

# KIDS IN TRANSITION-THE REHAB EXPERIENCE



**Editor’s Summary:** In *Kids in Transition – The Rehab Experience* teams from Sick Kids Hospital and Bloorview Kids Rehab worked together to create a seamless transition for children with acquired brain injury. Observing delays in the transition process, the teams used the Model of Improvement from the IHI to review their processes and protocols. They developed pathways, policies, forms, and visual cues to support the process. They succeeded in achieving a 71% reduction in unnecessary days, equivalent to about a week for each patient awaiting transfer. In addition, they were able to reduce staff workload in the preparation of referral materials from 4 people over 72 hours to 1 person in 1 hour.

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<p><b>Purpose:</b></p>	<p>Inefficient processes, multiple handovers, duplication of effort, fragmented communication, and lack of timely and/ or complete referral information have consistently driven the number of medically unnecessary days for patients who require off-site rehabilitation and are awaiting transfer from SickKids to Bloorview . Recognizing this as a significant issue, the two organizations (SickKids; Bloorview) embarked on a partnership, as part of the Ministry of Health and Long-Term Care (MOHLTC) and Local Health Integrations Networks (LIHN’s) funded initiative entitled the “Flo” Collaborative. The primary aim of this partnership was to assess the transition process, identify delays and bottlenecks, and then implement improvements that would reduce the number of medically unnecessary days by a target of 50 %.</p>
<p><b>Context:</b></p>	<p>An improvement team, with leadership and representation from both facilities, worked together to assess the transition process and identify opportunities to enhance and streamline the transfer of patients between SickKids and Bloorview. The team’s improvement plan included the identification of medical and rehab readiness for transition; development of a timely, efficient and appropriate referral form and process; provision of an accurate clinical history of the child pre-transfer; and implementaion of strategies aimed at measurably increasing family and staff satisfaction.</p>

<b>Resources:</b>	Operating \$: ___~\$21K (for dedicated time for team lead at each site)_____ FTEs: ___0.2 FTE (for dedicated time for team lead at each site)_____
<b>Source of resource:</b>	<input checked="" type="checkbox"/> <i>In kind</i> contributions from the organization <input type="checkbox"/> Dedicated internal funding <input checked="" type="checkbox"/> External funding (example grant, Ministry etc.)
<b>Population group:</b>	The neurosurgery paediatric patient population represents the largest volume of clients that transition from SickKids to the Brain Injury Rehab Team (BIRT) at Bloorview Kids Rehab. Delays in transferring these patients to a rehab setting impedes timely access to therapy, generates unnecessary acute healthcare costs and can ultimately impact quality of care and health outcomes for the child who must wait.
<b>Patient flow entry and end points:</b>	The patient begins their journey on the neurosciences unit (5C) at SickKids where the need for inpatient rehabilitation services from Bloorview’s BIRT program is identified. A referral is submitted to Bloorview by the team at SickKids, and the team at Bloorview reviews the information to determine if the patient is suitable for the BIRT program. After the referral is accepted and a transfer date is determined, the patient is transitioned to Bloorview provided they are medically and rehab ready to leave SickKids.
<b>Description/ approach:</b>	<p>The team used the Model for Improvement as a framework for developing, testing and implementing the changes they felt would enhance the transition of patients from SickKids to Bloorview. They began by asking 3 key questions:</p> <ol style="list-style-type: none"> <li>1. What are we trying to accomplish?</li> <li>2. How will we know that a change is an improvement?</li> <li>3. What changes can we make that will result in improvement?</li> </ol> <p>The team was able to clarify the vision of the project and then focus their effort and attention on identifying, implementing, and measuring those changes that would help improve transition and reduce medically unnecessary days for patient awaiting transfer to Bloorview from SickKids.</p> <p>They identified measures of success and established a set of indicators that would be monitored throughout the project (and on an ongoing basis) to evaluate each change, and ensure improvements were sustained and spread.</p> <p>The team analyzed the transition process, identifying opportunities for improvement as well as the strategies that would need to be put in place to realize the improvements. Using the PDSA cycles for rapid change, the team identified, tested and implemented several initiatives including the development of standard definitions for ‘medically ready’ and ‘rehab ready’ patients, the use of visual cues to identify neurosurgery patients who are ready for transition to Bloorview and the simplification and enhancement of the Bloorview referral form to include a handover tool.</p>
<b>Tools and tactics:</b>	<p>This partnership has yielded significant process improvements which are supported by specific tools, forms and protocols that were developed by the team. These tools could easily be adapted to other settings and/ or sectors and include:</p> <p>-A protocol to identify medical and rehab readiness for transition of paediatric patients to Bloorview</p>

