

## Paediatric Neurorehab MDT Project – Quality Improvement

Sarah Watling, Paediatric Physio - Ward 1B, GNCH  
Maggie Marshall, Paediatric Physio - Ward 1B, GNCH  
Carrie Miller, Business Support Manager, Therapy Services



### INTRODUCTION:

In 2018 RCPCH and a Multi-professional Development Group, accredited by NICE, developed clinical guidelines for Diagnosis, Management and Rehabilitation of patients suffering stroke in childhood.

A framework for early functional assessment was recommended including:

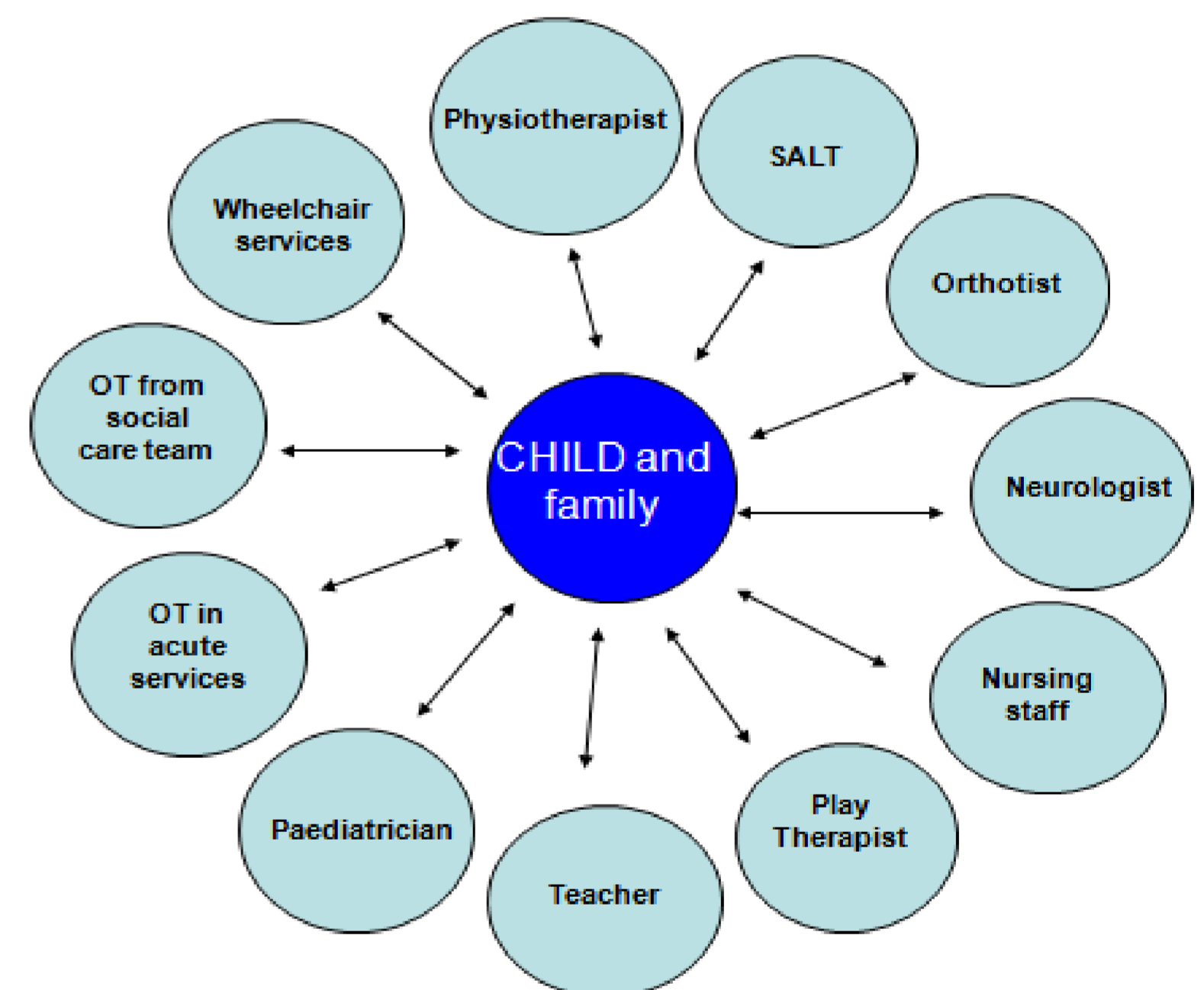
- Provision of a **comprehensive multidisciplinary assessment** of needs
- Provision of **rehabilitation that fits within a neurological and developmental framework**; individual therapies should complement each other to maximise functional skills.
- **Rehabilitation intervention focussed on what the child or young person and family need to, want to, or are expected to do**
- Time since stroke **should not be a barrier for the consideration of intensive training.**
- **Offering motor skills rehabilitation interventions.**
- **multidisciplinary team (MDT) as soon as possible during hospital admission (within 72 hours)**
- **Initiate early liaison with community MDT professionals**
- The MDT should work in active partnership with the child/young person and family in
  - a) **individualised goals**
  - b) **goal setting**
  - c) identification of **priorities**
- **Discharge planning** with input from the child or young person and their family and the MDT prior to discharge from hospital.
- **Provision of a named key worker or a core group model** (such as Team Around the Child/Family (TAC/F))

### AIMS and OBJECTIVES.

- Identify an MDT team to work towards creating a pathway of care for paediatric neurorehabilitation patients
- Use Institute of Health Improvement's QI approach methodology
- Define and agree project aims and meet monthly to assess progress
- Identify 'value added points' or 'fracture points' within patient journey
- Identify Quantitative and Qualitative measures for improvement
- MDT outcome measures to use with our patient group
- Analyse and use previously collected views from parents of children and young adults with ABI regarding the patient MDT journey and repeat
- Commence MDT goal setting, with input from our patients and their family/carers

### MDT MEMBERS

*Family centred care with agreed goal setting should be the aim (Pountney,2007).*



### ACHIEVEMENTS TO DATE

- **MDT identified and Terms of Reference agreed by MDT**
- **Ward based questionnaires completed** at transition from PICU to ward and ward to home.
- **Real patient journeys assessed** by MDT to identify areas for value added/fracture points/change of practice which could improve patient and family/carer satisfaction.
- **Commenced identification of MDT outcome measures** to use with our patient group.
- **Agreed to commence MDT goal setting** for our patient group, and commenced re-working their documentation.