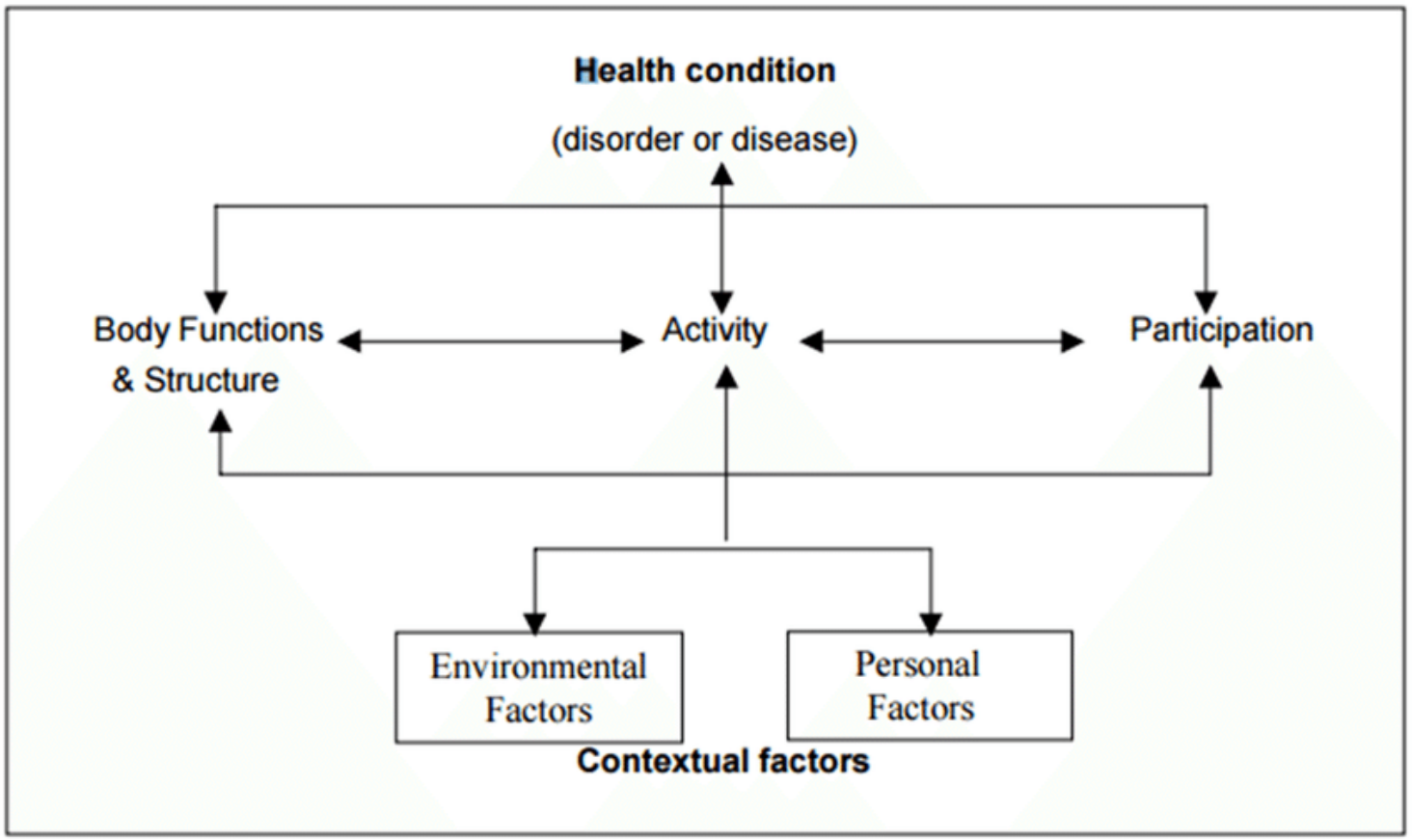


Figure 1 [1]

childserve
Believing in the spirit of a child.