	<ul style="list-style-type: none"> <li>-Visual cues to help identify patients at SickKids pending transition to Bloorview</li> <li>-A condensed referral form reducing the number of pages and time taken to complete (i.e. from 5 pages to 2; from 72 hours to 1 hour)</li> <li>-A Handover tool providing an accurate clinical history of the child 48 hours prior to transfer to Bloorview</li> <li>-An External transfer form that is completed and accompanies the child the day of transfer to Bloorview providing a report of the patient’s status, medication/ treatments etc. that day at SickKids</li> <li>-A “Transition from SickKids to Bloorview Survey” to collect family feedback regarding their experience with transition prior to and post implementation of improvements.</li> </ul>
<p><b>Measurement approach:</b></p>	<p>Streamlining the referral process, revising the referral form and subsequently implementing a handover tool has served to improve the quality and accuracy of referral and transfer information and helps to ensure patients receive more timely acceptance into the rehab program and a more expeditious transfer date.</p> <p>Key measures that were used to monitor and evaluate improvements in the transition process include:</p> <ul style="list-style-type: none"> <li>- number of medically unnecessary days per patient awaiting transfer to Bloorview</li> <li>- the number of staff and time taken to complete referral and handover tool</li> <li>- number of days required to process a referral</li> <li>- patient/ family satisfaction with the transition process</li> </ul>
<p><b>Impact/ evaluation:</b></p>	<p>To date, the efforts and outcomes of this partnership have exceeded expectations. The number of medically unnecessary days has gone from 9.5 days/patient to 2.75days/patient representing a 71% reduction (well beyond the initial target reduction of 50%). As well, the time and resources required to process a patient referral have been decreased significantly- previously it would take 4 people 72 hours to complete a 5 page referral form; it now takes 1 person, 1 hour to complete 2 pages.</p> <p>Streamlined workflow by decreasing the photocopying, faxing, multiple phone calls, and verification of patient information has resulting in a 50% reduction in referral processing time going from 8 days to the current 4 days.</p> <p>Families feel they received information regarding transition at the appropriate time (60%) and are satisfied with the transition process (80%). However, 60% indicated they did not feel part of the decision making process. This is an area of focus that the team hopes to address through development of a “Virtual Tour” that patients and families can view at SickKids helping them to prepare for their transfer to Bloorview.</p>
<p><b>Observation/ Discussion:</b></p>	<p>The team used the National Health Service Sustainability model – a diagnostic tool developed in the U.K. for predicting the sustainability of an improvement project. Results proved to be very encouraging (perfect score of 100.7) and demonstrated that the improvement team had focused considerable effort on staff education, ongoing communication (formal and informal) as well as development of guidelines that would help to “hardwire” the improvements in the transition process. The team felt this was critical to ensuring staff at SickKids and Bloorview would remain engaged and committed</p>

to sustaining the gains that had been realized on their respective units.

Evidence that this “took hold” among staff at both sites was revealed during staff meetings, as well as during local “Flo” celebration events where staff reported pride in the overall improvements made and shared that they felt their individual and collective contributions had made a significant difference to their patients and families. Staff also shared how much better the referral form and process was for them to manage (less work; better communication between sites) and how much they liked the tools (particularly visual cues) that had been developed.

The team had an opportunity for further reflection and noted the following additional "lessons learned" as a result of this partnership.

The team acknowledged a need to:

1. Develop clear collaborative goals and check back with group on a regular basis to ensure the group is/ and stays on track
2. Spend time understanding each organization’s perspective, culture and values, to promote sharing of a common vision and commitment to following through
3. Use the Model for improvement PDSA cycles as a framework for developing, testing, learning and refining the initiative before final implementation.
4. Focus on process issues as well as tasks to enhance interprofessional collaboration.
5. Pre book meetings: to accomplish goals and specific activities; and help build and maintain momentum.
6. Always keep needs of clients and families at the forefront as a way to establish common ground when making decisions and resolving conflict.
7. Include organizational, physician and senior leadership support to help reduce barriers and obstacles that may occur.

<p><b>Critical success factors/lessons:</b></p>	<p>In our discussion with the improvement team we identified the following two factors that were considered critical to the success of this partnership and would be instrumental in replicating this initiative elsewhere. These factors included:</p> <ol style="list-style-type: none"> <li>1. Strategic leadership support from Bloorview and SickKids. The steering committee, which included physician and senior leaders, met on a monthly basis; there was senior management commitment to ensure that the infrastructure was in place to facilitate the work of the team, and the respective Boards were made aware that “Flo” was an organizational priority to facilitate access to service for clients and families.</li> <li>2. The creation of a highly functioning improvement team-people who were committed, actively engaged, and had the skills and influence to facilitate change. The team demonstrated a systematic, focused approach to their work including an unwavering commitment to achieve the expected deliverables. They demonstrated respect for the individual culture of each organization while understanding and enacting the principles of effective team functioning. The team seized opportunities to profile their work externally and celebrated their successes with their colleagues maintaining momentum and laying the foundation for spread and sustainability.</li> </ol>
<p><b>Limiting factors:</b></p>	<p>Staffed bed capacity within the BIRT program as well as rehab service support in the community are limiting factors that can create barriers to further process improvement and efficient patient flow. Despite the efforts by the team to streamline the referral process to Bloorview, accommodation of referrals is entirely dependent upon the effective and efficient flow of patients from Bloorview out to the community.</p>