



The Canadian Network of Child & Youth Rehabilitation
Le Réseau canadien de réadaptation enfance-jeunesse



CN-CYR is a National Network of the / Le RCRC-J est un réseau de l'
CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES (CAPHC)
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES (ACCSP)



CHILDREN'S THERAPY INITIATIVE WINNIPEG

PHYSIOTHERAPY PROJECT

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Identified **Issues** Regarding Service Challenges



- Multiple agencies with different funders
- Variations in practice and service models
 - Based on funding model not clinical need
- Patients on multiple waiting lists
- Long wait times for all disciplines
- Referrals directed based on diagnosis not need
- Complaints, including to government
- Information sharing limited due to privacy concerns

Program Context: Issues Motivating Change



- The system was complex with multiple points of entry, inequitable access and unwarranted variations in care
- **Children's Therapy Initiative:**
A provincially funded project established with a mandate to improve therapy service delivery for children

Approach to Re-Design



- **VISIONING (2008 to present)**
 - Interdisciplinary
 - Multiple agencies
 - Multiple sites
- **Common definitions and priorities**
- **Centralized Intake for all agencies in Winnipeg was established in 2008**
 - Physiotherapy
 - Occupational Therapy
 - Speech Language Pathology

Vision



- Children's Therapy Initiative-Winnipeg Project Charter:

“Ensure children are seen as quickly as possible by the most suitable provider in the most appropriate location”

RIGHT PERSON, RIGHT PLACE, RIGHT TIME

Conceptual Frameworks Used

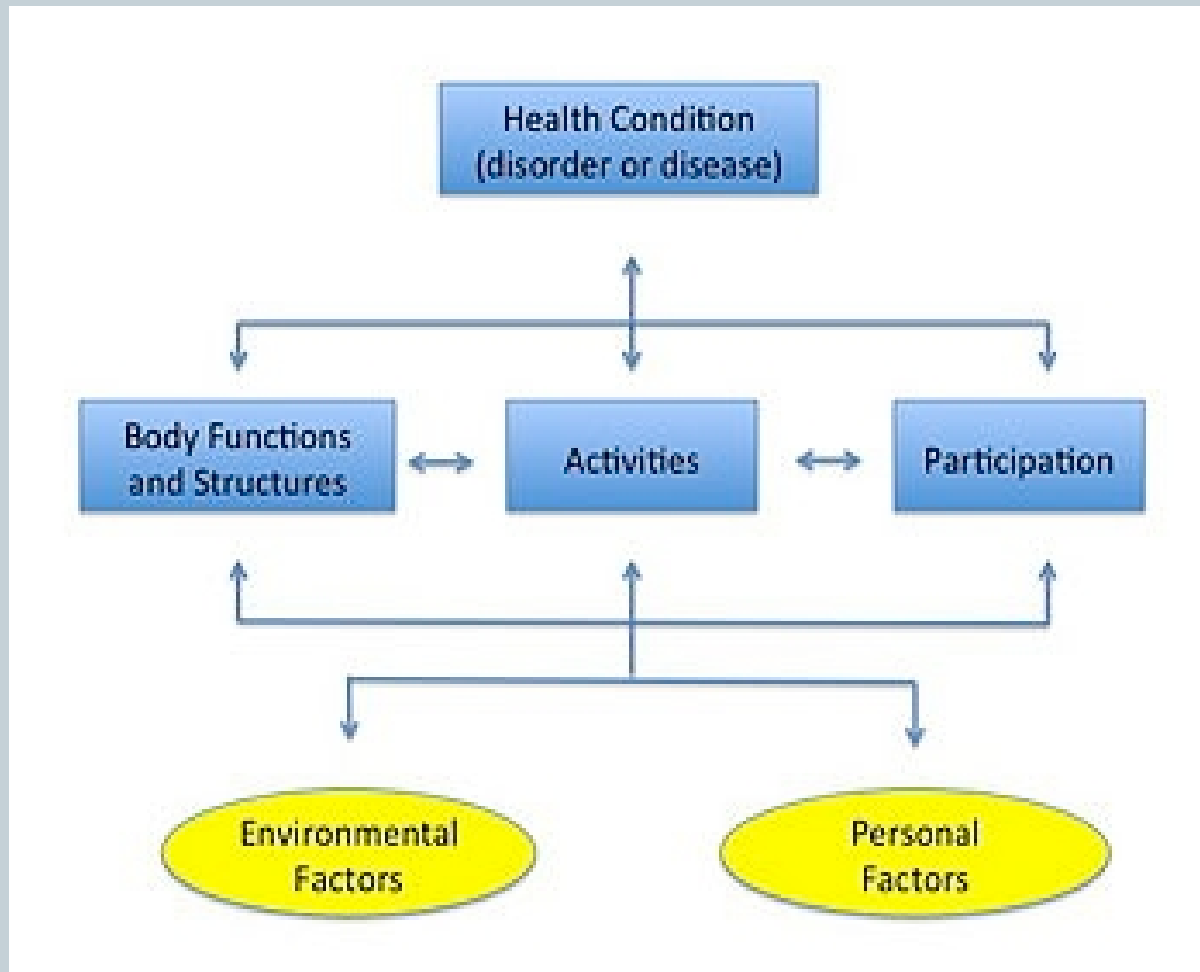


- **Cincinnati Children's Hospital**
 - Distributive justice (ethics)
 - Frequency of therapy grid
 - Episodes of care
 - Self-management (importance, readiness and confidence)
 - Clinical practice guidelines (evidence based care)
- **International Classification of Function**
 - Focus on functional goals, activity and participation
- **Family Centered Service**
 - Partnering with families
 - Shared goal setting