Children with Medical Complexity

- 1 in 5 American families have a child with special health care needs [2]
- Children with medical complexity are a part of this group.
- These children have multiple chronic conditions that often require the care of a variety of community and hospital based providers
- Fragmentation of the health care system requires families to spend considerable time communicating with providers.
- Following a medical event or accident there may be patients that fall into the medical complexity category temporarily, or even long term that had been previously healthy

childserve
Believing in the spirit of a child.

A “care map” created by a family

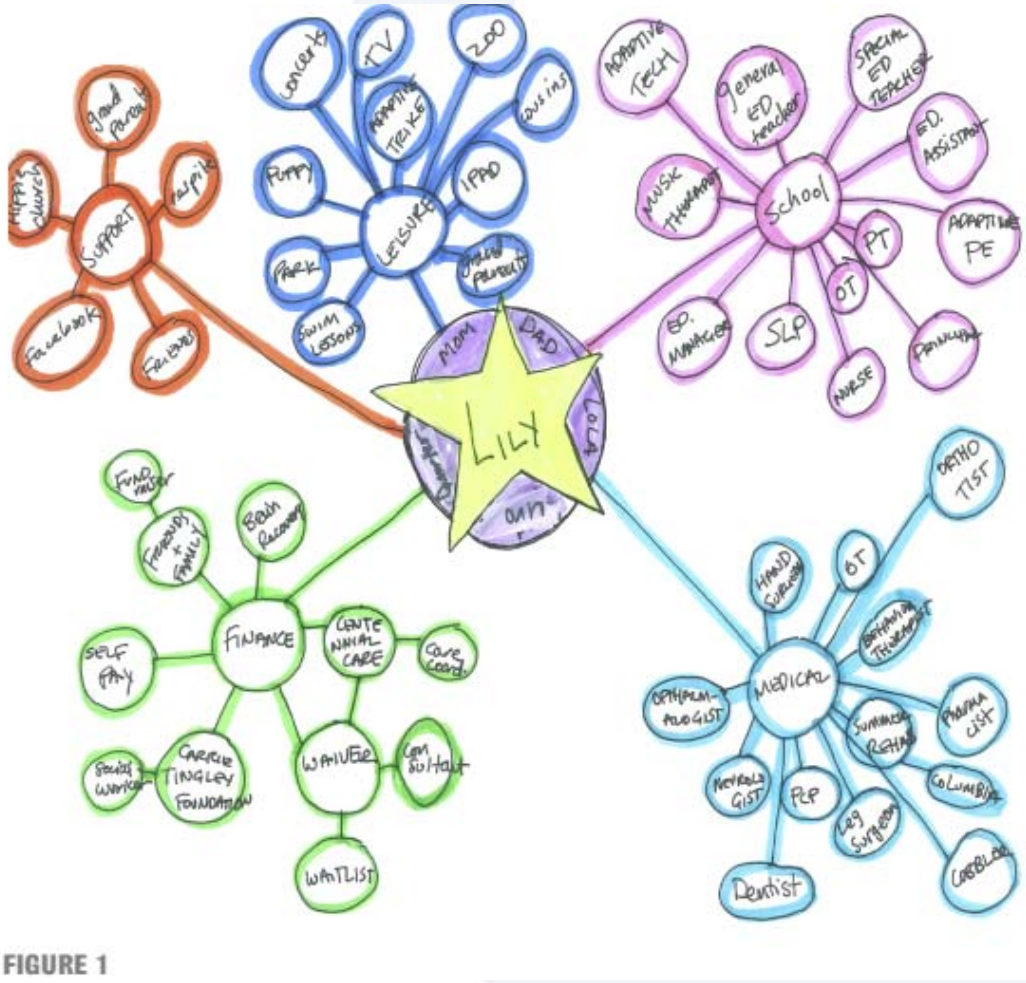


FIGURE 1

Figure 1 [2]

childserve
Believing in the spirit of a child.

Children with special health care needs

Lucile Packard Foundation for Children's Health

Fact Sheet

April 2019

An Almost Complete List of Services Used by Families and Children with Special Health Care Needs

by Edward L. Schor, MD

Children with chronic and complex health conditions and their families require access to a wide array of health care and other services to function optimally. These needs can be identified by patients and families in the creation of shared care plans, or consequent to screenings and assessments. Various referral policies and practices have been developed to facilitate access to these services. The following lists are intended to provide a classified enumeration of services that may be used and of value to children with special health care needs and their families. It can be used for care mapping, care planning, resource database creation and referral system development.

