

Welcome to the Christmas edition of the VPRS newsletter. A considerable amount has happened since the last newsletter and it is fantastic to see the VPRS continue to grow and develop. Thank you to everyone for your hard work over the year – your efforts, commitment to the service and enthusiasm have definitely been appreciated. Wishing you all a safe and merry festive season and I look forward to working with you to further develop the VPRS in 2009.

*Sandra Gates*



## Barwon Health

Recruitment of Allied Health- Completed

Speech Pathologist- 1 day per week- Brooke Caldwell. Position commenced.  
Occupational Therapist- 2 days a week- Narelle Wilde. Position commenced.  
Physiotherapist- 2 days a week- Anthea Stahl. To commence in the new year.  
Social Worker- 2 days a week- Tamara Jennings. To commence in new year.  
Neuropsychologist- 6 hours per week- Therese Clark. Will be covered by a locum during maternity leave.  
Congratulations to these staff and welcome to VPRS.

Regional Co-ordinator- Therese Clark- on maternity leave from 9<sup>th</sup> January 2008. Locum maternity leave replacement will be filled by Brooke Caldwell.

Paediatrician appointment in progress.

Guideline development commenced, particularly around the HIP guidelines and the client journey. Looking at guidelines developed at other VPRS sites to ensure consistency.

Starting to see clients through shared care with other teams whilst awaiting full team commencement on January 12<sup>th</sup> 2008.

## RCH Update

- The new CEO has reviewed our organizational structure. As of January 1 2009 the Rehabilitation Program will fall under the Division of Medicine. Other teams (departments and wards) within this division include the Neurosciences, General Medical, Developmental Medicine and Children's Cancer Centre.
- At this stage Botox clinics will be re-commencing at RCH in March 2009 with Barry Rawicki. We are awaiting Adam Scheinberg's commencement to make further plans.
- ABI rehabilitation outpatient clinics will re-commence on 22 January 2009. The majority of our ambulatory patients will be returning to active therapy programs or review in the week commencing January 19, 2009.
- Fact Sheets – we are in the process of reviewing our fact sheets on the RCH Kids "Info for Parents" webpage.  
These and other resources for ABI are listed on our webpage.  
[http://www.rch.org.au/rehab/resources.cfm?doc\\_id=9489](http://www.rch.org.au/rehab/resources.cfm?doc_id=9489)

## RCH Update (continued)

- Orientation pack for inpatients and outpatients – planning for this pack is underway.
- The RCH Education Institute is restructuring. At this stage the rehabilitation service has a formal allocation of 1.0 EFT. Further information on changes to service provision will be available in 2009. Glenda Strong is currently the executive director and will be arranging further meetings with Rehab in 2009.

### Staffing Updates –

- \* Jill Steadall's 12 month maternity leave position has been approved!!!!  
[http://www.rch.org.au/careers/careers/index.cfm?fuseaction=search.job\\_details&job\\_ref=4724](http://www.rch.org.au/careers/careers/index.cfm?fuseaction=search.job_details&job_ref=4724)  
Please forward this link onto colleagues who may be interested in applying. Jill's last day is on 31 December. We wish her well and look forward to meeting the new addition to her family.
- \* Tanja Barnes, physiotherapist, was appointed to the full time maternity leave locum position and we are pleased that she will be increasing her hours shortly.
- \* Leesa Allison, physiotherapist, is moving from rehab to the physiotherapy department. Congratulations on your new position Leesa and thank you for all your hard work.
- \* Social work cover remains reduced as we continue to try to recruit a locum at 0.7 EFT.

### Rehabilitation Development Project at RCH:

- Detailed Design & Planning phase underway (phase 3 of project) – due for completion March '09
  - Involves working through defined service areas & settings, putting together information from both rehabilitation related areas across RCH and the VPRS at RCH to ensure that future services are coordinated & comprehensive, with the goal of streamlining the rehabilitation patient/ family journey.
  - Patient Journey Mapping for ABI & Physical Rehab (SEMLS/Ortho) almost completed that will be used in conjunction with other works to develop the Detailed Design and Implementation plan which will then go to the Steering Committee for review.
  - Family Focus Group interviews have been done and also doing GP/ Paediatrician/ Community Therapy provider interviews- these have provided invaluable feedback regarding parent/ family and other health professional's perspectives in relation to paediatric rehabilitation needs and what's important for them.
  - As part of the rehabilitation development project, several rehab program team members have taken on service lead positions.
  - Final phase of project will be Implementation Phase where the initiatives prioritized by the Steering Committee are put into place.
  - Please contact Fiona Gorrie (Project Officer) on 9345 4101 with any queries

### Research Updates

Congratulations to both Kath Bakker and Jane Galvin for being awarded VNI fellowships this year.

