



Shriners Hospitals for Children® — Tampa

Prepared by: Terry Brugger, MBA, RHIT; Debbie Rupe, RN; Sandy Smith, MS, PT

Mission and Vision

Mission:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other healthcare professionals.
- This mission is carried out without regard to race, color, creed, sex or sect, or ability of a patient or family to pay.

Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

Table of Contents

3 • Commitment to the Community

4 • Process and Methods

5 • Key Findings

8 • Action Plan

11 • Acknowledgements

12 • Exhibits



**Shriners Hospitals for Children-
Tampa**
12502 USF Pine Drive
Tampa Florida
33612

Our Commitment to the Community

Shriners Hospitals for Children is a network of 20 hospitals and two ambulatory surgery centers located across North America, Mexico, and Canada. At these facilities, dedicated healthcare professionals treat children with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate. All services are provided in a family-centered environment regardless of the patients' ability to pay.

Since the founding of the first hospital in 1922, treating orthopedic conditions has been the foundation of Shriners Hospitals for Children. The Tampa hospital was built in 1985. The diseases and disorders treated here are wide-ranging and diverse, which includes scoliosis, limb discrepancies, club foot, hip dysplasia, cerebral palsy, spina bifida, genetic anomalies, and other neurological conditions that affect ambulation and movement. Regardless of the disease or condition, our goal is to help each child become as functional and healthy as possible. For those who work at Shriners Hospitals for Children (SHC — Tampa), watching kids run, jump, explore, laugh, and play is the greatest joy and proof that our mission is making a difference.

With the largest full-time staff of pediatric orthopedic surgeons in the United States, as well as a comprehensive team of physical, occupational, and other therapists, we are able to treat each child with a customized approach based on their overall health and medical conditions.

Our overall goal of occupational and physical therapy is to teach children, their families, and caregivers exercises, techniques and daily activities to improve range of motion, strengthen muscles, joints and tendons, enhance mobility and flexibility, learn to walk, perform daily activities, such as dressing, hygiene, and self-feeding, and achieve functional independence.



The physical therapy programs at SHC — Tampa are extensive and tailored to the child's specific condition, symptoms, and other factors that their medical team feels are important for their treatment plan. Therapy is done as both an inpatient and outpatient service. The child works with specially trained therapists who have many innovative resources and tools available, incorporating traditional and unconventional therapies.

Process and Methods

The Tampa hospital is located in Hillsborough County which is midway along the west coast of Florida in the Tampa-St. Petersburg metropolitan area. Of the 67 counties in Florida, Hillsborough County is the fourth largest in the state. According to 2009 data from the United States Census Bureau, the estimated population was 1,195,317, an increase of 19.7% from the 2000 census and 43.3% from the 1990 census. The city of Tampa, the county seat, has a population of 343,890, and is one of three municipalities in the county, the other two being Plant City and Temple Terrace. The population of Hillsborough County is projected to reach 1,537,290 by the year 2025.



Source: <http://www.floridacharts.com/charts/chart.aspx>

According to the Florida Birth Defects Registry, every year in Hillsborough County, about 15,700 babies are born and 1 in 29, or 550 infants, have a major structural and/or genetic birth defect.

Frequency and prevalence rates of selected birth defects for Hillsborough County and the State of Florida

The Florida Birth Defects Registry 1998-2007

Birth Defect	Hillsborough		Florida	
	No. of cases (1998-2007)	Birth prevalence*	Average annual no. of cases	Birth prevalence*
Central Nervous System				
Anencephalus	10	0.6	10	0.5
Spina bifida without anencephalus	59	3.8	70	3.3
Cardiovascular				
Transposition of great arteries	48	3.1	94	4.4
Tetralogy of Fallot	76	4.9	114	5.3
Coarctation of the aorta	86	5.5	125	5.9
Hypoplastic left heart syndrome	41	2.6	59	2.8
Orofacial				
Cleft lip with and without cleft palate	120	7.7	181	8.5
Cleft palate without cleft lip	91	5.8	110	5.1
Musculoskeletal				
Upper limb defect	28	1.8	40	1.9
Lower limb defect	16	1	29	1.4
Gastroschisis	57	3.6	75	3.5
Chromosomal				
Down syndrome	207	13.2	280	13.1
TOTAL NO. OF LIVE BIRTHS 1998-2007	156,485		2,135,079	
*Rates are calculated per 10,000 live births				

