



## IPRC Annual Membership Meeting Summary

Tuesday, March 27, 2018

12pm – 1 pm EDT

12:00 – Welcome and Meeting Overview: Cindi Hobbes, IPRC Director

12:05 – Regards and Steering Committee Report

Jeff Stec, Steering Chair, welcomed IPRC members and shared his thoughts and priorities for the upcoming membership year. He highlighted the need to continue to collaborate and work together as a collective group to impact the lives of children across our programs.

12:10 – Announcements: Cindi Hobbes, IPRC Director

**Steering Leadership Opportunity:** The IPRC Steering Committee is looking for an additional member. The Steering Committee is comprised of 11 members and is intentionally diverse by geography, rehab background, and organization demographics. Candidate nominations can be sent to [Cindi@iprc.info](mailto:Cindi@iprc.info).

Christian Niedzwecki & Sue Harlow, Steering Committee Members, shared their experiences on the committee.

**WeeFIM Pilot Items:** This past membership year, UDS adopted 8 pilot items developed by IPRC and piloted by many member organizations to increase the sensitivity of the WeeFIM tool. This brings to close a long standing project of the IPRC.

**Collaboration with other organizations:** This past membership year, the IPRC has partnered with other industry organizations (such as Children's Hospital Association and Speak Now for Kids) to magnify our collective voice on policy and legislative issues. The IPRC Steering Committee will continue to seek partnerships and collaboration with organizations with similar goals.

**Member Resources:** IPRC is dedicated to sharing resources among providers. Regular emails are distributed with articles, links, websites, webinars, etc for member use and review. Contact IPRC Director if you are aware of a resource to share. Resources are also posted on the IPRC website.

**Updated Renewal Application:** IPRC is going green. All renewal information will be sent via email this year. New demographic information (programs and organizational information) is requested on the application to enable IPRC to better facilitate networking among members.

**WeeFIM Unblinding Project:** Overview provided on scope and details of this project in which participants unblind their WeeFIM data to one another via a report generated by UDS. IPRC Director facilitates discussion calls during which the participants analyze the report data and discuss practice trends and best practices. Brooke Racicot shared her experience in the group and encouraged others to participate. Any members interested in participating or in need of more information are encouraged to contact Cindi Hobbes at [cindi@iprc.info](mailto:cindi@iprc.info).

## 12:20 – Committee Reports

### Education, Advocacy, & Membership Committee Report

Drew Nagele and Carissa Snelling, Committee Co-Chairs, provided a report on the ongoing work of the Education, Advocacy, and Membership Committee. This included a summary of the fact sheets/resources the group is in the process of creating and the “Consumers Guide” to the Pediatric Rehabilitation Continuum which will outline the basic structure of service delivery models. Upcoming webinar opportunities were also discussed.

### Best Practices Committee Report

Cindi Hobbes, IPRC Director, provided a report on the Best Practices Committee. This group is currently searching for a new chair. The committee recently completed resource collection and summary on Brain Injury and Concussion Screening Tools. A networking call was also recently hosted on Single Item Measures. Due to great response, additional discussion calls will be scheduled.

### Outcomes Task Force Report

Sue Winning, Committee Chair, provided a summary of the history of this new task force that was recently created; 15 IPRC member organizations are represented. Sue shared on the goal to create a structure for collecting multidisciplinary core measures by impairment group for data comparison and discussion.

12:30 – Round Table Discussion: IPRC Director facilitated discussion with members. Responses are summarized and de-identified.

- What are the most valuable resources used by your organization? What resources would you like to see expanded?
  - Recently circulated resources on functional outcome measures/tools
  - Email features on innovative ideas implemented by IPRC members (example: Tampa General Hospital navigational app)
  - ListServ for Pediatric Director’s forum (archived posts housed on IPRC website)
- What advocacy issues are most pressing to your organization?
  - Challenges navigating different Medicaid systems between states (benefits vary widely)
  - Securing access to care for all patients
  - Difficulty providing/accessing psychiatric services for patients post TBI
  - Identifying and sharing preferred practice patterns and efficiencies /streamlined care
  - Inter-state collaboration
- What demographic trends are you seeing? What patient populations are growing or shrinking?
  - Children with diagnosis of Autism Spectrum Disorder needing care for trauma or post-operative care
  - Non-accidental trauma
  - Behavioral Health Comorbidities
    - Group discussed increase need for behavioral health service providers on the rehabilitation team.
    - Discussed existing exclusion criterion for rehab due to ability to manage BH needs
      - Exclusion criteria include: high suicide risk, concern for harm to other patients, known gang affiliation
    - Resources in place to manage BH needs:
      - Behavioral health staff works all shifts
      - Psychology staff on call
      - Increased physician support services
      - Staff trainings on managing BH crisis situations

- What program development have you done that is thriving? Any successes to share? What innovative ideas has your program implemented? How are you thinking “outside of the box”?
  - Walk–In Therapy Evaluations
  - Supported Employment in Incarcerated Youth
  - Using cartoon videos vs. printed orientation binders to increase compliance with patient/family education
  - BRAIN program

1:00 – Adjourn

*IPRC Mission:* *The International Pediatric Rehabilitation Collaborative promotes excellence in specialized pediatric care through the support and guidance of providers and provider organizations that are committed to best practices in pediatric rehabilitation.*

*IPRC Vision:* *To create a world where every child has a meaningful life.*