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| **Facility** | **Response** |
| Facility 1 | We have been working with the single vent patients in acute care for a long time and also seeing in outpatient. But we knew we were missing some in our outpatient clinic.  (we do not currently have an inpatient rehab unit).  Recently our site started a Fontan clinic – in which therapy has been involved since the start. |
| Facility 2 | We are currently not involved unless they are IP.  I would say we do not have any specific guidelines for this population other than the oxygen saturation provided by physician. |
| Facility 3 | We don’t have a formal cardiac rehab program specifically for single ventricle patients.  We do have a cardiac rehab program that goes from acute care through our continuum of care to the community and it’s set up in phases, with generalized protocols for each phase.   In general, our single ventricle patients would be seen in our outpatient rehab  therapy locations.  Some school aged kids, post Fontan e.g.,  that have a sports background are being sent to our pediatric sports Medicine locations for their cardiac rehab. Non-sports cardiac patients are referred along the continuum, when rehab needs are present.  Each program is designed specifically for the patient.  We also have an outpatient cardiac rehab program for heart transplant kids that is being funded by the Electrophysiology Department.  These are remote sessions being led by an Exercise Physiologist, overseen by Electrophysical-Cardiology.  Within our rehab division, we have specialty skills and competencies that our OT, PT, and SLP staff undergo prior to working with our cardiac patients.  We pair them with a mentor.  The staff will complete readings, pretests and posttests as well as the mentor observing treatments/evaluations.  We use grading rubrics that we developed to assess their skills during evaluations and treatment sessions. |
| Facility 4 | I helped start the Single Ventricle Clinic (shunt dependent children between their first and second surgeries) that included cardiology and rehab, and am leading the development of a Cardiac Neurodevelopmental Follow Up Clinic.  Single Ventricle Clinic:  After discharge from the hospital, infants are in a home monitoring program which includes follow up in the Single Ventricle Clinic.  Usually they will be seen in person by cardiology and OT every other week.  On the other weeks, they have a telehealth visit with the nurse practitioners.  I am the OT that sees these patients, and I have competencies that encompass feeding and physical rehab needs (torticollis, development, etc.).  In many facilities, the SLP would address feeding and PT or OT would address development.  When babies have their second surgery (i.e. Glenn or full repair), they will come back to Single Ventricle Clinic for their first post-op cardiology appointment and OT will re-assess.  They then have a final clinic visit when they are at least 4 weeks post sternal closure and off of all sternal precautions.  I then complete the Bayley Motor Scales (recommended by the Cardiology Neurodevelopmental Outcomes Collaborative) and ensure they are referred for any ongoing rehab needs (early intervention, outpatient OT,PT, SLP, Feeding Clinic, etc.).  They are then discharged from our single ventricle clinic. |