Practicum Summary Report

Project team name/s <u>Christina Kiddie, Karen Blyth, Lynne Rule, Jenny Thoms, Jackie O'Neill, Debbie Brown</u>

Project title <u>Child Health Allied Health Professionals (AHPs) 0-3 Year Pathway</u>

Organisation Name Angus EYC

Aim of project

To reduce multiple therapy appointments for families and improve parent confidence by ensuring that by 30th June 2016, 100% of families referred to more than one AHP service in Angus who require a joint goal setting session will receive this within 8 weeks of second referral and a review within six months.

Planned changes tested

Using the Model for Improvement / PDSAs we will progress the following change ideas:

- Develop a mission statement with input from staff, parents and families
- Develop and implement a protocol for the Identification of families
- Develop a database to support data collection
- Test new ways of working to support Joint/ Shared goal setting session within identified timescale to support sustainable change.
- Test role blurring between AHP services when giving advice and information to families.
- Develop and test a parent satisfaction questionnaire based on the mission statement.
- Develop and test a questionnaire for AHP staff to share their experience of the new way of working.

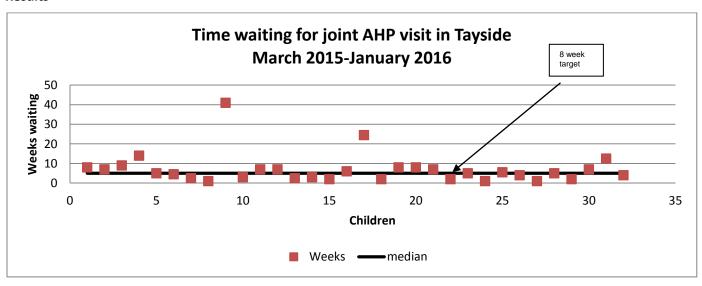
Predictions

We predicted that the protocol and database would ensure that 100% of families who met the criteria would be identified.

The families and staff response to the satisfaction questionnaire would identify areas for improvement identified in the mission statement and monitor quality of service.

Families response to questions within the satisfaction questionnaire would score four or above.

Results -



Summary of results

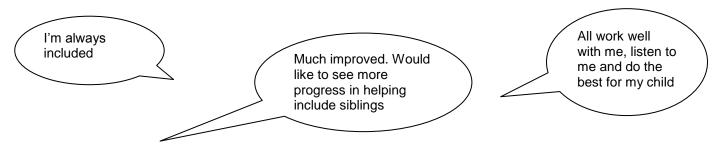
We were unable to show our results in a run chart due to the format of the database. Therefore this scatter chart depicts the baseline data. This shows that at present not every child is meeting the eight week target.

The parent survey asked families to rate the extent to which they agreed with the statements below on a scale of 1 to 5 (1 = strongly disagree to 5 = strongly agree)

- Q1 We will all work together alongside you 100% achieved a score of 4 and above
- Q2 We will always work in a caring, flexible and family centred way 100% achieved a score of 4 and above
- Q3 Working together will enable you to confidently help your child 100% achieved a score of 4 and above.
- Q4 I find it easy to get in touch with my Therapist / Therapy team 66% achieved a score of 4 and above.

Staff questionnaire is still in draft format therefore no data yet available.

Family Feedback



Learning

Comparison of questions, predictions and analysis of data

The database was successful in identifying the children but did not provide the information required due to too many parameters to be completed and inadequate filters built in.

The quality of the data being input by clinicians was inconsistent and in some cases incomplete across the localities and therefore the information collected to date is unreliable.

The family satisfaction questionnaire provided both quantitative and qualitative information due to both the scoring option and comments boxes.

Impact on the system

In Angus the families of children with complex needs are seen jointly by AHP's in partnership with parents in a caring, flexible, family centred way improving their confidence in managing their child's needs.

AHPs report an increase in confidence when delivering universal AHP advice and information.

Conclusions

Early feedback from parent survey show improved satisfaction accessing a more joint up approach from AHPS. Informal feedback from AHPs across the localities reflects an increased confidence in each other's role.

There is a requirement to develop a more robust database to collect more reliable and accurate data.

There is a training requirement for all AHP staff to be familiar with the protocol for data input to the database.

Reflections / discussions

To promote the success of this project ongoing engagement with staff and families is required to highlight the importance of this work with the aim that this becomes normal practice.

The database requires further adaptations to ensure collection of reliable and accurate data. On reflection we will ensure someone with expertise in this area is consulted.

Training of staff in data input. This was tested with staff who had no prior knowledge of the system and found their input to be accurate but further testing may have shown flaws in the protocol. The ability for staff to enter fewer fields or choose from drop down boxes will be tested.

Barriers to success are time resource, IT skills, requirement to have the right baseline information.

The team members all worked well together learned from each other and prioritised the time and energy to commit to the project.

The project is showing improved outcomes reported by families regarding the joint working however the process for inputting this data using the database requires to be more robust.

EYC Project Lead	Sponsor
Signature	Signature
Print name Christina Kiddie	Print name Morag Dorward
Title / Position Physiotherapy Service Manager	Title / Position_Child Health AHP Lead
Project Team Signature	Project TeamSignature
Print name <u>Lynne Rule</u>	
Title / Position Occupational Therapist	Title / Position_Physiotherapist
Project Team Signature	Project Team Signature
Print name Jenny Thoms	
Title / Position Speech and Language Therapist	Title / Position_ <u>Parent to Parent</u>
Project Team Signature	TCOE SponsorSignature
Print name <u>Deborah Brown</u>	Print name <u>Jackie McCallum</u>
Title / Position Action for Sick Children Scotland	Title / Position Teaching Lead

Authorisation

Do the project team, project sponsor and health system sponsor authorise this project for publication at www.ihi.org?

■ Yes