SACRED HEART HEALTH SERVICE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

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

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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

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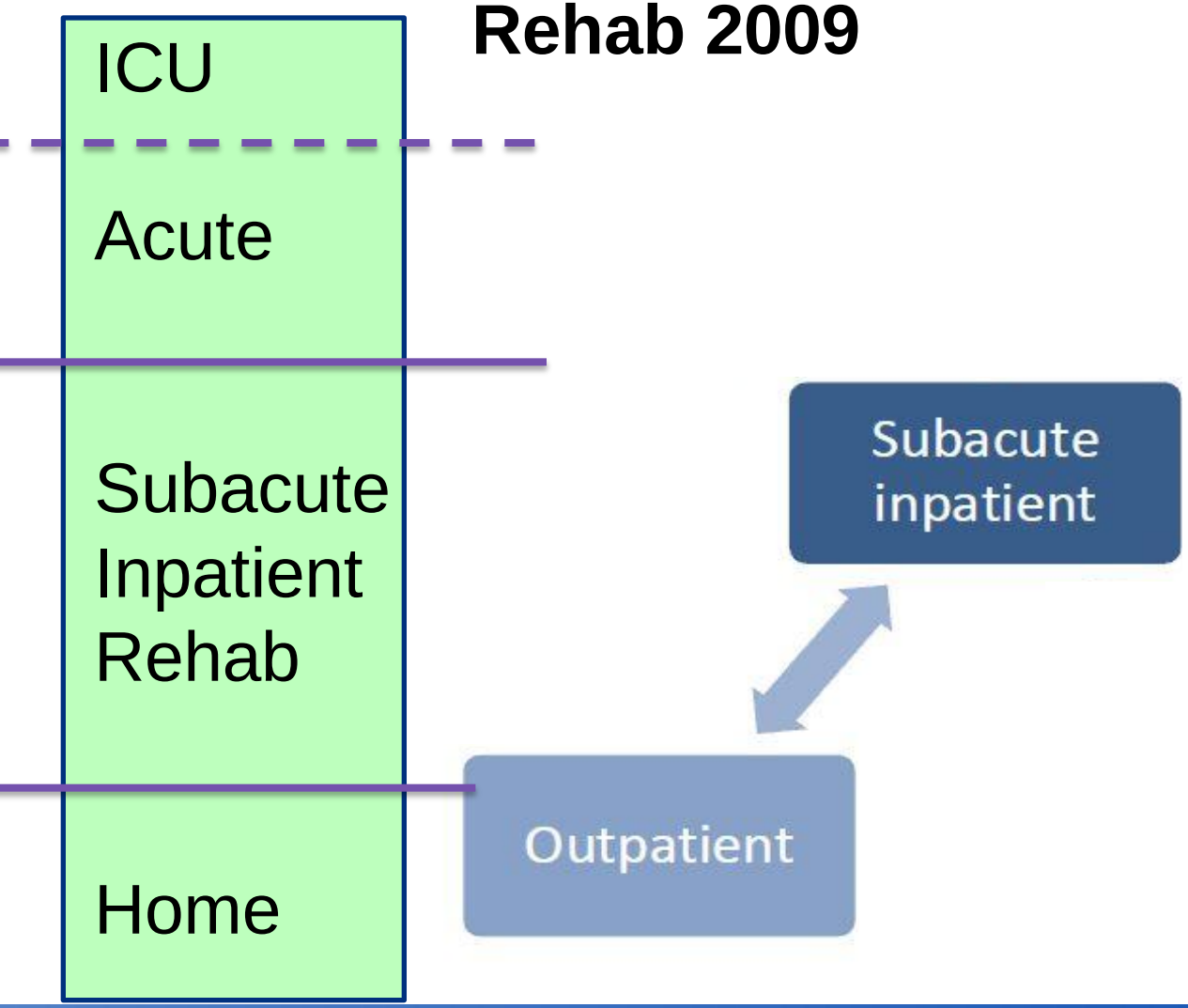
Rehab 2009



