# VPRS MODEL OF CARE

2021

Victorian Paediatric Rehabilitation Service

# The Victorian Paediatric Rehabilitation Service

The Victorian Paediatric Rehabilitation Service (VPRS) began in October 2005 with inpatient and ambulatory services at The Royal Children's Hospital. Inpatient and ambulatory services began at Monash Health's Monash Medical Centre campus in June 2007. Ambulatory services begin in 2009 in Eastern Health, Bendigo Health Care Group and Barwon Health services, 2012 in Ballarat Health services, 2012 in Goulburn Valley Health service and 2013 in Latrobe Regional Hospital.

The VPRS provide specialist rehabilitation in partnership with children and families who require interdisciplinary, goal-focused innovative care.

**The Vision for the VPRS** is: Partnering with families to thrive

**Our Values** are:

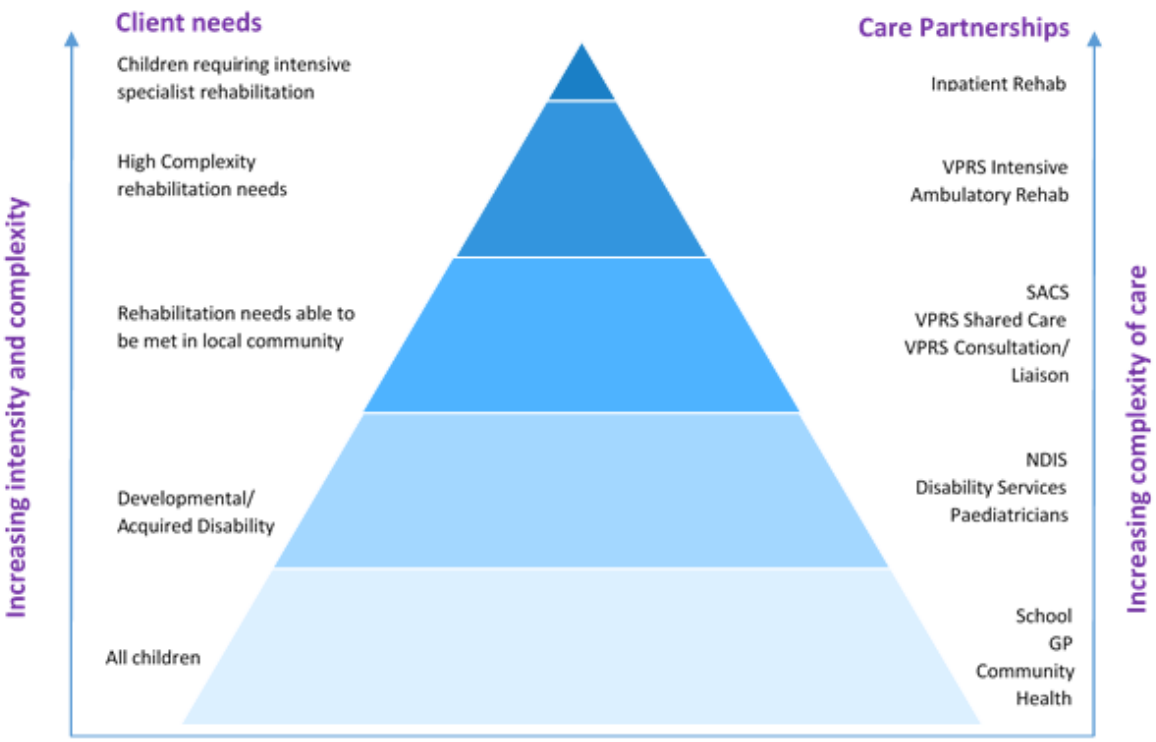
- Family centred care: We value the family, and respect their experiences as part of the rehabilitation team
- Partnerships: We partner with families and their communities in the delivery of rehabilitation
- Excellence: We seek innovation through evidence-based practice
- Participation: We empower children to create their goals and own their journey
- Diversity: We value diversity of opinion, values, background and life experiences

**Our Mission is:**

Partnering with children and families who require interdisciplinary, goal-focused innovative rehab care.