- o Jane Galvin: Recovery of hand and upper limb skills following TBI VNI Fellowship
- o Kath Bakker: Anosmia following paediatric TBI VNI Fellowship

### Eastern Health

- Steady increase in referrals over the past quarter.
- Referrals predominantly from within VPRS (RCH & MMC), with other referrals originating from SCOPE and GP's.
- The existing referral process for VPRS-Eastern has recently been reviewed to improve efficiency & clarity for referrers. A new process has been proposed for VPRS-E intake, & is awaiting further input/feedback prior to implementation.
- The VPRS-Eastern planned service partnership meetings have been postponed until the New Year, due to difficulty coordinating times during this busy season.
- The Team is making regular contact visits with Eastern Health's hospital's paediatric wards to promote & educate on the service.
- Penny Green has returned from maternity leave, however has not resumed her direct role with the VPRS. Penny will remain the Senior Paediatric Physiotherapist at the Angliss, providing clinical education and support for Eastern Health paediatric services.
- Amy Johns who has been employed in Penny's maternity leave position over the past 12 months, has been successful in the appointment of the permanent P/T (0.6 EFT) VPRS-E Physiotherapist position. We congratulate Amy on her appointment and continued commitment to the service.

### Bendigo Health

- Increased referral rates and increased episodes of care/client service events.
- 20 active clients.
- 6 referrals in last fortnight.
- Chronic pain largest referral group. Others post-surgery, post botox, ABI, reconditioning.
- Developing family-friendly brochure.
- Building links with regional service providers.
- Meeting of Advisory Committee held on 3<sup>rd</sup> December.
- Maternal Child Health Nurses presentation in New Year.
- Education Department presentation in New Year.

### Southern Health

- Second outreach clinic to Sale completed in November. These will continue to be held quarterly in 2009.
- Staffing update - Ali Crichton has been appointed to the Neuropsychology position and will commence on 2nd Feb. Jacqui Ferguson was the successful applicant for Lisa Taylor's maternity leave locum and will commence on 27th January. Best wishes to Lisa for her upcoming maternity leave. Joanne Hogan has commenced as the Play Therapist and will work one session per week in the Physical Rehabilitation Clinic. Congratulations to these new staff and welcome to VPRS.
- Paediatric Gait Lab patients are now being co-ordinated through VPRS.
- Physio and OT have been involved in developing ITB patient/ parent information, assessment tool and outcomes as part of the National ITB assessment document working group.
- VPRS allied health staff have been involved in the work being conducted by the Allied Health Paediatric Services group looking at developing clinical pathways for elective paediatric orthopaedic patients. This work is ongoing.

## VPRS Clinical Reference Group

The second clinical reference group meeting was held on 5<sup>th</sup> December. An enormous thank you to the staff who have been responsible for collecting the additional referral data from each site for the three month data collection period. At the previous clinical reference group meeting, it was determined that more in depth clinical data was needed to better describe the patients receiving VPRS services at each site. New patient referrals were reviewed and there was discussion as to whether they met VPRS eligibility according to the model of care document. There was discussion regarding patients who partially met VPRS criteria (eg complex patients who might only require input from a single discipline). As per the VPRS model of care, patients must require multidisciplinary input to be eligible for services from VPRS. There was also some discussion regarding children with a diagnosis of 'developmental delay'. As per the VPRS model of care, children with a primary diagnosis such as a developmental delay and learning disability are generally not eligible for VPRS services. It was acknowledged that there should be consistent practice for accepting referrals across the VPRS sites, and a process established for review of referrals where VPRS criteria are only partially met. The VPRS site coordinators will meet to further this and update the team at the next clinical reference group meeting.

## VPRS Governance Group

The Governance Group meeting was held on 5<sup>th</sup> December. Key items/ issues from the meeting were:

- Dinah Reddihough presented on the CP Register. The register will now be funded by the Ambulatory and Continuing Care Section of DHS.
- Lionel Lubitz and Nathan from Austin Health presented on the Chronic Fatigue service they are running. DHS will be engaging external consultants to review the model of care for chronic fatigue and to determine whether it is part of VPRS.
- Review of Chronic Pain services – the draft report will be released for comment early in the New Year.
- Clinical Costing – the clinical costing review for Paed Rehab will commence in February 2009 and be complete by the end of April/ early May 2009. This costing activity will include the inpatient services at RCH and Southern Health and the chronic fatigue service at the Austin. It does not include SACS funding.
- Health Independence Guidelines – a meeting will be organised with the regional co-ordinators, Sandra and Charlotte Dart (DHS) to develop an implementation plan.
- Sub-acute planning framework – implementation plan will be developed next year