Rehab 2012

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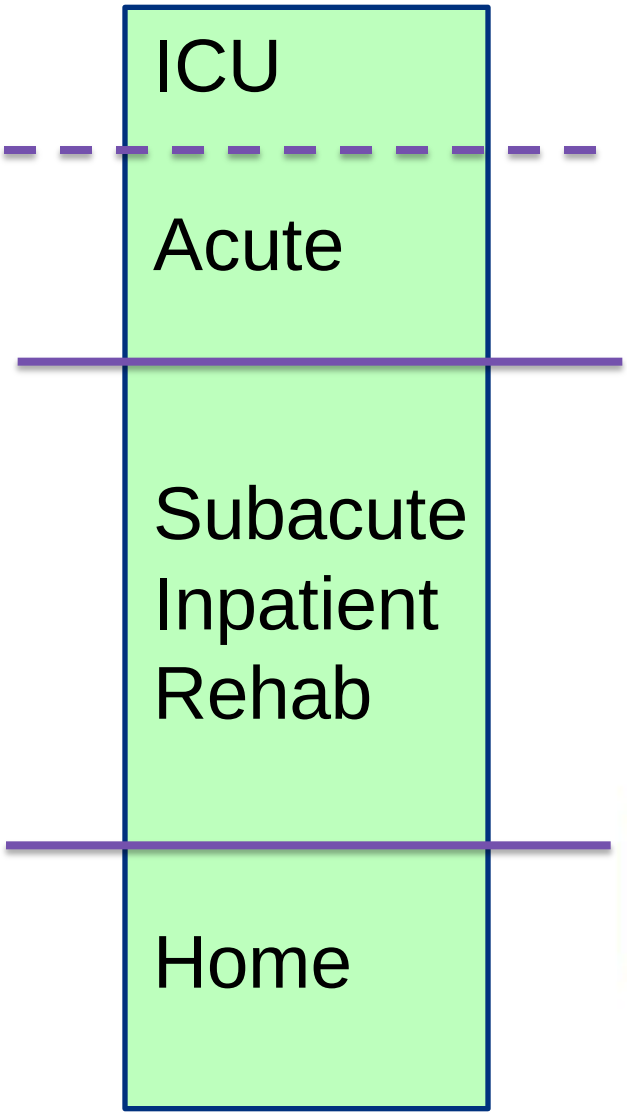