Family Services

Formal Family Support & Advocacy

- Advocacy services
- Care navigation
- Child care
- Family resource center services
- Homemaker services
- Organizing health records
- Parent-to-parent support
- Respite care
- Spiritual support and faith communities
- Categorical/Disease-specific organizations
- Voluntary organizations
- Blogs
- List serv
- Social media

Informal Family Supports

- Blogs
- Extended family
- Friends of child
- Friends of parents
- Neighbors
- Support groups for child, siblings and parents
- Clubs
- Cultural organizations/groups

Social Services

- Human Services Agency (Medicaid, IHSS)
- Child Protective Services (CPS)
- Child welfare agency and foster care
- Court Appointed Special Advocates (CASA)
- Financial assistance (SSI/SSDI)
- Home visiting
- Independent living
- Housing assistance
- Transportation assistance (payers, dispatchers, bus drivers)
- Voluntary organizations (Easter Seals, etc.)
- Food subsidies (Women, Infants and Children Food and Nutrition Service (WIC), food stamps)

Advocacy

- Advisory committees and councils
- Public testimony
- Non-profit voluntary organizations

Employer/Work

- Employer
- Worksite accommodations
- Disability benefits/Ticket to work
- Vocational rehabilitation
- Job placement

childserve

Believing in the spirit of a child.

Inpatient Rehab Team Members

- Physiatrist
- Attending Pediatrician
- PT, OT, SLP, therapy aides
- Recreational Therapy
- Care Coordinators
- Nursing/nurse aides
- Respiratory Therapy
- Social Workers
- Dietitian
- Wound nurse
- Mental health therapists
- Orthotist
- Adaptive Technology Professional
- Offsite Specialty physicians

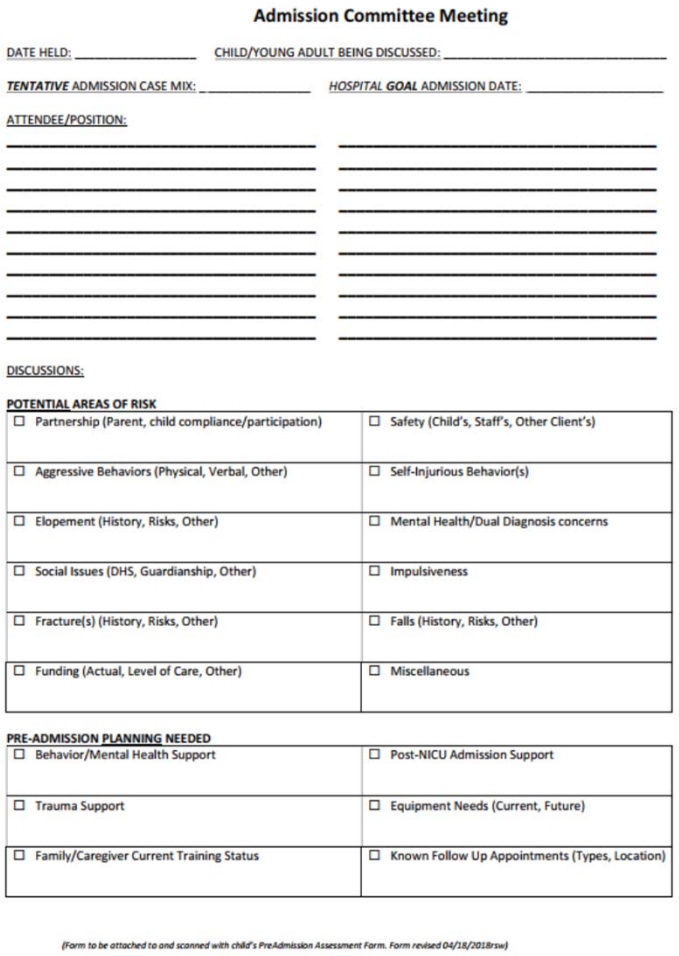
childserve
Believing in the spirit of a child.