## The Service System Context

The VPRS focuses on the provision of specialist rehabilitation services for children with high to moderate complexity of needs. Children with less complex needs may or may not require specialist VPRS intervention. Through a regional coordination approach, the VPRS helps with the coordination of care experience across the service system boundaries. Through secondary consultation, shared care, education and mentoring, the VPRS also provides access to specialist paediatric rehabilitation expertise for other service providers. The VPRS is integrated with, and builds upon, existing rehabilitation and paediatric service platforms. As a child's rehabilitation needs become more intensive and complex, more services may partner in providing their care.




## The Clinical Context

Rehabilitation is the combined and coordinated use of medical, social, educational and vocational measures for training or retraining the individual to their highest possible level of function. It utilises functional and social models rather than a predominantly disease-based model of care. Paediatric rehabilitation uses the Rosenbaum & Gorter (2011) 6 F's (Function, Family, Fitness, Fun, Friends, Future) which is based on the WHO's ICF framework to guide our intervention which also incorporates the essentials of growth and development as part of expert child health knowledge to ensure that care is family-centred. Services will be provide on a continuum of care that ensures coordinated referral and exit pathways that include community providers, and information that summarises the episode and provides the family with information about what may come next and later, particularly around critical points of transition.

## Model of Care (MOC)

The model of care was re-imagined in 2020 by clinicians, children and families. The MOC diagram below illustrates how a client moves through the service, and what occurs at each stage from the family's perspective.

*One mother said "wouldn't it be nice if your service model could somehow be overlaid with what we go through".*


## Intro

The Intro phase is where VPRS team introduce the service to the family, and the family introduce themselves to the VPRS team. It may be the family's first experience of VPRS, at a time which may be overwhelming and stressful. It is important that the VPRS team take their time to get to know the family, their needs and current situation, and their concerns for their child. In this phase, VPRS also needs to clearly describe the service, how they can help the child, and give the family confidence that they are coming to the right service for their family. It is the beginning of a partnership, in which VPRS must show the team values and respects diversity and each individual family's experiences.

### Initial Contact

Families requiring paediatric rehabilitation may contact the service at any of the 8 VPRS sites. Initial contact may be via other hospital wards, general practitioners, allied health providers, paediatricians or other service providers. Some families may directly contact the VPRS when they become aware of the service. Contact with the VPRS may be information seeking only, or may lead to an initial need identification (INI) process and, if indicated, referral to an appropriate service provider.

### Referral

Once initial contact is made, referral to the VPRS should be a clearly defined process, with a defined point of entry, and a defined intake process in place. After a referral has been received, feedback should be sent to the referrer and to the family regarding the referral outcome.

### Introduction Interview

The introduction interview is a semi structured interview used to determine the family's need for service provision, with consideration to priority of need, risks, eligibility and the type and breadth of services required. It is not a diagnostic process and does not encompass clinical assessment, however, it can involve provision of information to the family to enable them to make an informed decision about attending a clinic appointment and what their main issues are. It can also form the first step of the care planning process which identifies their issues and priorities of the child and family. The comprehensive assessment is a multidimensional, interdisciplinary assessment is recognised as the best means for identifying these problems and informing the development and implementation of an appropriate care plan. Families prefer for this to occur prior to their first team based appointment as it allows them to reflect on the information and talk as a family about the goals and actions they want from the service. It is also important for the team to have this information prior to their first face to face, so they can understand where the family is at.

Underpinning this assessment is the 6 F's: function, family, fitness, fun, friends and future. The article written by Rosenbaum & Gorter (2011) puts the World Health Organisations International Classification of Function, Disability and Health (ICF) into the perspective of children and their families. It also allows for the team to collate a holistic picture of the child and their family in all aspects of their lives.

