

SPINA BIFIDA SERVICE



The Royal
Melbourne Hospital



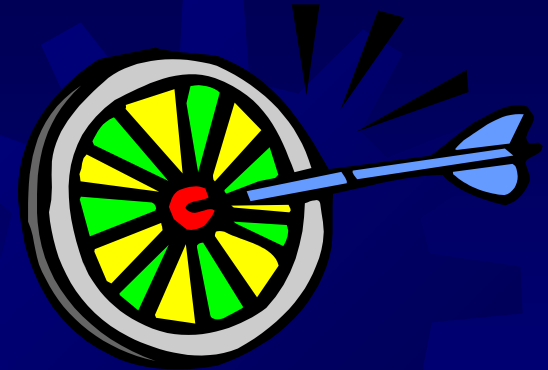
Background of Spina Bifida Service

- ✦ Operation initiated April 2005
- ✦ Expanded 2006 with growth funding
- ✦ Young Adult Complex Disabilities Clinic

Admission Criteria

- ★ 18 years and over.
 - Age range from 19 to 43
 - Median age 25 years
- ★ Issues related to Spina Bifida
- ★ Ongoing monitoring and care

Aims and Objectives



- Comprehensive and coordinated approach
- Transition from paediatric to adult services
- Continuum of care
- Consultancy to other health professionals
- Point of contact for clients and families

Who sees the client?

- ★ Nursing
- ★ Rehabilitation Physician
- ★ Occupational Therapy
- ★ Physiotherapy
- ★ Social Work
- ★ *Dietetics*
- ★ *Orthotics and Prosthetics*
- ★ *Sexual Health Counselling*
- ★ *Urology and Gynaecology Services*

Seating: Clinic

- Run quarterly
- Staffed by
 - OT
 - PT
 - Seating expert





Seating : Structure of service

1. Pre-clinic seating and posture assessment
2. Clinic assessment
3. Equipment trials
4. Funding Application
5. Adjustment and review



Seating: early observations

- ✦ Most clients need review of wheelchair
- ✦ Wheelchair prescription time consuming
- ✦ Funding of equipment big issue



Aspects of service development

- ✦ Recruiting and training staff
- ✦ Developing resources
- ✦ Building library
- ✦ Initial assessment tool
- ✦ Policy and procedures
- ✦ Marketing strategies

Marketing

- ☀ Brochure
- ☀ Public lectures
- ☀ Contact with referrers



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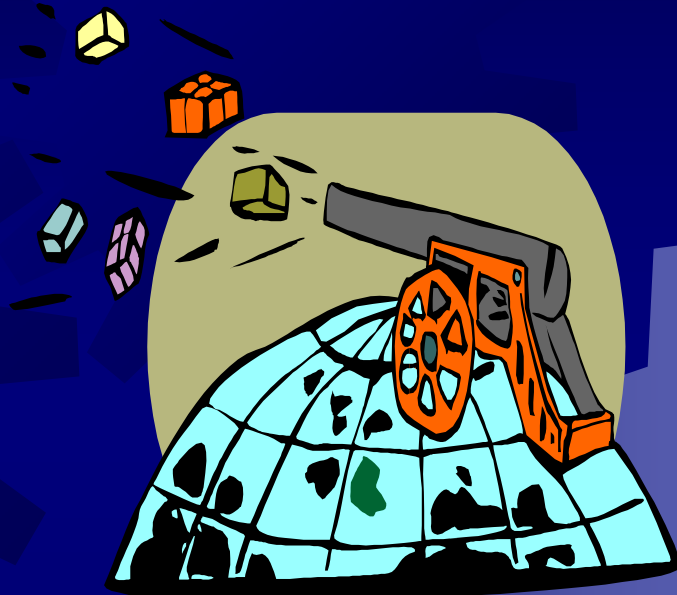
Spina Bifida Service

General Information



Referral from many sources

- ✦ Children's Hospital Transition Officer
- ✦ Client and family
- ✦ Health professionals
- ✦ Service providers





How the clinic is structured

1. Phone interview by Clinical Coordinator
2. Rehab Physician consultation
3. Combined Allied Health assessment
4. Review appointments
5. Referrals to community if needed

Treatment plan form



Spina Bifida Service

Welcome to the Royal Melbourne Hospital Spina Bifida Service. Today you have seen several of our staff members listed below who will continue to provide support as needed.

- Coordinator _____
- Dietician _____
- Doctor _____
- Occupational Therapy _____
- Physiotherapy _____
- Social Work _____
- Other _____

Following your initial assessment the following plan has been agreed upon together with your team

Action	By

To contact us or change an appointment please call the Coordinator on 8387 2427.

Transition

★ PARALLELS

- Adolescent development—becoming independent—managing their own health
- Separation from parents—becoming an adult



Transition: Preparation

- ★ Gaining patient trust

- Meet patient and family at Children's Hospital
- Initial phone contact & interview by Clinical co-ordinator





Transition issues

- Explaining our role to clients
- Confidence in care
 - Can adult hospital provide the care patients and families are used to?
- Encouraging emotional independence when physical independence is not possible



Considerations for the future

- Decreasing incidence of Spina Bifida
- Transition clients will always need services but will not always be young adults
- Other conditions may require transition services

How are we going??

- ✦ Satisfaction surveys
- ✦ Are the clients making the transition?
- ✦ Consider vocational and avocational needs
- ✦ Thankyou letter from client
 - ✦ *“Now I feel like I’m finally being heard”*

Acknowledgements

★ Our team.....

- Fiona Florance
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- Laurretta Giannone
- Virginia English
- Carlee Holmes
- Marian Forrest
- *Claire Martin*
- *Mark Graf*

Nurse Coordinator

Rehabilitation Physician

Rehabilitation Physician

Occupational Therapist

Occupational Therapist

Physiotherapist

Social Work

Dietetics

Orthotics and Prosthetics

Clinic Model

- ✦ Twice per month
- ✦ Alternate new and review clinics
- ✦ Clients seen by physician
- ✦ Clients then seen by AH team
- ✦ Issued with treatment plan form
- ✦ Review appointments scheduled