Inpatient Rehab Multidisciplinary meetings

- Admission committee
- Family/Patient care conferences
- Rehab rounds
- Discharge rounds
- Daily Safety huddle

childserve
Believing in the spirit of a child.

Prior to Admission



Admission Committee Meeting

DATE HELD: _____ CHILD/YOUNG ADULT BEING DISCUSSED: _____

TENTATIVE ADMISSION CASE MIX: _____ *HOSPITAL **GOAL*** ADMISSION DATE: _____

ATTENDEE/POSITION:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

DISCUSSIONS:

POTENTIAL AREAS OF RISK

☐ Partnership (Parent, child compliance/participation)	☐ Safety (Child's, Staff's, Other Client's)
☐ Aggressive Behaviors (Physical, Verbal, Other)	☐ Self-Injurious Behavior(s)
☐ Elopement (History, Risks, Other)	☐ Mental Health/Dual Diagnosis concerns
☐ Social Issues (DHS, Guardianship, Other)	☐ Impulsiveness
☐ Fracture(s) (History, Risks, Other)	☐ Falls (History, Risks, Other)
☐ Funding (Actual, Level of Care, Other)	☐ Miscellaneous

PRE-ADMISSION PLANNING NEEDED

☐ Behavior/Mental Health Support	☐ Post-NICU Admission Support
☐ Trauma Support	☐ Equipment Needs (Current, Future)
☐ Family/Caregiver Current Training Status	☐ Known Follow Up Appointments (Types, Location)

(Form to be attached to and scanned with child's PreAdmission Assessment Form. Form revised 04/18/2018rsw)

- Preadmission assessment completed by access specialist, nurse practitioner, or rehab nurse
- Multidisciplinary team meets to determine whether the patient meets requirements for admission and if there are any areas of risk
- Team also determines if there is more information required from the referral source
- Communication back to referral source of any further needs

childserve
Believing in the spirit of a child.

Family/Patient Care Conference

- Initial conference is held 2-7 days after admission, during the stay as needed, and just prior to discharge
- Pediatric Physiatrist leads the meeting for a child receiving intensive rehab services. Always starts with family questions to focus meeting on their needs
- All disciplines-PT, OT, SLP, Dietitian, Respiratory therapy, Recreational Therapist, and Social Work provide their updates and their goals for the week/discharge.
- Encourage community team members-school, home nursing company, outpatient social worker, or other specialist to attend
- Discuss any support and equipment needs required for discharge

childserve
Believing in the spirit of a child.

Rehab Rounds

childserve
Believing in the spirit of a child.

TCU Rehab Rounds

Name:	**Today's Date:**	**DOB:**	**Age:**
Estimated LOS:	**Admit Date:**	**PCP:**	
Admitting Diagnoses:			
Medical Updates/ Nursing:			
Social Services/ Care Coordination:			
PT Updates:	**OT Updates:**	**ST Updates:**	
Medications:	**Dietician Updates:**	**TR/CL updates:**	
Physiatrist Impression/ Plan:			
Physiatrist/ ARNP Signature →			
Other Team Members at Meeting: ARNP, Rehab RN, RN, ST, PT, OT, CC, SW, TR/CL, Dietician, Therapy Supervisor			

- Bedside rounds led by physiatry team
- Patient and family present if able
- All members of the multidisciplinary team report on progress, areas of concern, and goals for next week

childserve
Believing in the spirit of a child.

Discharge Rounds

Discharge round format

Safety:
Appointments:
Caregiver Training:
Nursing:
Dietitian:
Therapy:
Equipment:
Social Work:
D/C plan:
Length of Stay:

childserve
Believing in the spirit of a child.

Safety huddle format

Current Training Plans: **Clinical Issues:** Child Issues	**Staff Announcements:** **Admissions** Discharge:

Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:	Monday:

Very brief huddle to provide updates/concerns, appointments, training needs. Team attends as able.

childserve
Believing in the spirit of a child.

Communication signage

- Used to communicate most important information to all staff
- Updated as needed
- Team provides input on safety information

childserve
Believing in the spirit of a child.