Guidelines for Frequency of Therapy Services in a Pediatric Medical Setting

Factors	Intensive 3-11x per week	Weekly/Bimonthly 1-2x/wk or Every Other Week	Periodic Monthly or Less Often at Regularly Scheduled Intervals	Consultative Episodic or as Needed
Potential to participate and benefit from the therapy process (takes into consideration age, diagnosis, prognosis, and motivation)	Patient has potential for rapid progress; or potential for rapid decline or loss of functional skills due to current medical condition	Patient demonstrates continuous progress toward established goals	Patient demonstrates slow rate of attainment of goals in identified areas and/or does not regress for reasons unrelated to their disease process	Patient/caregiver is able to meet new challenges associated with a change in life stage or medical condition. PT/OT uses clinical decision making and problem solving skills to identify problems, recommend solutions in response to new challenges or specific issues identified by the
Critical period for skill acquisition or for potential regression related to development or medical condition	Extremely critical period	Critical period	Not in a critical period and/or episodically critical period related to development, change in life stage or medical condition	Specific challenges identified by patient and/or caregiver, or have a need for specific adaptive equipment
Amount of clinical decision making and problem solving needed from a licensed therapist	Requires the clinical skills and problem solving of a licensed therapist; a limited part of therapy program can be safely performed by patient and/or caregiver	Requires the clinical skills and problem solving of a licensed therapist for a significant part of the therapeutic program; some exercises/activities can be safely performed by patient and/or caregiver	Requires the clinical skills and problem solving of a therapist to periodically reassess condition and update home program; home program can be safely performed by patient and/or caregiver	Home Program can be carried out safely by patient and/or caregiver. Clinical skills and problem solving of a licensed therapist needed for specific challenges identified by the family or patient
Level of support present to assist the patient in attaining goals (i.e., ability to attend appointments, compliance with therapy recommendations, etc)	High level of support present to assist the patient in attaining goals	High level of support present to assist the patient attaining goals	Level of support is adequate to maintain skills and/or various factors present that impede patient's ability to made steady progress toward goals	Level of support is adequate to allow patient to meet new challenges associated with a change in life stage or medical condition, with consultative services of therapist

International Classification of Function



Who Are You Consulting To?



- **Consent**
 - Ready, willing and able
- **Model**
 - Direct versus consultative
- **Environment**
 - Facility, home, daycare or school
- **No one to consult to?**
 - Discharge-with knowledge that child can easily access therapy when family is ready or when needs arise

Program Evaluation Goals in the Redesign



- **Improve accessibility**
 - Single point of entry
 - Self referral
 - Single wait list, common priorities
 - Decrease wait times
- **Seamless transitions between all systems**
 - Facility, community, school
- **Decrease variations in care**
 - Evidence based practice
 - Frequency based on need and progress
- **Family satisfaction**
 - Decrease complaints

Program Evaluation Plan



- **Children's Therapy Initiative Annual Report**
 - Wait times
 - Unique children served
 - Referrals received

- **Site specific:**
 - Wait times at site
 - Parent satisfaction surveys

Program Data Collection-Site Specific



- **Quantitative**

- Number of new patients
- Wait times
- Number of complaints

- **Qualitative**

- Family satisfaction survey
- Goal achievement
- Anecdotal reports
 - ✦ Families
 - ✦ Care providers
 - ✦ Staff

Key Findings and Results



- **Family readiness**
 - Ready, willing and able
 - Fewer and/or different “no-shows”
- **Decreased wait time**
- **Access at right time**
 - Right person, right place (eventually)
- **Interagency collaboration**
 - Communication
 - Shared wait list,
 - Flexibility within the system re episodes of care
- **No complaints**

Lessons Learned –Successes



- **Government mandate and funding**
- **Talk, trust, time**
 - **Regular meetings**
 - ✦ Multi-disciplinary
 - ✦ Discipline specific
- **Common language and vision**
 - **Inter-agency workshops**
 - ✦ Dr. Reder (Cincinnati Children’s) “When is Enough, Enough?”
 - ✦ Dr. Rosenbaum (Can Child) “ The 5 F’s”
 - ✦ Health Behavior Change
 - ✦ Clinicians’ networks and workgroups

Lessons Learned –Successes



- **Common documents are important**
 - Consent form
 - Information brochure
 - Referral form
 - Transfer request form
 - Readiness for Therapy Services
- **Common definitions**
 - Priorities
 - Episode of care
 - Frequency

Lessons Learned – Challenges and Solutions



- **Patience and Persistence**
 - Build and maintain relationships
- **Engage the early adopters**
 - Don't wait for everyone to be on board
- **Changing language**
 - “Non-compliant” → “not ready”
 - “Picked up” → “transfer completed”
- **Plan the evaluation and engage a researcher at early stages**

Conclusions/Take-Away Messages



- **System change and inter-agency collaboration is possible**
- **Common vision and language are important**
- **System-wide simultaneous education can be a powerful tool for change**

Conclusions/Take-Away Messages



- It's the journey not the destination.....
 - *“Who are you consulting to?”*
 - *“Ready willing and able”*
 - *“Don't make assumptions”*
 - *“Right person, right place, right time”*

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Questions?

