

Vancouver Pediatric Team Occupational Therapy Services

Stakeholder Feedback

February 2017

Background

Vancouver Coastal Health's Vancouver Pediatric Team (VPT) is made up of nurses, occupational therapists, physiotherapists, and a social worker. The goal of the team is to help children living in Vancouver to lead active, healthy lives in their school and in their communities.

These services are developed for students with nursing, physiotherapy and occupational therapy needs. The level and source of support varies with the type of health care the student requires. Support may include: assessing the needs of a child, developing individualized Health Care Plans to guide staff in caring for students in the classroom environment who have complex health needs, training support staff to provide direct care to students, and supporting students in accessing and participating in the school environment.

The VPT team requested engagement support from the Community Engagement team to solicit stakeholder feedback about their Occupational Therapy services within this program.

Engagement Process

Throughout December 2016 and January 2017, the Vancouver Pediatric Team (VPT) surveyed stakeholders about their Occupational Therapy service delivery. They asked stakeholders to share their perspective, input and suggestions to help evaluate their services.

School age therapy is a consultative service, which means there is no direct therapy intervention. The VPT OT team addresses priority OT needs identified by school staff and/or parents and aim to facilitate participation in all school related activities. The survey solicited information specifically about the process of obtaining and receiving services.

An online survey was sent to a randomly selected group of parents/caregivers, classroom teachers, resource teachers, support staff and administrators to solicit their feedback. The results are summarized below.

Consultation by the Numbers

43 people completed the online survey

Of those surveyed:

- 22 were Parents/Caregivers
- 7 were Resource Teachers
- 5 were Administrators
- 4 were Classroom Teachers
- 2 were Support Staff
- 2 were Speech Language Pathologists
- 1 was a Counsellor

OVERALL FINDINGS

Overall respondents expressed some frustration around wait times for OT service in schools and felt that there is not enough funding/staffing for this service and too many needs. Once they received the OT service however, they were happy with the service provided. Some suggestions and recommendations were offered to improve the wait time experience, such as better communication about the priority process for accessing OT services and expected wait times, as well as offering activities to be done during wait times or alternate resources available. There were also some suggestions around potential therapies that classroom or resource teachers could offer in class.

SUMMARY OF KEY FINDINGS

1. Most of the respondents encountered their school OT in a meeting – either a team meeting or a child-specific meeting.

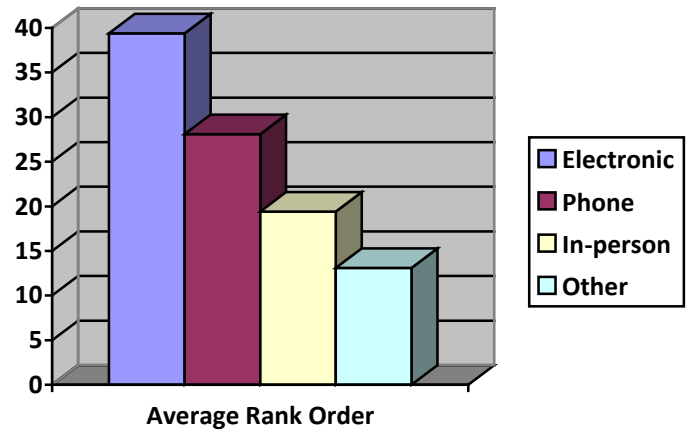
Setting	Percentage (%)
Team meeting	56.1%
Child-specific meeting	56.1%
Classroom consult	48.8%
Other: (via phone and email, home visit, 1:1 meeting with therapist)	31.7%
Hallway discussion	26.8%
Small group consult	24.4%

2. Of those that completed a referral for OT services, the majority (55%) agreed that the forms were easy to access and easy to complete.

Though the majority agreed that the forms were relatively easy to access and complete, some comments and/or recommendations were made:

- *“Forms are quite time consuming to complete while supervising a class of students. It would be preferable to complete 1:1.”*
- *“There were multiple forms asking for similar information.... some information seems very detailed, more so than needed to just initiate a referral.”*
- *“One of our resource teachers thought it took much of her time and thought that is what OTs are for.”*
- *“It was easy to complete, however it was the assessment I would expect the OT to complete as part of their evaluation of the student. It was extra work for me to complete.”*

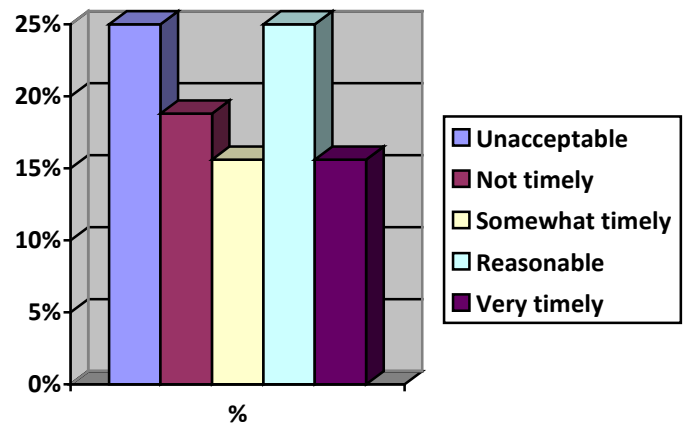
3. Most people agreed that the preferred way to initiate OT services is electronically, followed by a phone call.



