Within Our Reach: Supporting the Functional Hand Use in Children with Cerebral Palsy

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Within our Reach?

• Concept originated in 2013

• With staff changes and lack of structure, the project was not rolled out until late 2014

• A lot of new evidence emerged simultaneously which supported a realistic vision for the project

• Project started by designating a Lead Occupational Therapist to run the Upper Limb Clinic and begin structuring the service
Vision

**EQUITY**
All those identified with an upper limb impairment will have their needs met in line with their classified level of impairment, goals of intervention and family preferences.

**QUALITY**
Performance management reviews
Plan to develop a structured learning pathway to support professional development needs.

**ACCOUNTABILITY**
Review assessments
Parental Feedback
Legal Compliance standards for splinting.
Objectives

• Pathway of care

• Professional development for therapists

• Standardised assessment and interventions protocols

• Differing needs for differing caseloads e.g. early intervention and school age children require a different models
Model of Service Delivery

• Family centered service
  • Teams deliver interventions
  • Form working relationships with family
  • Acknowledges supports are required to enable high standard of service delivery
  • Other interventions ‘must go on’ too

• Lead Occupational Therapist supports colleagues in teams
  • Assessment
  • Advices / support with interventions
  • Medical clinics
  • Evidence based practice
Support Structures

• Upper Limb Clinic

• CPD Departmental Meetings

• Formal Training

• Eastern Region Special Interest Group

• Group mailing support
Caring for all

Implementing best practice from the start

Under 5 years:
  • Improve functional hand use
  • Maintain or improve ROM in all levels of ability

Refocusing interventions

Over 5 years and teens:
  • Learn new skills through goal directed training
  • Maintain and improve ROM where contracture risks are high
  • Strength training programmes
Level of Service Dec 2014-Dec 2015

UPPER LIMB INTERVENTIONS 2015

- Assessment: 40
- Splinting: 30
- Casting: 2
- Strength Training: 15
- CINT: 5
- Bimanual Training: 10
- Goal Directed Training: 5
- Botox: 5
- Orthopaedic Review: 2

UPPER LIMB INTERVENTIONS 2015
Level of Service Jan-May 2016

UPPER LIMB INTERVENTIONS 2016

- Assessment: 40
- Splinting: 25
- Casting: 10
- Strength Training: 15
- CIMT: 5
- Binarnral Training: 10
- Goal Directed Training: 10
- Botox: 5
- Orthopaedic Review: 5

(UPPER LIMB INTERVENTIONS 2016)
Benefits of Project

• Improved standard of care

• Parent / Child satisfaction

• Collaborative work

• Development of clinical skills in line with best practice

• Medical devices compliance policy
A little learning goes a long way

• Value for money

  • Early interventions will allay costly medical interventions in later life

  • Staff supporting each others skill development shares the learning

  • Structure and skills now in place to ensure service is not diminished if a staff member leaves their post

  • Costs are reviewed to provide financial projections annually
Sharing the experience

• Similar model operates in Enable Ireland Services in Kildare, Tallaght and Bray and we all mutually support each others work

• Shared Learning planned in Enable Ireland North East Services to support implementation of some aspects of this model

• Projected implementation of this model in HSE Progressing Disability Service rollout Dublin South and West in 2017

• HSE Louth Paediatric Team commencing implementation of model
Future plans

• Continued professional development of occupational therapists

• Structured learning pathway to support professional development

• Formal feedback from parents and children

• Progressing Disability Service reconfiguration

• Strengthen links with other services e.g. hospitals, disability services

• Continue to increase the profile of the service