NSW Paediatric Rehabilitation Services

- **HNEkidsRehab**
  JHCH, HNELHD
  CHN-Northern

- **KidsRehab**
  CHW, SCHN
  CHN-Western

- **Rehab2Kids**
  SCH, SCHN
  CHN-Southern
Background to Model of Care

2015
Funding from MoH to establish a statewide MoC

2016-2017
STAGE 1: LOCAL Diagnostic Review (Part 1)
Funded by MoH

2018-2019
STAGE 2: STATE Diagnostic Review (Part 2)
Solution Design
Funded by KidsRehab, Rehab2Kids & HNELHD
Care close to home – TILLY

What worked well?
• Specialist care with KidsRehab
• Being back close to family and friends
• Reduced family burden
• Enthusiastic & supportive local staff

What didn’t work well?
• Reduced frequency of therapy
• Limited paediatric experience of local staff
• Significant delays with home modifications
• Impact for Tilly and her family  
  - ↑ time in hospital
  - ↓ gains for Tilly
  - ↑ recovery time for Tilly
  - ↑ frustration for Tilly & family

How can we strengthen our partnerships to provide specialist rehab care closer to home?

“I really missed my family, my friends and my animals”
Care close to home - TORI

What works well?
• Specialist knowledge of CPMD team with Rehab2Kids

What doesn’t work well?
To attend the MDT Rehab Clinics in Sydney:
• Time off work
  - Dad takes 3 days leave
• Out of pocket expenses
  - accommodation & travel ($800 for flights or 6 hours by car, & 2 nights accommodation)
• Time off school
  - 3 days away from school for each 1 hour clinic visit
• Separation from family – care of other children
• Mum unable to attend appointments
  - fragmented information at home

How can we provide specialist rehab care closer to home?
Who are we missing?  JACK

What worked well?
• Engagement with HNEkidsRehab
  - intensive rehabilitation - ↑gains
  - support for local therapists
  - care coordination

What didn’t work well?
• Delayed access to specialist rehab - ↑pain,
  ↓psychological wellbeing, ↓mobility
• Also: Missing some children presenting at regional
  trauma centres/seeing adult neurosurgical services

How can we strengthen our partnerships to provide
access to specialist rehab care/consult when needed?
To promote **equity of access** to Paediatric Rehabilitation and care across settings, services and geography within NSW and ACT for children and young people with an identified need for specialist rehabilitation

“the right rehabilitation care, at the right time, by the right team and in the right place”
Elements of Quality Practice
- Our Key Issues
## Scope of Service – NSW PRS

### Specialist Rehabilitation - Hospital

<table>
<thead>
<tr>
<th>Focus</th>
<th>Funding Body</th>
<th>Facilities / Services</th>
<th>Service providers</th>
<th>Services provided</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Intensive specialist rehabilitation</td>
<td>NSW Health</td>
<td>• NSW PRS</td>
<td>• Paed Rehab Specialist</td>
<td>• In reach to acute - consultation</td>
<td>• Sub specialist services (e.g. neurology, orthopaedics, neurosurgery)</td>
</tr>
<tr>
<td>• High complexity rehabilitation needs</td>
<td></td>
<td>• 3 PRS linked with 3 Children’s Hospitals</td>
<td>• Registrar, Nursing, Allied Health</td>
<td>• Inpatient Rehabilitation, Day Rehab, Intensive Ambulatory Rehabilitation</td>
<td>• Paediatric Outpatient Dept, GP, Paediatrician, Others</td>
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<tr>
<td></td>
<td></td>
<td>• Allied Health</td>
<td></td>
<td>• Specialist Outpatient Clinics &amp; programs e.g. botulinum toxin clinics</td>
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<tr>
<td></td>
<td></td>
<td>Departments</td>
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<tr>
<td></td>
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<td>• linked with 3 Children’s Hospitals</td>
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</table>
Elements of Quality Practice
- Our Key Issues
June 2019 Update

NSW PRS Forums

NSW PRS SOLUTION DESIGN FORUMS
BUILDING A STATEWIDE MODEL OF CARE

127 participants across SCHN and HNELHD and consumers came together to explore & share their ideas.

81% Curious Excited!

The majority of participants used the words excited or curious to explain how they felt after the workshops.

1133 ideas

24 themes to explore across the continuum of care & key focus areas

44 A deep dive to create concepts and solutions

The summary report outlining ideas, themes and potential solutions is currently in final review. We will be sharing this soon, giving you visibility to the results & next steps to be taken.

Contact: Karen Height : 0439 947 905
Achieving Quality Practice - Solutions for Priority Issues

KPI’s
1. ↓ Variation in access to PRS
2. ↑ Referrals for complex needs
3. ↑ Functional outcomes
4. ↓ Clinical variation across PRS
5. ↑ Consumer satisfaction
6. ↑ Consumer engagement
7. ↑ Care close to home
8. ↑ Clinical handover/transfer of care
NSW Paediatric Rehabilitation Services

Next Steps

Access to specialist rehabilitation for all CYP&F

Quality Consistent Care.
Model of Care Project Outcomes

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>July /August</td>
<td>• Progress solutions for 4 identified priorities</td>
</tr>
<tr>
<td>September</td>
<td>• Model of Care finalised</td>
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<tr>
<td></td>
<td>• Report recommendations available</td>
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<td></td>
<td>• NSW Paed Rehab MoC Project Stage 2 - completed</td>
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<tr>
<td>October</td>
<td>• NSW Paed Rehab MoC Project Stage 3 – Implementation</td>
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<tr>
<td></td>
<td>• Priorities for implementation of solutions identified</td>
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<tr>
<td></td>
<td>Short-term 1-2 years</td>
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<td></td>
<td>Medium-term 2-5 years</td>
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<tr>
<td></td>
<td>Long-term 5-10 years</td>
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<tr>
<td></td>
<td>• Plan to implement solutions to achieve agreed KPI’s in partnership with consumers and key stakeholders</td>
</tr>
</tbody>
</table>
Acknowledgements

- Consumer representatives
- Staff with the NSW Paediatric Rehabilitation Services
  - KidsRehab
  - Rehab2Kids
  - HNEkidsRehab
- NSW PRS Model of Care Clinical Leadership Group
- NSW PRS Model of Care Steering Committee
- Children’s Healthcare Networks – Northern, Western & Southern
  - Coordinators and Medical Leads
  - Allied Health Educators
- ACI Networks
  - Rehabilitation Network
  - Brain Injury Rehabilitation Network
  - Paediatric Network
  - State Spinal Cord Injury Service
  - Rural Health Network
  - Burn Injury Network