Inpatient Case Study

- 18 year old previously healthy male sustained a C5 SCI during a MVC
- Upon transition he was trach/vent dependent, G-tube dependent, stage II pressure ulcer on coccyx, neurogenic bowel and bladder. He was unable to talk over the vent so communication is difficult. Significant pain of his neck and left shoulder.
- Socially: He was a senior in high school and was to be graduating. Both parents worked full time. Dad as a truck driver, Mom in a medical clinic. Lived 2.5 hours away and needed to get back to work.
- Upon admission the team was unclear as to how much the parents and patient understand about diagnosis, prognosis, and level of care required.

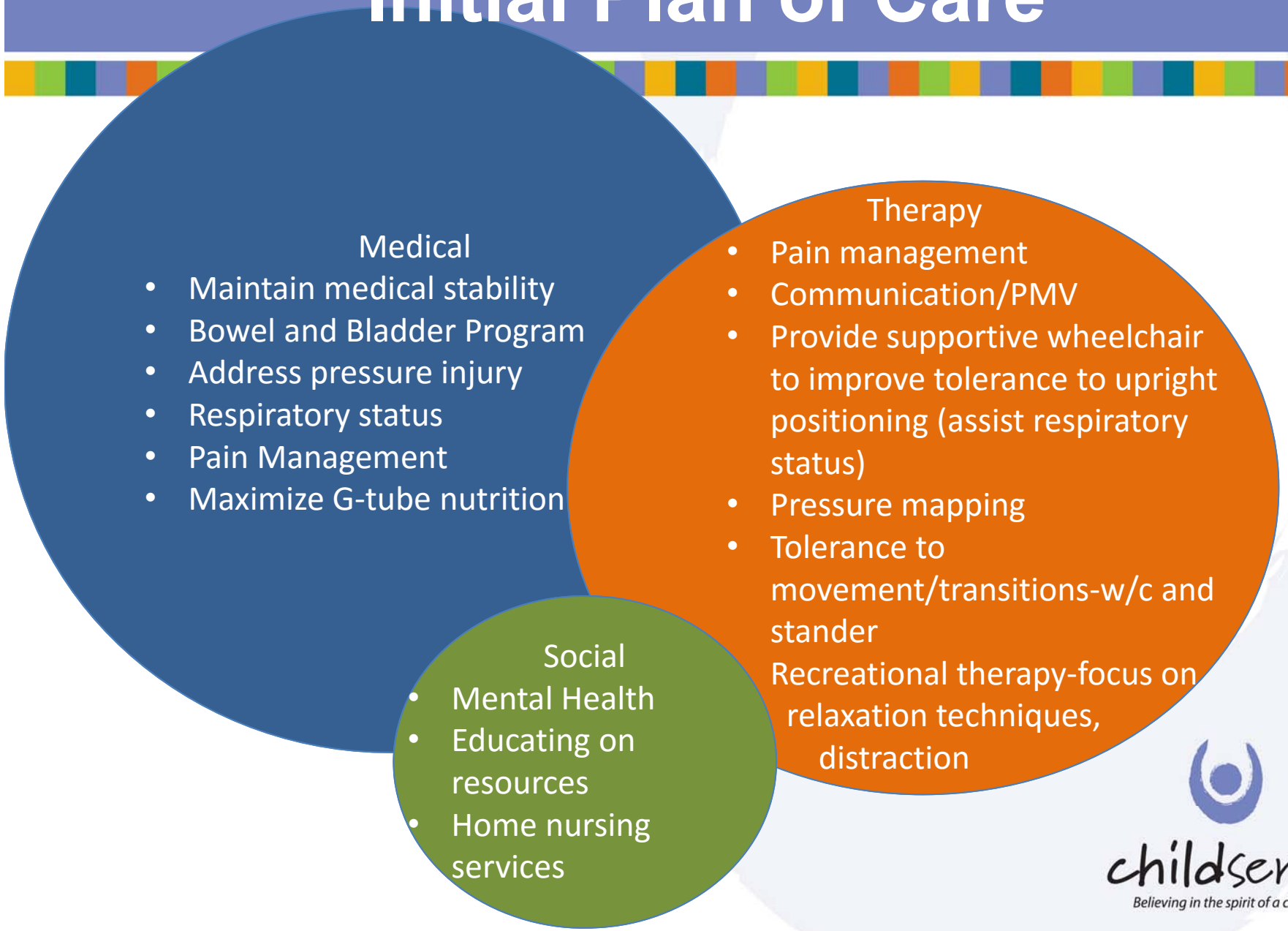
childserve
Believing in the spirit of a child.

