Go With The Flow
Integrating Rehabilitation Service at St Vincent’s Hospital, Sydney

NSW Health Innovation Symposium
Connecting Minds:
Innovating Care Every Day in Every Way
11th October 2013
Associate Professor Steven Faux
Dr Shari Parker
Drivers for change

- Deconditioning
- Start rehabilitation early
- Egress block
- Right Treatment Time Place
- intensive Rehabilitation
- Integration of care
- Focus on capacity and efficiency
- ↓LOS, NEAT NEST targets
- COAG – NPA
How the Innovation came about
Rehab 2009

ICU
Acute
Subacute
Inpatient Rehab
Home

Subacute inpatient

Outpatient
Rehab 2012

ICU

Acute

Subacute
Inpatient
Rehab

Home

Mobile Rehabilitation Team

Subacute inpatient

Outpatient

Rehabilitation in the Home
Implementing the Innovation
Staged Implementation

Multi-faceted, integrated, intensive rehab system

1. Inpatient Intensity (March 2010)
2. Outpatient Enhancement (June 2010)
3. Mobile Rehabilitation Team (October 2010)
4. Rehabilitation in the Home Team (April 2012)
Example  Ellen 44 year woman

Married with two kids  Multiple Sclerosis for 4 years  Works part time
Acute cholecystitis  →  admitted
Admission complicated by flare of MS
Risk of prolonged admission identified
Mobile Rehabilitation team provides early intensive rehabilitation in parallel with acute medical / surgical care
Inpatient rehabilitation admission avoided
Discharged home with family
Rehabilitation in the home
Then onto outpatients for less intensive therapy
……...later, functional deterioration, falls  →  risk of admission
RITH gives intensive home based rehabilitation
Admission avoided
Mobile Rehabilitation Team

- Parallel care, up to 2 weeks, 7 days
- Rehabilitation starts D3
- Intensive multi disciplinary rehab - CNC, PT, OT, SW, psychology, med
- In addition to usual therapy
- **Aim to** ↓ de-conditioning, ↑ function, early discharge planning, integration of care between acute and rehab, avoid admission to inpatient rehab where possible.
- Those who still need admission, arrive in a better functional state and have a shorter admission.
Rehabilitation In the Home

• Domiciliary intensive trans-disciplinary rehabilitation, up to 6 weeks
• Facilitate early discharge, may avoid need for admission to inpatient rehabilitation
• Avoid admission for deteriorating community-based people with disability
• Cf TACP
• Strategic alliance with Prince of Wales Hospital
• Industry alliance – car share company Go Get
Results achieved

• Efficiency generated equivalent to ↑ capacity of 17.9 beds (90% occupancy)
• ↓ rehab LOS by 23%, from 23.9 to 18.4 days
• 77% ↑ in rehabilitation episodes
• 106% ↑ patients managed by outpatients
• Mobile Rehabilitation Team discharged 55% patients directly home
• RITH - subacute admission avoided in 54%
Results Achieved

- Integrated rehabilitation service, providing right care at the right time in the right setting
- Annual efficiency of $4,854,247, for annual investment of $1,121,124
Lessons Learnt

• Elasticity
• Executive
• Early explanation
• Education
• Ease
• Excellence
• Environment
• Egalitarianism
The Future

- COAG funded services ceased 30 June 2013
- MOH allocated funds for continuation of rehabilitation program
- Finalisation of fund allocation within SVHN underway
- Reconfiguration of Ambulatory services (RITH incorporated)
- Day Hospital
- Integration with National Disability Insurance Scheme
- Allied Health Assistants
Acknowledgements

All the patients, family, carers

Associate Professor Steven Faux
Rosemary McMahon
Lisa TenCate
Clare Findlay
Fred Menz
Kate Crenaune
Chloe Gestier
Bridgit Sticpewich
Lesley Lunn
Regina Schultz
Melissa Swift
Sam Haines
Ian Harris
Emma Hamilton
Nancy Lee
Monique Alexis
Louise Ringland
Nicola Clark
Anna Barlow
Kate Knapp
Amanda Miller Amberber
Dr Sachin Shetty
Dr Greg Bowring
The registrars Rebecca, Liz, Margaret, Ali, Yan, Vidya