Many of the families of children with disabilities turn to Shriners because of the expert orthopedic care we provide and/or because the same quality and quantity of care is not obtainable elsewhere, due to insurance or financial issues. Parents often relate that, if not for Shriners, many of the needs of their special-needs children would go unmet.

Understanding how a child's motor performance develops, and how it is related to the child's cognitive development, is the basis of pediatric physical therapy. The benefits of physical therapy include:

- Increase and maintain muscle strength and endurance

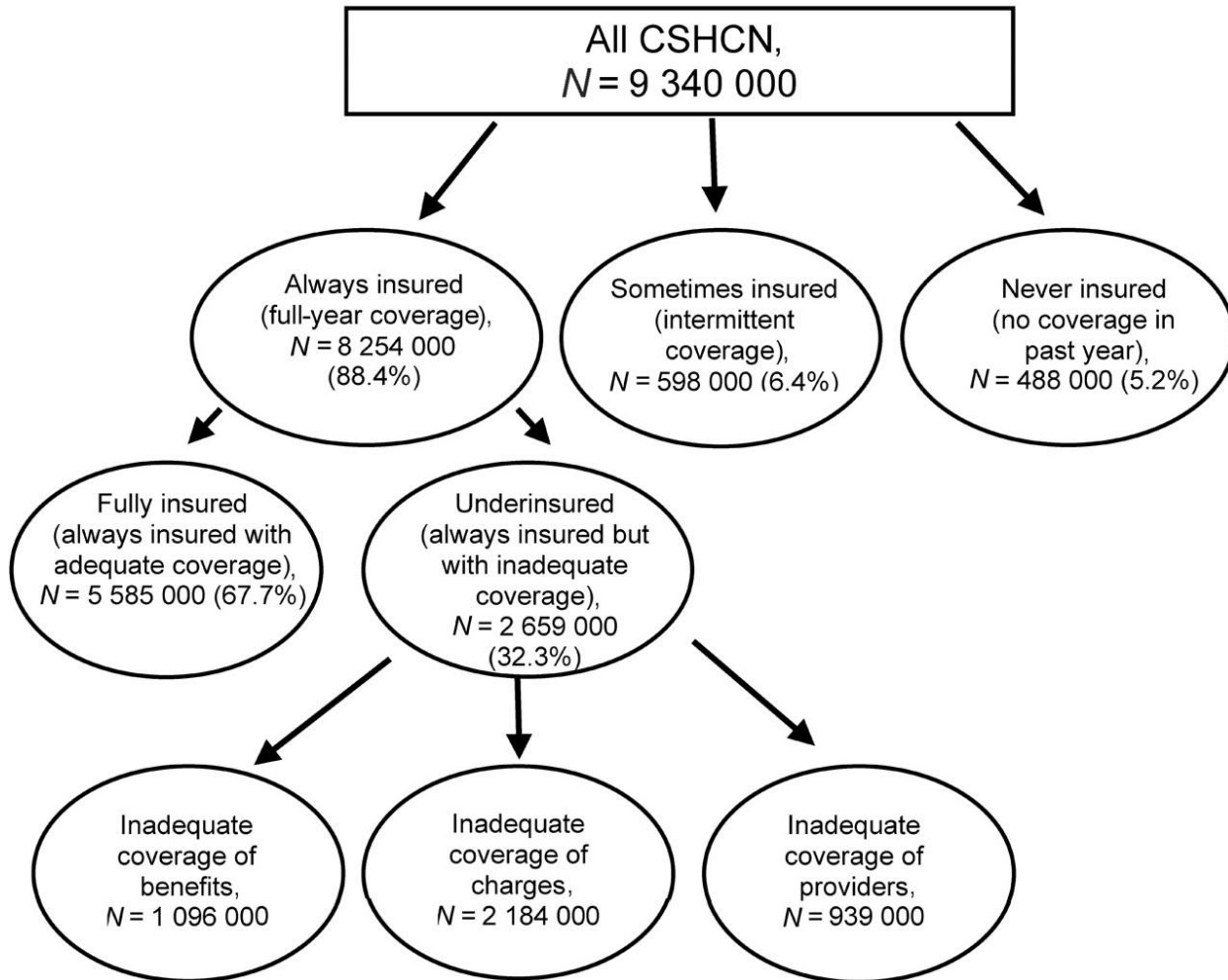
- Restore and increase joint range of motion
- Increase coordination
- Decrease pain
- Decrease muscle spasm and spasticity
- Decrease swelling and inflammation of joints
- Promote healing of soft tissue lesions
- Prevent contracture and deformity of limbs
- Promote mobility through walking or use of wheeled-mobility
- Increase ability in daily activities such as self-care and play
- Educate patients and families
- Decrease stress

