Flushed! A statewide physiotherapy service for paediatric incontinence

Initiative Type

Model of Care

Status

Deliver

Added

24 August 2021

Last updated

26 February 2024

URL

https://clinicalexcellence.qld.gov.au/improvement-exchange/flushed-statewide-physiotherapy-service-paediatric-incontinence

Summary

The Queensland Children's Hospital (QCH) established a statewide Paediatric Physiotherapy Continence Service with primary (first contact) and secondary (referred after medical review) model

of care (MOC) to meet the needs of children with bladder, bowel and/or pelvic floor dysfunction (BBPFD). This service utilises multiple digital technologies to provide family-centred care directly to their home. Telehealth was also used to establish a regional site in Townsville Hospital and Health Service (HHS) and provide clinical supervision to staff. A REDCap database was created, and for the first time, approval was received for families to directly enter their patient reported outcome measures (PROM) data, saving clinical time and possible data input errors. To enable high-level care across the state a multiple resource was developed for clinicians inclusive of a Project ECHO (an innovative inter-professional education and case-base learning model) series, podcasts and webinars, with positive feedback from the local and international allied health and medical specialists who attended.

Key dates

Jul 2019

Implementation sites

Queensland Children's Hospital, Townsville University Hospital

Partnerships

General Practitioners, TUH Physiotherapy and General Paediatric services as well as QCH General Paediatrics, Gastroenterology, PSUB and Nephrology teams

Key Contacts

Kate Tavendale

1826

william.vanheerden.ced

Senior Physiotherapist

Physiotherapy Team

07 3068 2850

kate.tavendale@health.qld.gov.au

Aim

Provide sustainable public paediatric physiotherapy continence services and evaluate the primary and secondary contact MOC with patient reported outcome measures.

Benefits

This initiative demonstrated patient-centred care by improving access, reducing wait times, and improving outcomes with high levels of referrer satisfaction; and developed clinician capability. This study will provide evidence for benchmarking across other paediatric healthcare centres and information that may assist other paediatric health services in their decision to implement similar service models in their hospitals.

Background

It is not common knowledge that 5 – 12% of children in Australia have urinary incontinence and up to 25% suffer from constipation.

Solutions Implemented

Developed and implemented Paediatric Physiotherapy service at QCH and Townsville University Hospital (TUH). The service model incorporated an initial telehealth consult to provide assessment and education directly to the patient’s home and assess the need for face-to-face review. Multidisciplinary education resources were developed following a learning needs assessment. An 8-part Project ECHO series was produced, providing a guided practice model featuring interactive case discussions and collaborative learning to empower clinicians to provide care to under serviced areas. Podcasts were produced to provide additional learning and were recorded with a range of specialists from gastroenterologists to psychologists and dietitians. Finally, a 3-part webinar series was produced with physiotherapy and general paediatrician discussing common presentations, assessment, and treatment for paediatric incontinence.

Evaluation and Results

This project has been successful in improved access to care with increased growth of the service during the pandemic at both sites. New patients increased from QCH 23, TUH 0 in 2018/19 (prior to project) , QCH 135, TUH 6 in 2019/2020, to QCH 193, TUH 25 in 2020/2021. Postcode coverage increased from 58 postcodes in 2018/19, 114 in 2019/20, to 166 in 2020/21. The service reduced time to care by an average of 34 days, with most primary contact patients being offered appointments in under one week from receipt of referral, in contrast to traditional MOC wait times exceeding 365 days for some specialities.

PDF saved 04/04/2025