### Prioritisation

All referrals are given a priority according to the Priority Matrix and identified for either an inpatient or ambulatory admission. Prioritisation is important as it ensures transparency to the referrer and the family. The priority matrix puts the child and family and their current function (both physically and psychosocially) at the forefront of the decision and not service capability.

## Goals

The goals phase includes a number of phases which are documented on the Care Plan: assessment of need; goal setting; and development of a management plan.

### Assessment of Need

In assessing the need of children and families referred into rehabilitation VPRS uses a semi-structured interview to determine the main issues concerning the family. All clients will receive an assessment of need and a care plan. The focus of this conversation should include issues for the current episode (now), the next stage (next) and the transition to adult services (Later).

Clients that receive an intervention (block of therapy) will also undertake the Canadian Occupational Performance Measure (COPM) as an outcome measure for the service. The COPM is designed to detect change in a persons' perception of their occupational performance in self-care abilities, productivity (i.e. for children school, pre-school activities) and leisure activities. The COPM is used to:

- Identify problem areas/issues in occupational performance
- Provide a rating of the client's priorities in occupational performance
- Evaluate performance and satisfaction relative to those problem areas and
- Measure changes in a client's perception of his/her occupational performance

Once issues are identified, prioritised and rated by the child or family, they are documented in the care plan, and the team then develop goals.

## Goal Setting

Goal setting is the process of agreeing on goals, this agreement is between the child and family and the VPRS team. The aim of this phase is to ensure that all episode will empower children to create their goals and own their journey. Goal setting is a core practice within rehabilitation, as it allows the rehabilitation team and the family to develop an understanding of each other, their needs, and assist with motivation and family centred practice.

In VPRS goals are used to ensure all team members (including the client and their family) are contributing towards the same goals; they facilitate efficiencies and effectiveness of rehabilitation and allows the rehabilitation process to be monitored. Goals should be generated from the identified issues undertaken in the assessment of need section or comprehensive assessment and should be in the voice of the child.

## Care Plan

The care plan is a shared vision for the child, their family and service providers in achieving the best possible health and wellbeing outcomes for the child. The service providers may include VPRS staff, the child's GP, paediatrician, and any other external service providers.

The care plan should be developed in partnership with the child and their family and be based on the child's identified needs. It should set out a clear management plan for the child, with the needs of the family also considered. The care plan should be goal focused and developed with set timelines in place. There should be regular reviews of the care plan by the treating team and the child and their family to ensure goals and timelines are re-evaluated. The care plan may involve treatment by only one discipline or may require input from a number of team members. The care plan should clearly document any partnerships that are existing.

The care plan is a living document that is reviewed throughout the rehab admission, both the child and family and the team should have copies, and when there are changes both parties should be updated.

# Rehab

Rehab is the phase where specialist rehabilitation clinicians enacts the care plan in partnership with child and their families ensuring an interdisciplinary, goal-focused, and innovative approach. Rehab uses innovation through evidence based care and partners with families and their communities to achieve the child's goals.

The complexity of the client's needs is considered when determining the most appropriate type of service delivery and location for a particular child. Children with highly complex needs may require VPRS service provision at a tertiary centre or through a shared care model with a local VPRS provider. VPRS families will have access to a variety of types of service delivery. Inpatient services will be provided at a tertiary centre by staff employed directly through the VPRS. Ambulatory services may be provided by staff from a specialist VPRS team or an external service provider that has access to support by the VPRS team in their local region.

## Inpatient Rehab

VPRS has two tertiary sites that provide inpatient services; The Royal Children's Hospital and Monash Children's Hospital. Once the child and their family have been admitted they meet with the rehabilitation team to devise an appropriate program which usually includes a structured weekly timetable of therapy sessions that meets the goals for their child. Family/team meetings are held regularly to ensure that there is a clear communication process and to help the family gradually prepare for home.