4. The top 3 main reasons for OT referral were:

1. Sensory regulation difficulties
2. Fine motor delays
3. Additional input to support designation/diagnosis

5. There were mixed opinions about wait times - some feeling wait times were reasonable while others felt they were unacceptable.



- *“The OT has been responsive via email, but obviously has far too great a caseload to be effective.”*
- *“A one-year waiting period from when the concern was raised until the referral was done is too long to wait to support a child.”*

- *“Totally depends on the school, which I find difficult to understand. Some schools request OTs and they come in a few weeks, whereas other schools with the same OT wait literally more than a year.”*
- *“I think it would be very helpful to at least get a consult sooner than a year. Or at least some resources the team can use.”*
- *“This is due to not enough funds/staffing and too many needs.”*

6. Providing information about the priority process for OT services was ranked as the #1 way to improve the wait time experience.

Rank Order:

- 1. Information about the priority process for OT services**
2. Communication about generic interventions and activities that could be done while waiting
3. OT contact information for your school/child
4. Information on anticipated wait time
5. Communication regarding acceptance to OT service
6. Communication about the general resources i.e. private OT services

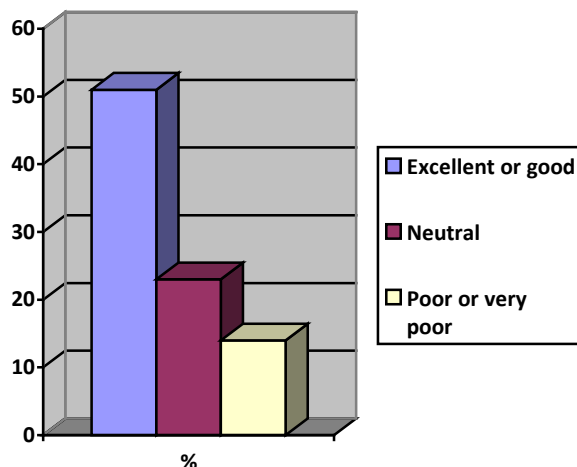
7. Overall respondents rated OT services as positive (either good or excellent), and were particularly impressed with the recommendations provided.

	Negative (poor or very poor rating)	Positive (good or excellent rating)
Accessing your school-based OT	32%	39%
The OT report was useful	13%	53%
The OT report/resources were timely	36%	41%
Recommendations were relevant	8%	74%
Strategies were easy to implement	14%	54%
Handouts & resources were useful	8%	54%

OT equipment/tools were easy to access	28%	36%
OT was available to answer additional questions/support	27%	51%

- *“The role of the VSB VCH OTs should be made clear – i.e. that the OT is staff support only; they do not work 1:1 with your child.”*
- *“I don’t really get why OT is needed for handwriting. You could decrease your waitlist if you send general handwriting strategies without actually doing a consultation.”*
- *“As a classroom teacher, I feel like I do not have a good sense of what services are offered by OTs, how much support is reasonable to ask for, and when a referral should be prioritized.”*
- *“Her recommendations have helped guide therapies. Her visits to classroom setting have been very helpful in establishing small changes that have made a significant change to my children’s comfort within the classroom.”*
- *“There were many recommendations for technology support, however due to budget constraints; we don’t have the technology to provide the service.”*

8. Overall, the majority of respondents felt they received good or excellent OT service.



ADDITIONAL RECOMMENDATIONS

Many of the survey respondents offered additional recommendations/suggestions:

1. Easier access to self-referring OT service; online checklist to apply for OT assessment.
2. Contact schools, parents/caregivers with expected wait times.
3. Coordinate an introductory meeting with the OT to better understand their role and what supports they can provide.
4. Workshops for primary teachers re: fine motor things they can implement into their classroom instruction; more funded time for fine motor intervention groups.
5. Consults with the team to give some ideas on what we can do while waiting for OT service.
6. Provide alternative options for families who are financially restricted to get timely access for their child.

NEXT STEPS

The Vancouver Regional Pediatric Team hopes to incorporate the feedback received as follows:

- 1) Streamline referral form and process.
- 2) Revise letter of acceptance to OT services – this will include info on wait times and school therapist contact info.
- 3) Increase access to resources, activity ideas while waiting – this will include development of online resources, paper resources.
- 4) Provide education (capacity building) to teachers /school staff so that they will be aware of general strategies and be able to access their own resources (toolkits).
- 5) Provide an info session to VSB regarding OT's revised Model of Service (Tiered Model).
- 6) Develop a “pamphlet” or reference sheet outlining our service delivery.

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