

## NICU/High Risk Follow Up Clinic Structure

Q2: Which disciplines are present at most clinics?

- A. Pediatrician, Occupational Therapist, Physical Therapist, Social Worker , Psychologist, Registered Nurse, Dietitian, Other (please specify): developmental pediatrician
- B. Neonatologist, Occupational Therapist, Physical Therapist, Registered Nurse, Other (please specify): lactation, dietician, social work available on call/by consult
- C. Neonatologist, Mid-level practitioner, Occupational Therapist, Speech Pathologist , Physical Therapist, Psychologist, Registered Nurse, Dietitian, Other (please specify): Developmental pediatrician present, Social work available on-call
- D. Neonatologist, Mid-level practitioner, Occupational Therapist, Speech Pathologist , Physical Therapist, Social Worker , Registered Nurse, Dietitian
- E. Neonatologist, Occupational Therapist, Speech Pathologist , Physical Therapist, Social Worker , Registered Nurse, Lactation Consultant, Dietitian, Other (please specify): Pediatric Neurologist, Music Therapy
- F. Pediatrician, Occupational Therapist, Physical Therapist, Psychologist, Other (please specify): Nurse Practitioner
- G. Neonatologist, Physical Therapist, Social Worker , Psychologist, Other (please specify): neonatology fellow
- H. Occupational Therapist, Speech Pathologist
- I. Neonatologist, Occupational Therapist, Speech Pathologist , Physical Therapist, Social Worker , Registered Nurse, Dietitian, Other (please specify): Certified Nurse Practitioner; psychologist will be starting, Medical Assistance
- J. Mid-level practitioner, Occupational Therapist, Physical Therapist, Social Worker , Registered Nurse, Dietitian, Other (please specify): Psychiatrist runs the clinic, neonatologist only attends for rounding/handing off of NICU discharges
- K. Physical Therapist
- L. Occupational Therapist, Speech Pathologist , Physical Therapist
- M. Mid-level practitioner, Occupational Therapist, Speech Pathologist , Physical Therapist

Q3: What assessment tool is used to measure developmental skills?

- A. Bayley Scales of Infant and Toddler Development
- B. Bayley Scales of Infant and Toddler Development , Other (please specify): MD's use Denver tool if pt around 4 months old
- C. PT/OT give Mullins, SLP gives PLS (+REEL/Rosetti as needed if qualify for therapy), Psych gives Bayley Scales
- D. Bayley Infants Neurodevelopmental Screener , Bayley Scales of Infant and Toddler Development
- E. Bayley Infants Neurodevelopmental Screener , Other (please specify): Bayley Scales of Infant and Toddler Development used between age 18 - 24 months corrected, otherwise the screener at every other visit

- F. Bayley Scales of Infant and Toddler Development , Other (please specify): DAYC II
- G. Bayley Scales of Infant and Toddler Development , Other (please specify): TIMP, AIMS, REEL, ADOS
- H. Bayley Scales of Infant and Toddler Development
- I. Bayley Scales of Infant and Toddler Development
- J. Bayley Scales of Infant and Toddler Development , Other (please specify): GMA, HINE used in clinic; Bayley performed by psychology with separate referral once patient appropriate age wise
- K. Bayley Scales of Infant and Toddler Development
- L. Bayley Scales of Infant and Toddler Development
- M. Bayley Scales of Infant and Toddler Development

Q4: Describe your appointment interval?

