



**Acquired
Brain Injury
Network**

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Conference Presentation Abstract ~ Podium Presentation

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Title:

Kids in Transition – The Rehab Experience

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Summary:

In September 2007, SickKids and Bloorview Kids Rehab embarked on an exciting partnership, entitled “Kids in Transition: The Rehab Experience”, aimed at enhancing the health-care experience for SickKids' patients who require off-site rehabilitation services. The initiative is part of a larger Ministry of Health and Long-Term Care (MOHLTC) and Local Health Integrations Networks (LIHN's) funded initiative entitled the “Flo” Collaborative, designed to improve patient transitions from acute care facilities to subsequent care destinations in Ontario . An improvement team, with representation from both facilities, have worked together to assess current transition processes, identify delays and bottlenecks, enhance practices and streamline transition between facilities within an established timeframe of 18 months to completion.

The project's aim is to reduce the number of medically unnecessary days for patients awaiting transfer to Bloorview from unit 5C at SickKids by 50%. The improvement plan includes: identification of medical and rehab readiness for transition; development of a timely, efficient and appropriate referral process; provision of an accurate clinical picture of the child pre-transfer; and a measurable increase in family and staff satisfaction.

Outcomes/Objectives:

Each change initiative is evaluated using the Model for Improvement ‘Plan-Do-Study-Act’ (PDSA) tool. The initial process measures for the newly developed referral form were impressive in terms of increased efficiencies in the transition process. Quantitative data will be presented, highlighting the changes pre-and post intervention.

Examples of efficiencies include:

1. Revising the original 4-page in-depth referral to a 2-page concise referral.
2. Reducing the number of staff required to complete the form from 4 persons to one.
3. Optimizing the time it takes to initiate a referral to Bloorview.

The introduction of a visual tool, to identify the stage of transition for each patient, is also creating efficiencies. Staff report that they are completing their plan of care more efficiently with up to 50% time saved. There is ongoing data collection regarding the referral and transition process which will provide both quantitative and qualitative results.