Ongoing communication is maintained with the referring medical or surgical team. Early in the inpatient admission, assessment and planning takes place for other services which the family may require after going home, such as attendant care, home- or local-based therapy, and a return-to-school plan. Most patients will be followed up in the rehabilitation service that is closest to their home, to review their progress and plan further services and programs as required. Often a paediatrician will also follow-up with the patient and family.

## Day Rehab

Day rehab is for children who do not require overnight hospital care and who can safely be cared for at home, but require a high intensity of rehabilitation services to ensure they meet their rehab goals. Day Rehab may be delivered in the form of individual sessions or group sessions.

The rehabilitation program involves a timetable of therapy appointments on specified day(s) of each week. Where possible, day rehabilitation services are co-located and children and families work with several rehabilitation professionals on each day. The location of services and the intensity of the program depend upon the rehabilitation goals, anticipated rate of change and availability of services. Regular meetings are held with the rehabilitation team, families, schools and community agencies to communicate rehabilitation needs and progress. Goals are regularly reviewed and the rehabilitation plan updated accordingly.

### Ambulatory Rehab

Ambulatory rehab is for children who do not require overnight hospital care and who are being cared for at home but, require specialist paediatric rehabilitation services to ensure they meet their rehabilitation goals. Rehab may be in person or over a video conference, and in locations such as a VPRS centre/hospital, a child's school or kindergarten, their home or local area. These services may be in the form of:

#### Clinic

Clinics are used to allow for an interdisciplinary team approach to assessing the child and family needs. VPRS offers specialised clinics for diagnostic groups such as Acquired Brain Injury and Chronic Fatigue Syndrome, as well as general rehabilitation clinics at our regional and metro sites.

#### Specialised Interventions

VPRS offers a number of specialised medical and allied health interventions including Botulinum Toxin-A and phenol injections, Intrathecal Baclofen, Deep Brain Stimulation (as part of the Complex Movement Disorders service), Functional Electrical Stimulation, Splinting and Casting. VPRS has a technology program for children who benefit from support with everyday technology to improve function.

#### Individual Programs

Individual programs are tailored specifically around the child and family's goals. These programs may involve one or more clinicians working with a client over a number of sessions.

#### Group Programs

VPRS offers a number of group based programs where there are multiple clients together receiving group education or completing individual treatment plans within the group setting. Groups include running group, dance group, strength and balance group, memory group, school readiness group, and Disability Sports and Recreation are just a few of our groups run in various locations across the service.

## Review

Individual care plans are reviewed at appropriate intervals to facilitate care planning and timely exit. As the needs of a child change, it is important to regularly review their care plan. Proactive monitoring can disclose any warning signs of deterioration as well as the need for alternative or additional service provision. It can also reduce the need for, or extent of, acute health care utilisation.

## Exit

All episodes within VPRS are episodic and all care plan should have a planned exit date included from the start. Clients may exit the service for a number of reasons which include:

- The client/family have achieve their current goals to a satisfactory level
- There is a change in medical status that precludes further rehabilitation
- The client/family no longer wish to participate in VPRS
- The client has not made measurable improvements in goals over a pre-determined time frame.

- The client/family fails to attend 3 consecutive sessions without prior notification and a letter of intent is sent out.
- The client has been transitioned to adult services

When family's exit the service because they have achieved their current goals, many will have further goals in the future. VPRS will provide all families with information on when the transition points that may require them to re-enter the service. These may include the many changes as they grow up and the key phases of transition during birth and adulthood that will impact what services are provided include:

- Birth to 3 years
- 4-6 years
- 6-11 years
- 12-16 years
- 17-21 years

By providing education to families prior to exit on the next stages where they may require VPRS is important to ensure they feel supported, the Holland Bloorview Hospital have developed a tool ' A timetable for growing' for families which will be used to guide families through the next and later phases of their rehabilitation journey.