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Kate T El Bizanti looks at developing a home assessment form for children requiring long-term ventilation

The children’s long-term ventilation (LTV) team was first set up in 2005, initially with the remit to investigate why medically stable LTV children remained in paediatric intensive care unit and high dependency unit beds, severely delaying discharge, and to provide some form of central support for families and professionals along the discharge pathway.

While the clinical team is committed to speeding up the discharge process and being an advocate for families and guiding professionals involved, we are also involved in trying to identify units that can transition children from hospital to home.

Since 2008, the LTV service has been able to expand, due to support from the London Specialist Commissioning Group and the NHS London Regional Innovation Fund, to include the process team, and we have been developing a web-based decision-making tool (Hospital to Home) to support and structure the discharge pathway for children on LTV.

I was employed in the childrens long-term ventilation team in January 2012, from the Royal Brompton Hospital’s occupational therapy team, as the inaugural OT tasked with co-ordinating a variety of occupational therapy issues for the children on the caseload.

It became clear very quickly that often housing was a stumbling block to discharging these patients home and so, in order to try and pre-empt the housing issues and to create a solution-focused approach, I devised a housing assessment form.

The aims of the form were to:
- Share OT expertise related to the task within one document;
- Encourage its use across professions;
- Devise a user-friendly document;
- Incorporate specialist considerations for children’s LTV discharges;
- Complement (rather than replace) existing, local paperwork;
- Easily produce a report (when the document is completed); and
- Reduce administration time and duplication.

There were no procedures, policies or existing paperwork related to housing assessments within the children’s LTV team, so I started to look at other local home assessment processes.

I used one of my own completed home visit reports from a previous LTV patient during my time as a ward OT. I changed the format so that the information could be used to conduct a home assessment – rather than a report for the team’s information post-assessment – and added information that I thought would be relevant when assessing a property as a suitable discharge destination for a child using LTV.

This report identified important LTV-specific issues, such as the space and storage required for a LTV child, and identified environmental information, particularly measurements, that were not found in any other documents.

The first draft of the housing assessment form was circulated to the LTV team and it was agreed that to clarify the reasons for each of the questions on the form, a mirror document would be beneficial.

In order to ensure the home assessment form was suitable for use within all aspects of the service, it was tested in three ways: the form was piloted with patients; it was presented to a group of professionals; and it was reviewed by the process team.

First, three families were identified as requiring a housing assessment in preparation for taking their children home. Following each of the visits, the completed forms were circulated to, and feedback requested of, those present at the assessment.

Changes to the form following this process included additional flooring options and the option to count more than one toilet in a property.

Next, the home assessment form was presented to the South East Professionals Group – a group of nurses and AHPs who meet regularly to share best practice and troubleshoot issues for children with complex health needs in the region.

Feedback from this meeting suggested the addition of: a manual handling section; a fire service directive; how to store O2; information about the external environmental of the home for carers travelling there; an expert view on what is acceptable for guidance, that is minimum criteria; and a separate discharge checklist.

Feedback also suggested to note: any family members who smoke; pets; electricity supply options; how to dispose of clinical waste; shared or own bedroom; and a number/reference for each part of the house to refer back to.

While a number of changes were made to the form following this meeting, it was felt that some of the feedback was outside of the remit of the home assessment form and therefore was not included in the changes.

Finally, the form was reviewed with a member of the process team.

The final version of the form was loaded onto the Hospital to Home pathway to be used by professionals planning the discharge home of children requiring LTV. It has since been used practically and has gained national acclaim, when presented as part of the Hospital to Home pathway.

We are enthusiastic about sharing the work we have done so that other teams may benefit and we would be excited to be contacted for any further details.

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