Where do you start?

- Family care conference held without patient present per parents request to establish knowledge of injury, medical and therapy goals, and home services
- Small group met with the patient to explain injury, prognosis, and goals

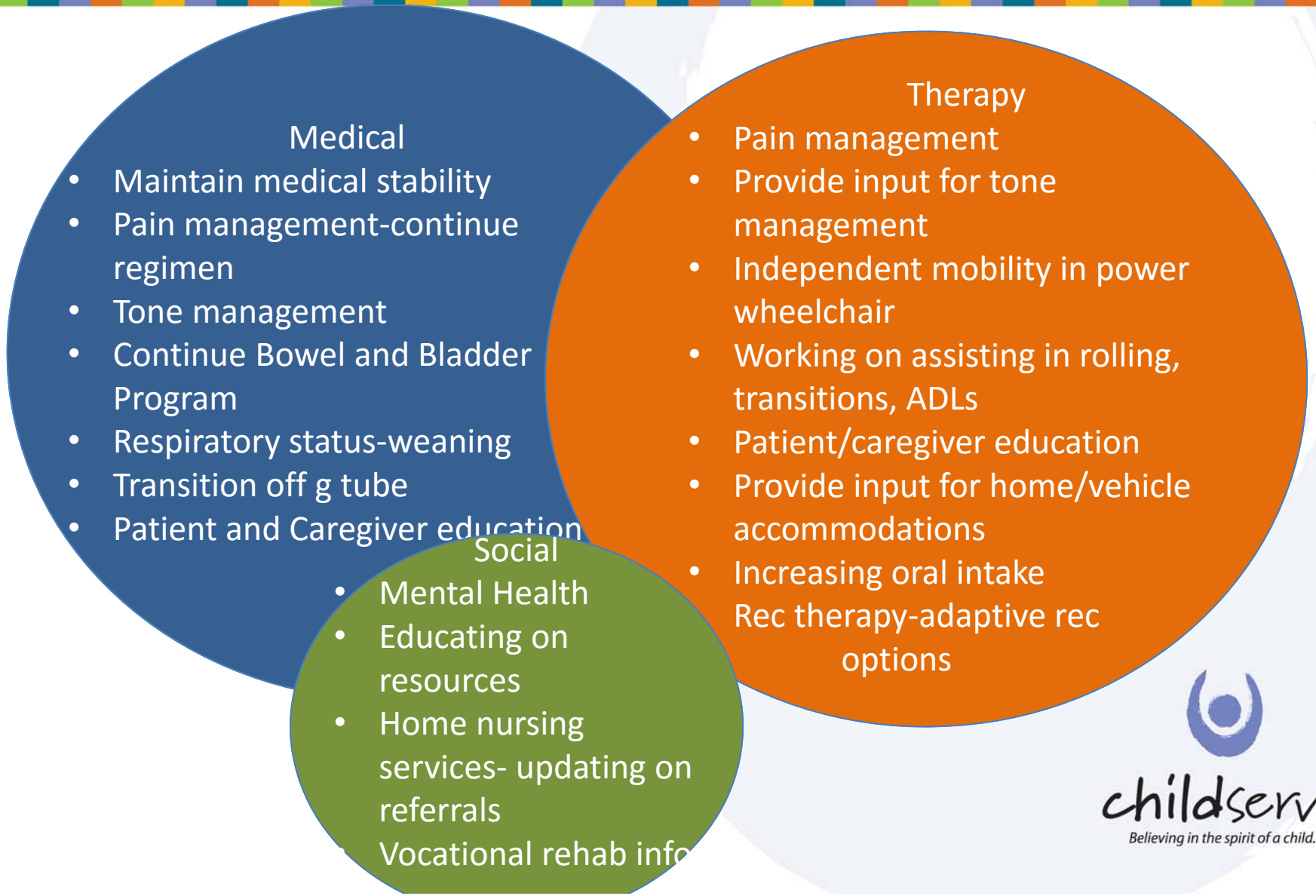
childserve
Believing in the spirit of a child.