(www.mychildwithoutlimits.org)

Obtaining physical therapy for children with special health care needs can be challenging; however, to parents and families. A study performed by Kogan, Newacheck, Honberg, and Strickland was published in the November 1, 2005 PEDIATRICS journal, which examined the prevalence of underinsurance and its relationship to access to care and family financial problems. Children with special health care needs (CSHCN) were classified as underinsured when coverage was deemed inadequate to meet the child's needs. The study found "that approximately one third of CSHCH were underinsured. The most commonly reported component of inadequate coverage was that the costs that were not covered by insurance were not considered reasonable. This is not surprising, because health care costs for CSHCN are much greater compared to typical developing children. However, significant proportions of the families of this population also reported that health insurance benefits did not meet the child's needs and that the coverage did not allow them to see needed providers."

SHC — Tampa, wanting to explore the issue of unmet physical and occupational therapy needs, decided to undertake a month-long survey of patients in our Rehabilitation Department to help determine the true extent of unmet needs and whether an opportunity existed for the hospital to expand its therapy services.

Although the hospital services the entire State of Florida and parts of southern Georgia, the majority of its patients come from the Hillsborough County area. It was, therefore, decided to limit the survey to patients from this area. (Please consider providing a brief description of the community served, such as including demographic or socioeconomic factors related to your target population).



Estimates of underinsurance among CSHCN in the United States, 2001.

Key Findings

The survey was conducted during March 2013 and was limited to children 0-3 years of age, living in Hillsborough County and receiving physical and/or occupational therapy. The goal of the survey was to help determine the extent of unmet therapy needs in Shriners patients and whether potential opportunities exist for expansion of therapy services to our patient population and the pediatric community at large perhaps as an Early Steps provider. Early Steps is one of several programs within the Florida Medicaid system, designed for children from birth to 3 years of age who have special health care needs. As part of the survey, parents were asked if they were part of the Early Steps program. Those parents who responded positively were then asked a series of questions regarding the types of services received and level of satisfaction with those services.

Eighty-five people responded to the survey. Sixty-eight, or 80%; however, responded that they were not receiving Early Steps services. Of the remaining 17 respondents, 11 (65%) said they were receiving all the services recommended by the screening and were satisfied with those services. Three respondents (18%) said they were not receiving all the services recommended, and were not satisfied with the services they were receiving. One respondent, or 6%, was not receiving all services recommended, but was satisfied with the services they were receiving. Two respondents, 12%, did not complete the entire survey.

There are multiple limitations to this survey. None of the respondents who were not receiving Early Steps services were asked if they received services under another program or not at all. In addition, no questions were included in the survey regarding insurance or the lack thereof.

Given the limitations of the survey, it is not felt that the findings proved or disproved the existence of unmet health care needs in the pediatric population of Hillsborough County.

