

Frequency and Episodic Care Guidelines Follow Up

Initial inquiry:

We have 2 staff (PT & OT) working on a QI project re: frequency and duration of care in inpatient and outpatient pediatric settings (and the provision of education for families). They have a few questions re: references/sources that other pediatric facilities are currently utilizing to determine OT and PT frequencies/durations of therapy treatment:

- 1. Do you utilize frequency guidelines for therapists in inpatient and/or outpatient settings?*
- 2. Would you be willing to share any resources you have on setting frequencies/episodic care for therapy services?*
- 3. Are you aware of any updated references on frequencies/durations of tx?*
- 4. Are there any guidelines that your therapists use when a child is receiving therapies in multiple settings (ie OP, EI, IP)?*

Rehab Director's Forum Responses Summary (8 responses)

- 4 of the 8 responses say they are working on a similar project
- Many utilize the APTA Section on Pediatrics Fact Sheet: *Frequency and Duration of PT Services in the Acute Care Pediatric Setting*
- All facilities report interest in collaborating on this topic and having access to updated frequency guidelines
- Cite challenges with limited updated articles on the topic and therapist buy in
- In-services to staff and parent brochures educating on frequencies of tx given at evaluation
- Discussing during initial evaluation reviewing age, diagnosis, history with therapies in the past and looking at all these factors when determining frequency and duration.
- Goal attainment Scale to track outcomes and help support this shift.
- "We also are very closely monitoring attendance and are reducing or discharging those patients with poor compliance."
- "We operate on acute episodic care but due to the long-term nature of some of our patients and lack of services in the community, we are often faced with frequency for delivering care to those patient populations."
- "We are also looking at frequencies for inpatient care since we also have many patients who are here for a very long time"
- 1 response "We currently are not doing episodic care for OP"
- 1 response, "EI will typically dictate the frequency they will see them then we may supplement with OP PT based on what that frequency is to get to the desired frequency."
- 1 response, "from an IP perspective, we do not provide IP PT for baseline services received in the community unless they will have an extended hospital stay greater than 2 weeks, have an acute change in function, and/or have a medical diagnosis/treatment plan that is likely to impact function"
- 1 facility, shared PP for staff in-service on OP EOC:
 - There really is no succinct guide for decision making regarding length of episodes of care or discontinuation of services for children with lifetime health conditions. And this lack of consistent evidenced based recommendations leads to multiple decision-making paradigms that vary among us as the healthcare providers and the families.

- Patients previously seen for 1-2 years, goals now set for 1-6 months
- Therapists need to learn to be ok with discharging even if goal is not 100% met or even if additional areas to work on still exist
- No evidence in the literature that supports a definite length of an episode of care, research articles examining intervention approaches in children with developmental disabilities recommend breaks in therapy to allow practice in the community setting for skill generalization
- Family feedback; initially nervous but found it helpful to be able to take a “therapy holiday”/break, decreased caregiver burnout and increased engagement during that EOC
- Marked decrease in waitlists
- Talk about end of EOC, set a discharge plan from the beginning
- Focus on HEPs from beginning to end
- Refer to community resources at end of EOC
- Discuss criteria to return
- Intensive: 3-4 visits per week, for patients with immediate and complex needs, for a limited length of time. (post-surgical or recent discharge from hospital, recent trauma, medical conditions at risk for losing function, participating in specialty program like feeding or Therasuit, require initial extensive family education)
- Weekly/Bimonthly: 1-2 visits per week, for patients who need frequent therapy and are making continuous progress towards goals. (patient needs to see a skilled therapist for regular visits for a limited time, caregivers learn to exercises and activities with child, progressive HEP is established)
- Consultative: 1 visit per month or at regularly scheduled intervals (periodic sessions with a skilled therapist are needed to check on function, check on follow through with HEP, update HEP)
- Identify patient and family priorities with Motivational Interviewing

Individual organization responses:

- I. We have been working hard over the last couple of years to shift to episodes of care at our outpatient clinics. It has been challenging getting some on board with this and have presented in services on the topic. There were a couple of articles that we referenced but can't find much research. I believe you can find the articles on the IPRC website. I can ask my supervisor if it is ok with her to share her power point which has the references on it too.
A couple of years ago we created a brochure to hand out to parents at evaluation explaining the various types of frequencies. We received permission from Cincinnati Children's to use their brochure as a guide and we tweaked it a bit. I have attached it on the email.
I know that some hospitals do episodes of care based on a specific diagnosis, implement a specific protocol and then discharge. Our first goal was to educate the team about shorter durations of therapy and not keeping kids on program past 1-2 years, giving them a break from therapy and discharging to community activities or school therapies. Also discussing during initial evaluation reviewing age, diagnosis, history with therapies in the past and looking at all these factors when determining frequency and duration. I can say we have made progress with this but still have a ways to go. We just recently started using the Goal attainment Scale to track outcomes and help support this shift.
We also are very closely monitoring attendance and are reducing or discharging those patients with poor compliance.

Please feel free to call me! I am more than happy to discuss further and am anxious to see the feedback you receive from other hospitals.

- II. We are working on the same project! I would love to see what information you gather. As a hospital-based OP clinic, we operate on acute episodic care but due to the long-term nature of some of our patients and other lack of services in the community, we are often faced with frequency for delivering care to those patient populations. We are also looking at frequencies for inpatient care since we also have many patients who are here for a very long time. I can send you what we are currently modifying and are also searching for new resources. Thanks for sharing!
- III.
1. Yes, for IP we use the "Frequency and Duration of PT services in the Acute care pediatric setting fact sheet copyright 2013 by the practice committee of the Section on Pediatrics, APTA
 2. We currently are not doing episodic care for OP
 3. Nothing more current than the above reference
 4. We do not have set guidelines when someone is being seen in multiple settings. For IP we use above, then for OP, EI will typically dictate the frequency they will see them then we may supplement with OP PT based on what that frequency is to get to the desired frequency.
- IV. Please see below, and the attachments, looking forward to seeing what others are doing
- Attachments:
- "Development of Guidelines for Determining Frequency of Therapy Services in a Pediatric Medical Setting" (2008)
 - Fact Sheet from APTA: Intensity of Service in an Outpatient Setting for Children with Chronic Conditions (2012)
- V. This is also something that we are starting to dig into in our clinics, but we are in very preliminary phases, so I don't have a lot to add. The attached document has been something that we have been referencing as part of these discussions. Ultimately, we would like to get to a place where we have guidelines for frequencies and episodes however also allow for clinician discretion regarding the number of visits/length of the episode of care based on the individual patient's needs.
- Attachments:
- "Development of Guidelines for Determining Frequency of Therapy Services in a Pediatric Medical Setting" (2008)
- VI. Not that we follow this closely but it has been helpful when we've had questions come up. Document from the APTA; share as you wish. Attached: "Section on Pediatrics Fact Sheet" APTA Acute Care document, 2013
- VII. Our team has presented on our IP guidelines for PT. We also have one for OT we use. I am going to connect you with our leaders on our IP teams and they can share and even better, maybe collaborate...

VIII.

1. Yes we have one we use for the inpatient setting (see attached)
2. sure
3. Not at present
4. Yes, from an inpatient perspective we do not provide inpatient PT for baseline services received in the community unless they will have an extended hospital stay greater than 2weeks, have an acute change in function, and or have a medical diagnosis/treatment plan that is likely to impact function.