Initial Plan of Care



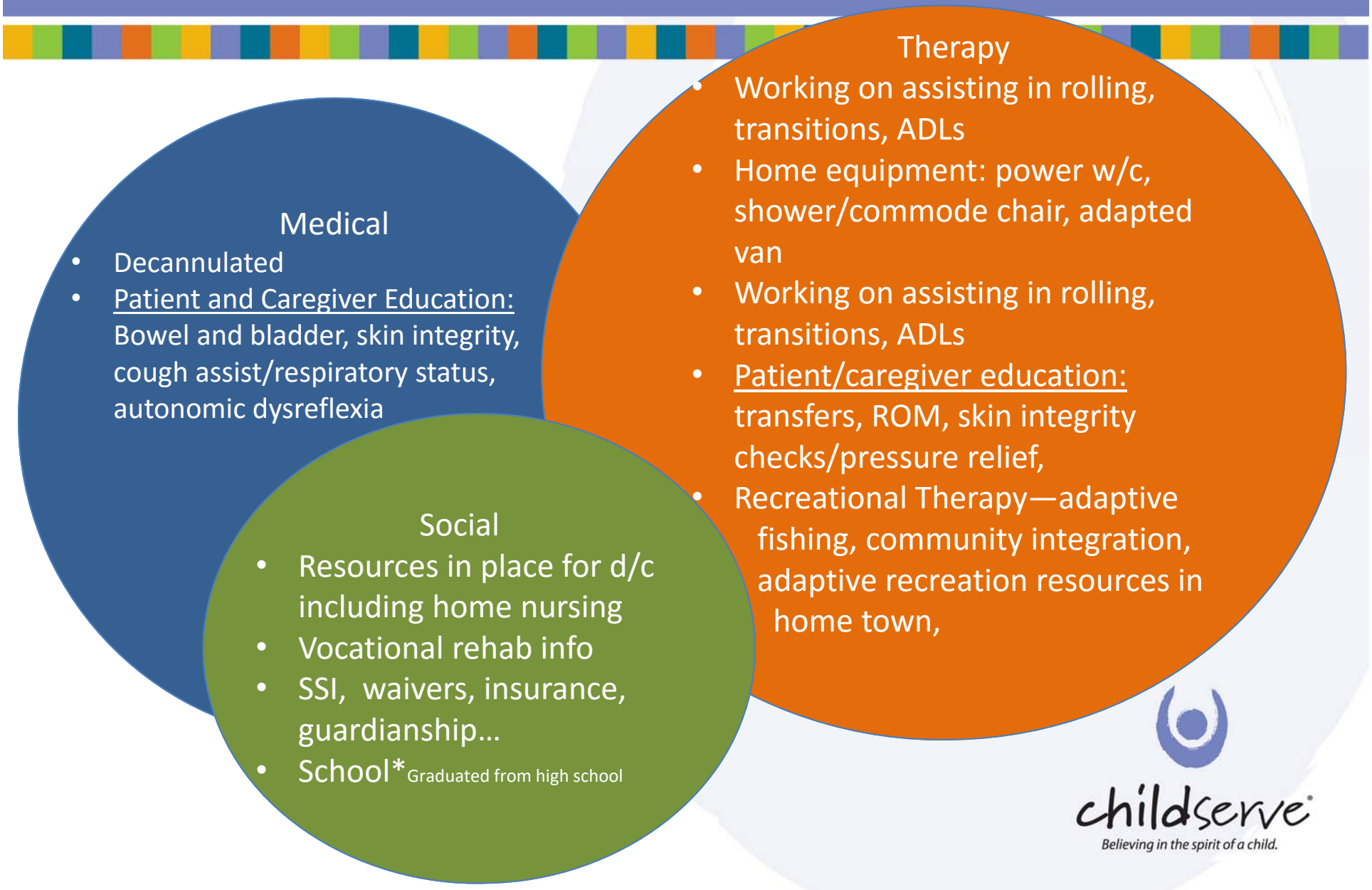
childserve
Believing in the spirit of a child.