- A. discharge appt, between 4-6 months, between 12-15 months and at 2 yo (4 visits total- Bayleys completed at visits 2-4)
- B. Based on patient need, if they are more involved then 4 month follow ups, if they are doing well 1 year follow ups, otherwise will do 6-8 month follow up
- C. Most are seen every 3-4 months, sooner if needed (weight/feeding concerns, O2 check, etc)
- D. Respondent skipped this question
- E. Half day to see all the appropriate providers; Therapy has 50 minutes to complete screener; social work, RN, physician, diet, etc each have 20-30 minutes each
- F. testers are in clinic 3-4 days/week
- G. appointments are about 2 hours and patients are seen by PT, MD and psychologist. The team then meets and "conferences" on each patient prior to MD given team feedback to family
- H. Varies based on needs of individual patient. Clinic was designed with the idea that patients would be seen at 6-8 months, 12 months, 18-24 months, and 36 months.( all intervals are corrected age)\_
- I. Varies- can be as soon as 2 weeks, but more often every 2-3 months earlier on, and then spreads out to 4-6 months. We see them after discharge, then again at 12-16 weeks adjusted age for fidgety GMA video/follow up visit. Next visits may be several months depending on the needs of the infant/family
- J. Depends on age of patient, can range from every 2 weeks to every 6 months and anywhere in between.
- K. We see 4 patients /day.
- L. 50-60 Minutes, All three disciplines work with the patient simultaneously
- M. Initial visit with APP (soon to include Dietician) at 2 weeks post discharge. Developmental team evaluations completed at 4-6 months, 10-12 months and then every 6-12 months until 3 years of age (up to 42 months) based on follow-up recommendations from prior visit

Q5: Who administers the developmental testing?

- A. PT or OT
- B. Physical therapist or Occupational therapist, MD if the pt is
- C. PT/OT- Mullins on younger infants, SLP/Psych- Bayley and PLS on 12-24mo olds

- D. PT/OT
- E. OT or PT
- F. OT, PT, Psychologist for the BSID-3 OT, PT, NP, and pediatrician administer the DAYC-II
- G. PT, psychologist and sometimes MD for AIMS and REEL
- H. Developmental Pediatrician
- I. OT, PT, or speech administer the Bayley at 2 years adjusted; some that are involved in research may have testing completed by a psychometrist. OT, PT, and speech provide developmental evaluations throughout as needed during clinic visits.
- J. PT or OT perform HINE. PT takes video for GMA and DO, NP, PT, and OT grade video. Psychology performs Bayley
- K. PT, OT and Psychologist . Each patient is scheduled with one tester and one provider
- L. Each discipline (OT/PT/ST), administers there own portion of the testing.
- M. Team of either OT/ PT or OT/SLP

Q6: What is the organizational structure for the therapists who work in the High Risk Clinic (basically who ensures competency, provides supervision and does their performance management)?

- A. competent/expert therapists train and determine competence. Therapists must complete infant competency before being trained in the Bayley and have a history of having infants on their OP caseload.
- B. Lead MD of clinic ensures competency in initial training and all MD's provide ongoing supervision during clinic. PT or OT manager does performance management portion.
- C. Each discipline has their own org structure for the provider that covers clinic (PT/OT have a supervisor and director; SLP has different supervisor and director; psych has own supervisor/director, etc) that is responsible for those tasks you listed
- D. therapists report through either the hospital therapy department or OP therapy department
- E. Pediatric therapy supervisor (who also generally is an OT or PT)
- F. the NICU clinic director
- G. primary PT in clinic has significant clinical experience in the area for many years. She has been trained on the assessments for research studies in the past. Primary PT trains and deems other therapists that participate competent. Performance management is completed by direct supervisor and therapist is only in clinic 1 day per week and outpatient practice the rest of the time.
- H. All the therapists have been checked off on NICU competencies. All the therapists report to the Manager of Rehab who reports to the Director of Rehabilitation. The Manager does all the performance management.
- I. OT/PT and speech departments provide supervision. Performance management is performed by OT and speech departments, but other clinic providers may be asked to provide feedback as part of peer feedback portion of performance management.
- J. Therapy department oversees therapists in clinic, gets feedback from physicians and clinic staff as appropriate.
- K. The NICU Clinic ensures it's own competency. The OT and I are employees of Peds Rehab and the portion of time that we are at NICU is paid by a grant to the Peds Rehab department which administers our salary and benefits.

- L. An OT who is our departments clinical specialist takes lead in the clinic. Management duties are performed by the manager for the pediatric outpatient rehab department.
- M. Therapists working in our Neonatal Development Clinic are based out of the Pediatric Outpatient Rehabilitation Department. The APP is a part of the Pediatric Neurodevelopmental/ Behavioral Pediatrics Practice