

Readiness Support: Improving Attendance and Engagement in Children's Rehabilitation

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Introduction

- Missed appointments are a frequently occurring problem in rehabilitation that may lead to increased wait-times and service costs, limit client outcomes, and lead to discharge. Attendance has been used as an indicator of participation and engagement¹.
- Participation and engagement are related constructs that have been viewed as both processes and outcomes²⁻⁴
- Traditionally families who miss appointments have been viewed as non-compliant and could be discharged from service⁵

Phase 1

Making Alternative Therapy Choices Happen

Problem

There were over 4,000 missed appointments (>25% were 'no shows') in a one year period at a children's treatment centre. A wide variety of barriers impact families' service use.

PURPOSE: Describe the process of developing a care-path for hard-to-reach families and its adoption among clinicians in a paediatric rehabilitation centre.

Methods: Case Report

Used the Knowledge to Action Cycle to develop, tailor and implement the care-path.

Surveys completed with 14 clinicians to identify barriers to service use and strategies.

Online questionnaire with 42 clinicians to assess knowledge of the care-path and confidence with implementation.

Findings

Clinician Identifies Need for Service

Family and clinician identify barriers to participation (e.g., transport, trust, parent mental health)

Clinician discusses MATCH principles with the family (e.g., 1 primary service provider)

MATCH Therapy Plan

Identify goals: 1) build trusting clinician-family relationship

Choose the primary service provider (transdisciplinary model)

Implement MATCH

Develop an action plan, offer therapy and immediate feedback

Consider the transfer to traditional model of care by 6 months

Phoenix, M., & Rosenbaum, P. (2014). Development and implementation of a paediatric rehabilitation care path for hard-to-reach families: a case report. *Child: Care, Health and Development*, 41(3), 494-499. doi:10.1111/cch.12194

Phase 2

The Journey to Child Health and Happiness

Problem

Parent attendance, participation and engagement in children's rehabilitation impact service use and children's development. Research was done primarily with service providers. Need to hear parents' perspectives.

PURPOSE: To develop a theory of how parents attend, participate and engage in their child's therapy service.

Methods: Constructivist Grounded Theory Study

Two interviews with n=20 parents of birth to 5 year old children who used OT, SLP, PT, SW services. 5 clinician interviews. Reviewed health records and discharge policies.

Constant comparison and triangulation were completed to move inductively through increased levels of abstraction and to maintain rigor throughout the study.

Findings

A Family Composition The family vehicle

The family vehicle represents the number of adults who contribute to care, the parents' age and the number of children in the family



C Service Complexity The Road

The road represents the number of organizations and professionals.



B Health Complexity The Working Condition

The working condition represents accumulated child, sibling and parent physical and mental health



++ + -
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ease of attendance, participation, & engagement

D The Process of Attendance, Participation and Engagement The Parent Gears



E The Factors that Affect the Process The Grease and Grit

The grease and grit represent the child, parent, professional, or organizational factors that affect gears.



F Destination Child Health & Happiness



Phoenix, M., Jack, S.M., Rosenbaum, P.L., Missiuna, C. (2019) Attendance, participation and engagement in children's developmental rehabilitation services: Part 1. Contextualizing the journey to child health and happiness. *Disability and Rehabilitation*. doi: 10.1080/09638288.2018.1555617 [epub]

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Phase 3

Readiness Support Program (RSP)

Problem

The ethical issues with discharging families after missed appointments should be considered.⁵

Strength's based and solution focussed therapy may promote attendance and engagement in children's therapy services.

PURPOSE: To improve service accessibility, promote parent attendance and engagement in their child's rehabilitation services, and improve efficiency at KidsAbility.

Methods: Integrated Knowledge Translation, Case Study

The stakeholder team: KidsAbility clinicians and managers, Waterloo Region Family Network, and researchers.

RSP includes policies, procedures, clinical tools services to use with families who have missed one or more appointments.

Data collection includes: Interviews (parents, clinicians, managers), the Pediatric Rehabilitation Intervention Measure of Engagement (PRIME-G.V2). Centre-based statistics.

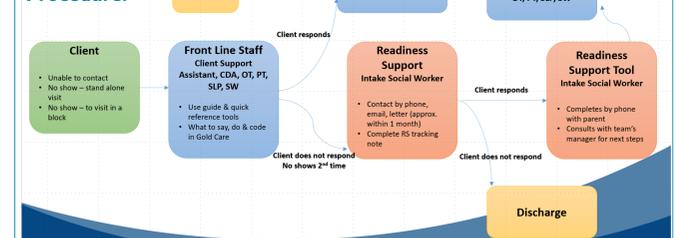
Findings

Policy:

Purpose: "To improve accessibility of services for families who are underutilizing them, due to a variety of reasons (i.e. logistics, parent knowledge, parent skills, parent feelings, parent-professional relationship)" and "To maximize time spent in direct client activity by service providers"

Definitions: The challenge we face as an organization, is to shift from perceiving a family as "hard-to-reach", to thinking about what makes the service that is being offered hard-to-accept for a particular family, and listening and responding accordingly.

Procedure:



Early outcomes:

- Over 50 clinicians and administrative staff have been trained in RSP across 4 KidsAbility sites of service
- Over 250 children have been referred to RSP. Outcomes reported: active in RSP, decline service, no-contact and discharge, use RSP and return to mainstream service. Data collection is ongoing.

Clinical Implications

- It is likely that clinicians will have clients who miss their appointments, or show limited participation, or appear disengaged in children's rehabilitation.
- Clinicians and organizations can thoughtfully support attendance, participation and engagement through policies & procedures, and solution focussed clinical discussions.
- The relationship between attendance, participation and engagement and child and family outcomes (e.g., goal attainment, capacity building) requires further evaluation.
- High-risk families may have additional barriers to in-centre therapy services and a prevention model of intervention services may better meet their needs.

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