Interim Plan of Care



childserve
Believing in the spirit of a child.

Transition to home



childserve
Believing in the spirit of a child.

PT goals impacted by team

- Input to/from nursing regarding pain and skin integrity
- Input with OT to physiatrist regarding tone management
- Input from respiratory regarding when to start PMV, tolerance to increased work
- Therapy initially required to stay on unit or have nursing/RT support-schedule coordination
- Co-treat regularly with OT and recreational therapy

childserve
Believing in the spirit of a child.

Outpatient

- Multidisciplinary team is similar depending on child's needs.
  - PT, OT, SLP, Mental Health Therapists, Physicians (primary and specialty), Nurse Practitioners, Nurse, School therapists, Family, Social Workers, Orthotists, Adaptive Equipment
- Primary therapist coordinates all of communication when able
  - Schedules a meeting if needed
  - Attempt to get Release of Information on intake

childserve
Believing in the spirit of a child.

Outpatient Interdisciplinary Teamwork

- Unlike inpatient it is not required or part of the schedule
- Use of a designated care coordinator provides best outcomes [2], however in Iowa there is no current framework or payment structure.
- Care coordination may be provided by parent, primary physician, insurance company, case manager through waivers.
- The primary therapist will coordinate with other disciplines regularly and will initiate communication with other off site therapists/specialists when necessary.
  - Attempt to get Release of Information on intake for offsite specialists

childserve
Believing in the spirit of a child.

Benefits of Collaboration

- Collaboration on the above examples help the patient, family, and each of us to do our job more accurately and efficiently.
- For children with complex medical and or social needs a referral to a pediatric physiatrist or social worker may be needed

childserve
Believing in the spirit of a child.

Outpatient Team Collaboration

- What are we each doing for therapy? How can we facilitate each other's goals?
- How are you addressing family education and dynamics?
  - Home program and equipment needs
  - Consistent parent education
  - Collaboration with school
  - Community referrals and resources

childserve
Believing in the spirit of a child.

Outpatient Case Study

- 3.5 yo boy with a congenital heart defect, a history of open heart surgery and an unknown genetic disorder
- Receives both outpatient and school PT
- Social: Parents have recently divorced since we have started seeing him. Father recently beginning to attend appointments together.

childserve
Believing in the spirit of a child.

Outpatient Case Study:

- Initiate Early Access therapy in parents home
- Initiate Outpatient therapy, with only mom present
- Participation in UEU intensive- 3 days/wk x8 wks
- Begins making great strides towards standing and walking
- Receives wheelchair
- Begins school

childserve
Believing in the spirit of a child.

Conclusions

- When you have a child with medical complexity it is important to understand the support needs of the family.
  - Therapists must work together in order to provide consistency and achieve the best outcomes
  - Access social work if possible.
- What are patient's/family current priorities-who is setting these priorities
- How can the therapists work together to best meet this child's needs?
- The team and family must have regular communication to ensure the team is working towards the desired outcomes.

childserve
Believing in the spirit of a child.

Objectives

- Describe the complexities that are unique to providing PT in a pediatric setting
- Identify the key team members and/or roles that are needed for good therapy outcomes in a pediatric setting
- Explore case examples to illustrate how team members contribute to the PT outcomes of a child

childserve
Believing in the spirit of a child.

References

1. Hurst R 2003. The international disability rights movement and the ICF. Disability and Rehabilitation Vol 25, No, 11-12, 572-576

2. Kuo DZ, McAllister JW, Rossignol L, et. Al. Care Coordination for Children with Medical Complexity: Whose Care is it , Anyway? Pediatrics 2018; 141 S224-S232.

2. https://www.lpfch.org/

childserve
Believing in the spirit of a child.