Neurodevelopmental follow-up: Multidisciplinary team working to standardise the delivery, uptake and recording of two-year assessments

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Background
Our neurodevelopmental outpatient service has undergone redesign with reference to recently published guidance\(^1\) and Scottish Government neonatal care strategic plans.\(^2\) Prior to this we did not use a standardised assessment at two years corrected age and did not regularly report two-year outcome data. We used QI methodology to improve the delivery, uptake and recording of our two-year developmental assessments.

Improvement plan
Our improvement project is summarised in the driver diagram (Figure 1). The project team, comprised of professionals from neonatology, physiotherapy, speech and language therapy and neonatal liaison, met quarterly to review and refine our plan. In addition, we held a national meeting with neurodevelopmental teams from across Scotland to share knowledge and experience within varied clinic settings.

Outcomes
We have increased the number of two-year outcomes reported to NNAP, with over 94% of children in 2018 with health data entered (Table 1). Through collaborative working with neonatal units across Scotland we achieved high rates of follow-up reporting for children who had been discharged home from our neonatal unit that we had previously considered ‘responsibility of another unit’.

The Parent Report of Children’s Abilities Revised (PARCA-R) questionnaire and Schedule of Growing Skills II was introduced to our clinic during the 2018 data collection year which accounts for those children with incomplete assessments (12 and 6 children had been discharged prior to the introduction of SOGS and PARCA-R respectively). Since its

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1 Developmental follow up of children and young people born preterm. NICE Guideline (NG 72). August 2017
2 The best start: five-year plan for maternity and neonatal care. January 2017
introduction, 100% of families attending RHC clinic at two years corrected, have completed a PARCA-R questionnaire.

Figure 1. Driver diagram, neurodevelopmental follow-up improvement project.

Table 1. NNAP follow-up and completion of standardised 2-year assessment rates.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>RHC UNIT RESPONSIBLE FOR F/U (n=)</th>
<th>HEATH DATA ENTERED %</th>
<th>RHC F/U AT 2 YEARS (n=)</th>
<th>PARCA-R COMPLETED %</th>
<th>SOGS COMPLETED %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>47</td>
<td>27.7 (13/47)</td>
<td>30</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2017</td>
<td>41</td>
<td>67.4 (31/46)</td>
<td>31</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2018</td>
<td>38</td>
<td>94.7 (36/38)</td>
<td>24</td>
<td>75 (18/24)</td>
<td>45 (11/24)</td>
</tr>
</tbody>
</table>

We have established a safe, equitable, efficient and cost-effective service that offers families a one stop clinic, delivered by a skilled multidisciplinary team. We aim to empower parents, recognising they play an integral role in their child achieving their developmental potential.
Hear from a family who attended our clinic;

“Once we left the NICU, it was so important to us to have that continuation of care with the follow-up appointments. It gave us a chance to chat with professionals who knew what to look out for health and development wise. We were all put at ease and we chatted through what Julian did at home and were asked about any concerns we had. I really can’t recommend the service enough”

Kirsty Haining - Julian’s Mum

Top tips for implementation

- Establish a core group of invested multidisciplinary professionals to deliver neurodevelopmental follow-up for your unit.
- Engage with families to provide feedback on and improve your neurodevelopmental follow-up service.
- Collaborate with other units in your network to achieve consistently high follow-up rates.
- Review your data throughout the year. If it is not what you anticipated, look more closely at the quality and accuracy of data input.