**Abstract submitted for the 4th Rural Health and Research Congress**

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Congress Stream: No 6 Connecting Through Transfer – right care, right place, right time

Alternate Stream: No 4 Partnerships and Integrated Care – connecting rural people and
 services

Abstract Title: Cerebral Palsy Hip Surveillance: A Virtual Clinic Model

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Background:

Children with Cerebral Palsy (CP) have a greater risk of hip dislocation and require regular hip surveillance. Within Northern Child Health Network (NCHN) there are approximately 500-550 children with CP who were unable to access a coordinated hip surveillance program. An innovative service model was required to capture and coordinate hip surveillance for these children.

Approach:

The Cerebral Palsy Hip Surveillance (CPHS) Service uses a Virtual Clinic Model including the provision of xray services in the child’s local community, with results accessible online. Hip migration is measured by the CPHS service, with follow-up determined by the Australian Standards of Care (2008). Children are required to attend clinic only if an issue is highlighted. Thus the right service is provided in the right place, at the right time in a cost effective manner.

Outcomes:

Children with CP residing within NCHN now have greater access to hip surveillance. Of the 184 clients currently seen within CPHS approximately 50% reside in regional or rural areas. The virtual clinic model makes best use of local resources, limits the requirement for un-necessary face-to-face appointments, and reduces associated costs to the family and health system. The subsequent early detection of, and intervention with, children with CP and progressing hip disease, results in better health outcomes for the child and family via the elimination of the need for invasive hip salvage surgery, and the prevention of further disability, functional decline and pain.

Take Home Message:

*1 – greater accessibility for rural and regional clients via access to a virtual clinic model*

*2 – better health outcomes for children with CP and progressing hip disease via access to a coordinated hip surveillance program*