### VPRS Regional Co-ordinators Group

The Regional Co-ordinators met on 8<sup>th</sup> December. Aside from the information sharing regarding site happenings and other items such as the A&EP review (mentioned elsewhere in this newsletter) there was discussion regarding the role of regional co-ordinators in discharge planning for inpatients. It was agreed that the regional co-ordinators should be informed when a patient from their region is admitted as a rehab inpatient and should be involved in discharge planning – this includes helping with referrals to local community providers.

There was some discussion regarding referral information (following on from the Clinical Reference Group). Barwon VPRS have a template for initial needs identification information which will provide a starting point for the task of developing a referral information/ initial needs identification form to be used across all VPRS sites.

### Paediatric Orthopaedic Advisory Committee

- Final meeting of this group held on 4<sup>th</sup> December. This committee will continue in a different format next year and will be more project oriented. VPRS will be looking to continue working collaboratively with this committee next year on relevant projects such as education sessions, monitoring of safety and quality.
- “Paediatric Orthopaedics: recent achievements and future directions” document distributed to committee members for comment. We will be looking to ensure that there is appropriate collaboration between VPRS and paediatric orthopaedics in future service development.
- The allied health subcommittee will continue to meet in 2009.

### SACS Managers Meeting

- Meeting was held on 28th November 2008
- Each SACS service to collect KPIs relating to:
  - FTAs
  - Number of clients completing a program
  - SACS clients contacted within 3 days of referral
- Work is being done on elective orthopaedic pathways for THR and TKR – looking at role of SACS and reducing inpatient LOS.
- DHS implementation plan for sub-acute services planning framework to be developed. No timeline was given regarding this.
- Spinal Cord Injury Review – TAC have drafted a report which DHS have provided feedback on.

### **Upcoming Professional Development Events**

International CP conference- Sydney 18<sup>th</sup> - 21<sup>st</sup> February 2009

(Note: Post conference workshop Assisting Hand Assessment by Melinda Randall and Brian Hoare)

32<sup>nd</sup> annual ASSBI conference- Sydney 7-9<sup>th</sup> May 2009

### General news:

A discussion paper has been released on the A&EP service delivery model. Three options for models are proposed. Copies of the paper have been provided to each of the regional co-ordinators and relevant staff at each site. Comments are due back to Sandra by mid-January so we could put together a response on behalf of the VPRS. For those who haven't seen the document it is available on the DHS website.

[http://www.dhs.vic.gov.au/disability/supports\\_for\\_people/living\\_in\\_my\\_home/aids\\_and\\_equipment\\_program/aids-and-equipment-program-redevelopment](http://www.dhs.vic.gov.au/disability/supports_for_people/living_in_my_home/aids_and_equipment_program/aids-and-equipment-program-redevelopment)

### Conference Presentations

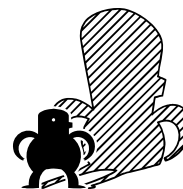
**Hough J**, Boyd R, Keating J, 2008, "Efficacy of interventions for low bone mineral density for children with cerebral palsy". Free paper at the American Academy of Cerebral Palsy and Developmental Medicine, Atlanta, September 2008

## STAFF PROFILE

*Deb Houston – Clinical Neuropsychologist – VPRS – RCH*

### About me

- 1. What has been the most rewarding thing you have ever done in your life?**  
Apart from my family, working in my dream job at VPRS.
- 2. What do you enjoy doing most during your time away from work?**  
Reading, camping and enjoying the great outdoors.
- 3. Name a great book you have read lately**  
I agree with Karen from the last newsletter – Mao's Last Dancer.
- 4. What would you like to be doing in five years from now?**  
Perhaps considering that PhD that I know I should do.
- 5. What football team do you follow?**  
St. Kilda.
- 6. What would be your all time favourite movie?**  
When Harry Met Sally.
- 7. What would you like to have named after you?**  
A part of the brain, although I think most of the good parts have already been taken.
- 8. What would be the "good advice" that you choose to live by?**  
You live and learn.



### About my role

- 1. What is the most challenging facet of your job?**  
Helping people to manage the behavioural changes following an acquired brain injury, but it is also my favourite part of the job.
- 2. If a magic fairy was to grant you a wish in relation to one thing that you could change in your department, what would it be?**  
Having the Rehabilitation Department located in closer proximity to the ward at RCH.