Action Plan

Despite the flaws in the survey process, statistics and literature support the need to further investigate the possibility that children with special health care needs are not receiving the therapy services to the full extent possible. As noted in the following chart, areas in red indicate unmet goals based on statewide targets.

BAY AREA
LOCAL EARLY STEPS REPORT

Reporting Period July 1, 2010 - June 30, 2011

Counties Served During the Reporting Period: Hillsborough, Polk

INDICATOR	STATEWIDE TARGET	STATEWIDE PERFORMANCE	LOCAL EARLY STEPS PERFORMANCE
1. Infants and toddlers receive early intervention services in a timely manner	100%	81%	73%
2. Infants and toddlers receive early intervention services in the home or community based settings	70%	79%*	89%*
3A1. Infants and toddlers demonstrate improved social/emotional skills at exit**	36.1%	35.0%*	38.0%*
3A2. Infants and toddlers demonstrate typical social/emotional skills at exit**	75.7%	75.2%	77.7%
3B1. Infants and toddlers demonstrate improved use of knowledge and skills at exit**	52.7%	53.7%*	52.0%
3B2. Infants and toddlers demonstrate typical use of knowledge and skills at exit**	49.7%	49.5%	49.5%
3C1. Infants and toddlers demonstrate improved use of appropriate behaviors to meet needs at exit**	52.5%	56.4%*	63.9%*
3C2. Infants and toddlers demonstrate typical use of appropriate behaviors to meet needs at exit**	75.9%	76%*	76.8%
4A. Families report that early intervention services have helped their family know their rights	60.7%	75%*	83%*
4B. Families report that early intervention services have helped their family effectively communicate their children's needs	53.7%	70%*	74%*
4C. Families report that early intervention services have helped their family help their child grow	62.4%	89%*	87%*
5. Percent of birth to one year old children served***	0.72%	0.69%*	0.88%*
6. Percent of birth to three year old children served***	1.89%	2.06%	2.13%*
7. An evaluation and initial IFSP are conducted for eligible infants and toddlers within 45 days from the date of referral	100%	92%	83%

8A. The child’s Individualized Family Support Plan includes steps and services to support transition	100%	97%*	90%*
8B. The Local Education Agency is notified of potentially eligible children	100%	97%*	90%*
8C. A transition conference is held at least 90 days prior to child’s third birthday	100%	88%	83%*

Our action plan is to revise the survey and then resurvey patients for a period no less than 6 months, after which, the data will be aggregated and analyzed. It is felt that this will provide the hospital with the data it needs to make the best decision regarding allocation of resources to best meet the needs of our patients.

Acknowledgements

Kogan, Ph.D., Michael D.; Paul W. Newacheck, Dr.PhD; Lynda Honberg, MHSA; Bonnie Strickland, PhD. PEDIATRICS, Vol 116, No 5, November 1, 2005, pp. 1162-1169 (doi: 10.1542/peds.2004-2432).

<http://www.census.gov/popest/>

http://www.cms-kids.com/families/early_steps

<http://www.shrinershospitalsforchildren.org>

www.mychildwithoutlimits.org

<http://www.floridacharts.com/charts/chart.aspx>

Exhibits

Shriners Hospitals for Children® — Tampa Hospital Survey



- Is your child receiving Early Steps Services?

Yes No

If you answered “yes” please continue, otherwise you are finished with the survey.

- What type of services does your child receive?

PT OT Speech Early Interventionist

- How long did your child wait to begin receiving services after being screened by an Early Steps Team provider?

0-1 month 1-2 months 3-6 months more than 6 months

- How often does your child get these services?

PT: 1 X week 2 X week 2 X month 1 X month

OT: 1 X week 2 X week 2 X month 1 X month

Speech: 1 X week 2 X week 2 X month 1 X month

Early Interventionist: 1 X week 2 X week 2 X month 1 X month

- Is your child receiving all the services recommended by the screening?

Yes No

- **Are you satisfied with the services your child receive?**

Yes

No

- **What County does your child live in?**

Hillsborough

Pasco

Pinellas