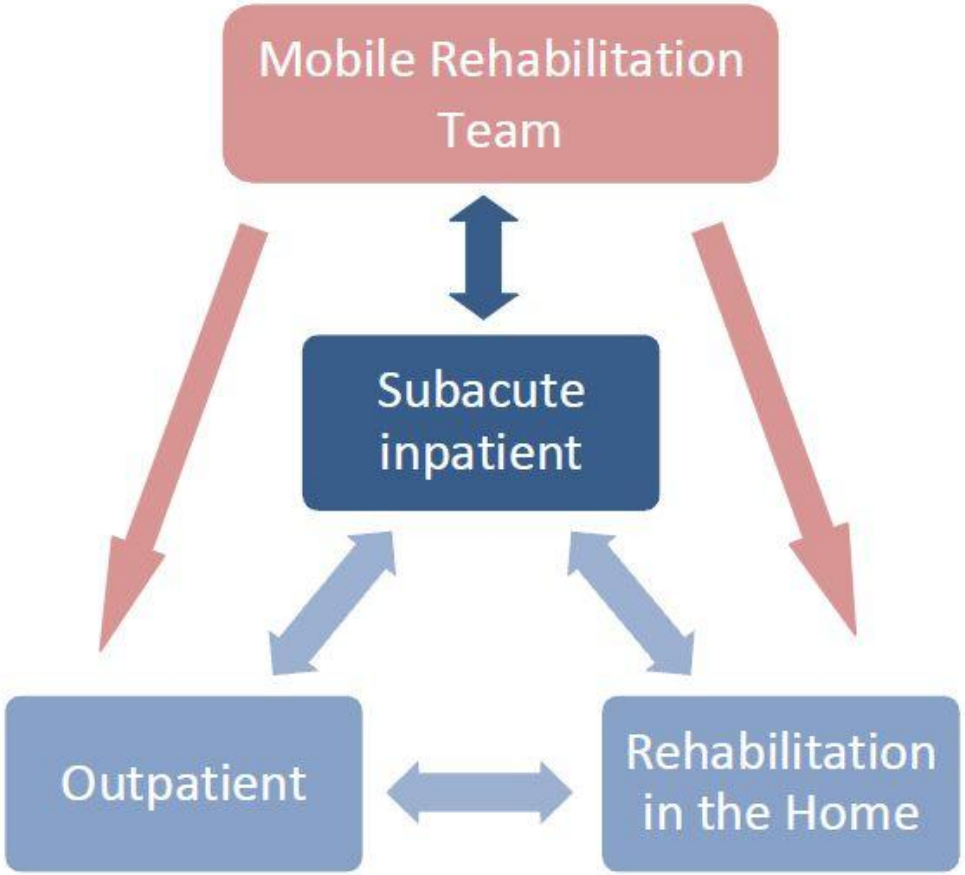

Implementing the Innovation
Staged Implementation

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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

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- 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

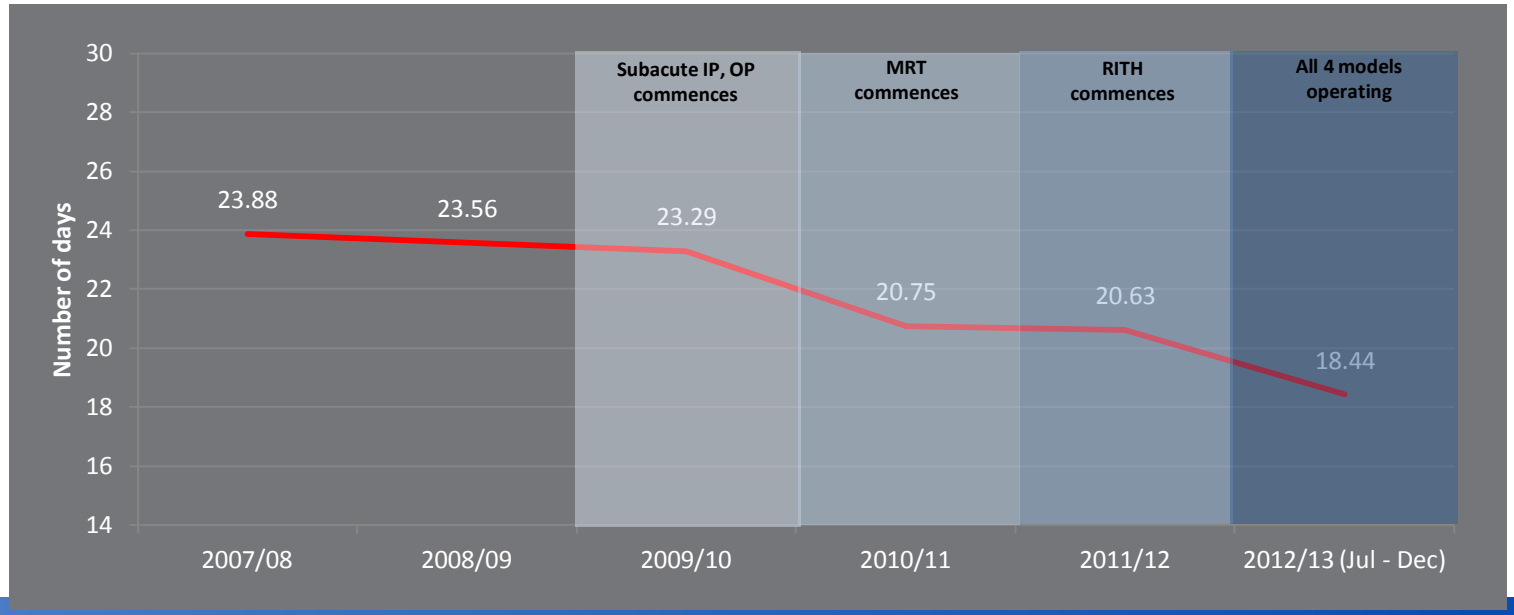
St Vincent's and Prince of Wales Hospitals
RITH
Rehab In The Home

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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