

Managing Continuity of Care for Children With Special Needs in Rural and Remote Parts of Northern Ontario

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Research Team

- Bruce Minore, Centre for Rural and Northern Health Research
- Margaret Boone, Centre of Excellence for Children and Adolescents with Special Needs
- Alison Arthur, Integrated Services for Northern Children Program
- Julia O'Sullivan, Centre of Excellence for Children and Adolescents with Special Needs

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Background and Purpose

- Challenges of managing continuity in rural areas:
- widely distributed case loads
- recruitment and retention of professionals in rural areas

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ISNC Strategies for delivering care

- interdisciplinary teams
- case managers
- mediation and integration models

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Methodol ogy

- Review of random sample of 327 client charts, divided into six categories speech/language, occupational therapy and behavioural care by mediation or intervention
- Semi-structured in-person interviews with 100 clients and care providers

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1. Clients remain in contact with ISNC services.

- Intervention workers establish more "consistent and constant" contact
 - Allowing monitoring and more rapid modification to plans of care
 - Follow-up contact more frequent with intervention
- ➤ Technology facilitates contact

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2. Breaks in the delivery of services

- > Occurred in 45.6 % of cases
- Some breaks in contact were warranted by clinical status of the client
- Client precipitated a high number of breaks

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- > Occurred when there was :
 - Staff turn over
 - Unavailable services professional, paraprofessional and Francophone providers
 - Wait lists for certain specialists

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3. Continuous contact with the same care providers

- Majority of children continue to work with same providers over extended periods
- Client initiated changes, especially in behavioural cases
- Small town familiarity presented challenges

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4. Plans of care implemented

- > Frequency of review
 - annually vs. continuously
- > Parental participation
 - more active parental engagement with intervention model
 - mediation plans may create a parental burden

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Plans of care implemented (con't)

- More difficult to monitor progress in mediation model
- Mediation dependent on school staff for implementation staff turnover assistance from ISNC

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5. Co-ordination with primary care services

- >ISNC's liaison function
- ➤ Intervention "early warning" reduces wait times

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Coordination of primary care services (con't)

- > Delayed feedback from specialists
- > Availability of services locally affects co-ordination

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6. Co-ordination with formal and informal care givers

- > Case conferences
- > Parental involvement
- > Workers role as intermediaries between parents and schools

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Coordination with formal & informal care givers

- **≻** Co-ordination with other agencies
- > Referrals client moves or reaches adulthood

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Main Messages

- 1) Rural residents place premium on care at home
- 2) ISNC has created viable system of care
- 3) Interdisciplinary teams crossing agency and sector boundaries foster continuity of care

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Main Messages (con't)

- 4) Paraprofessional approach preferred - constant and consistent care monitored by professionals
- 5) Requires sustained investment by government

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Main Messages (con't)

6) Continuity of care influenced by model of care, staff turnover, referral routes, waitlists and client motivation

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