Rehabilitation In The Home (RITH)

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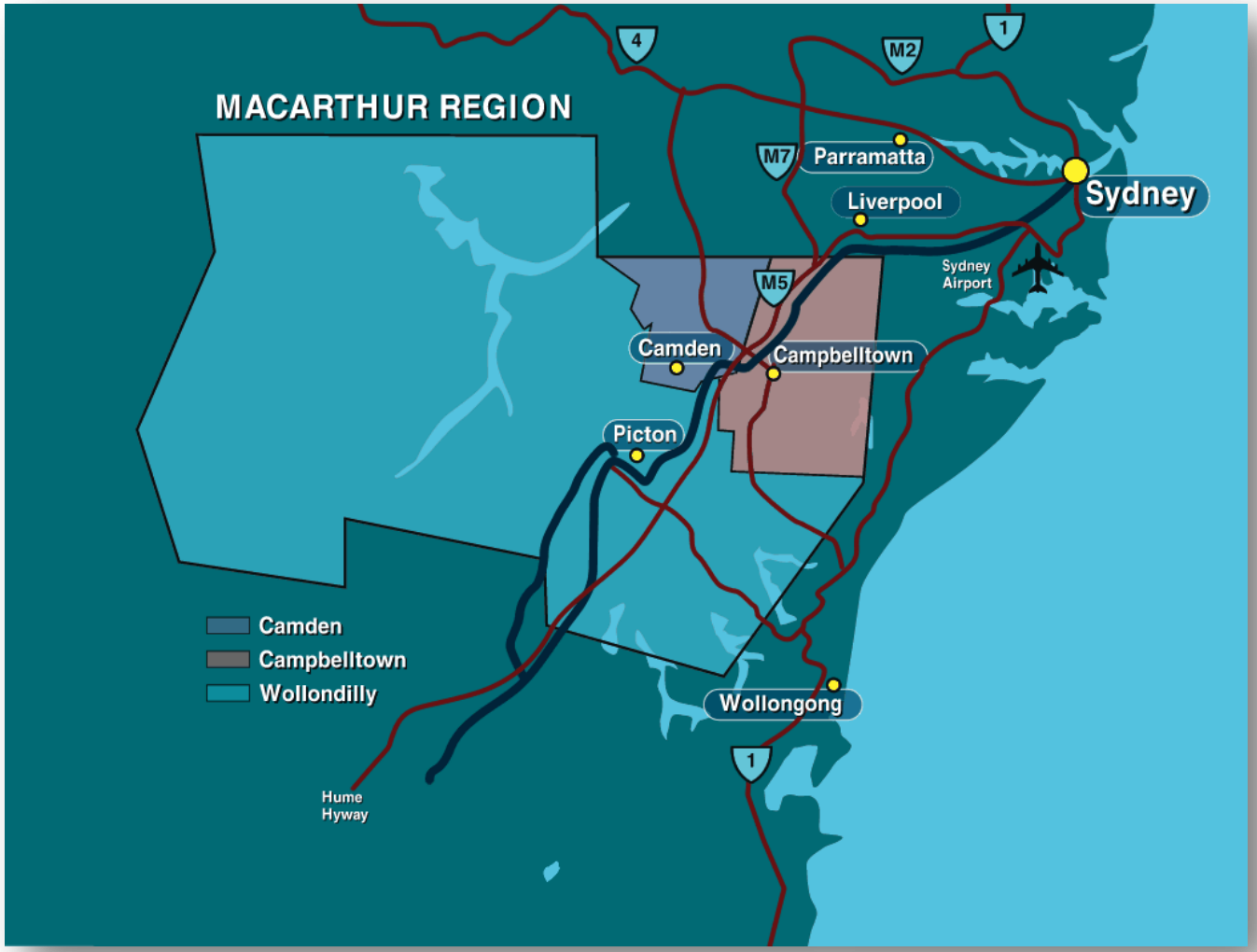
NSW GOVERNMENT Health
South Western Sydney
Local Health District


MACARTHUR REGION
4
M2
1
M7
Parramatta
Sydney
Liverpool
Sydney Airport
M5
Camden
Campbelltown
Picton
Wollongong
1
Hume Hyway
Camden
Campbelltown
Wollondilly

Unique Challenges

Macarthur Catchment – 3073 sq km

Fastest population growth rate in NSW

309, 792
2016

→

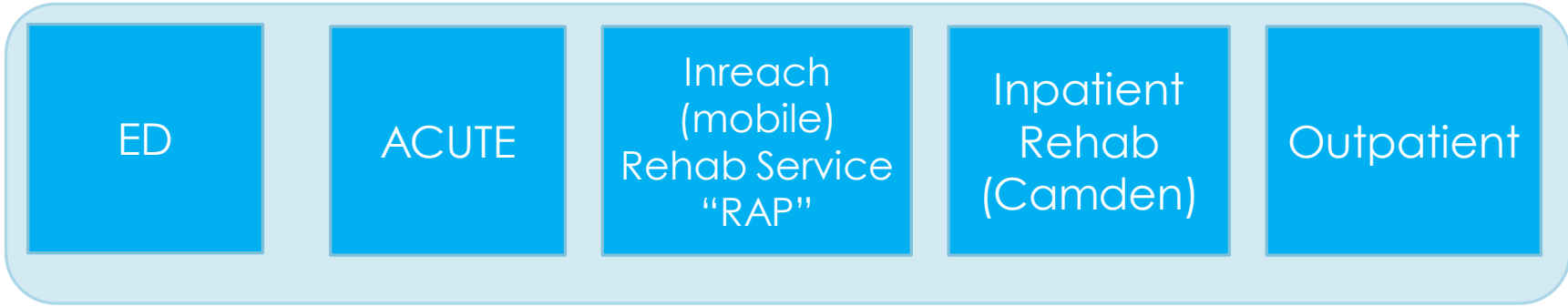
>500,000
2036

Campbelltown Hospital ED is in top 3 busiest EDs in NSW (70, 654 presentations in 2017)

$632 million expansion at Campbelltown Hospital for acute services by 2031

(no funding for expansion of subacute inpatient services)

TRADITIONAL PATHWAY



Rehabilitation In The Home (RITH)

- Subacute "Hospital In The Home" service
- Provide an alternative option to subacute inpatient rehabilitation admission
- Facilitate earlier transition to home
- Maximise function for clients in a community setting
- Average admission duration 2 weeks

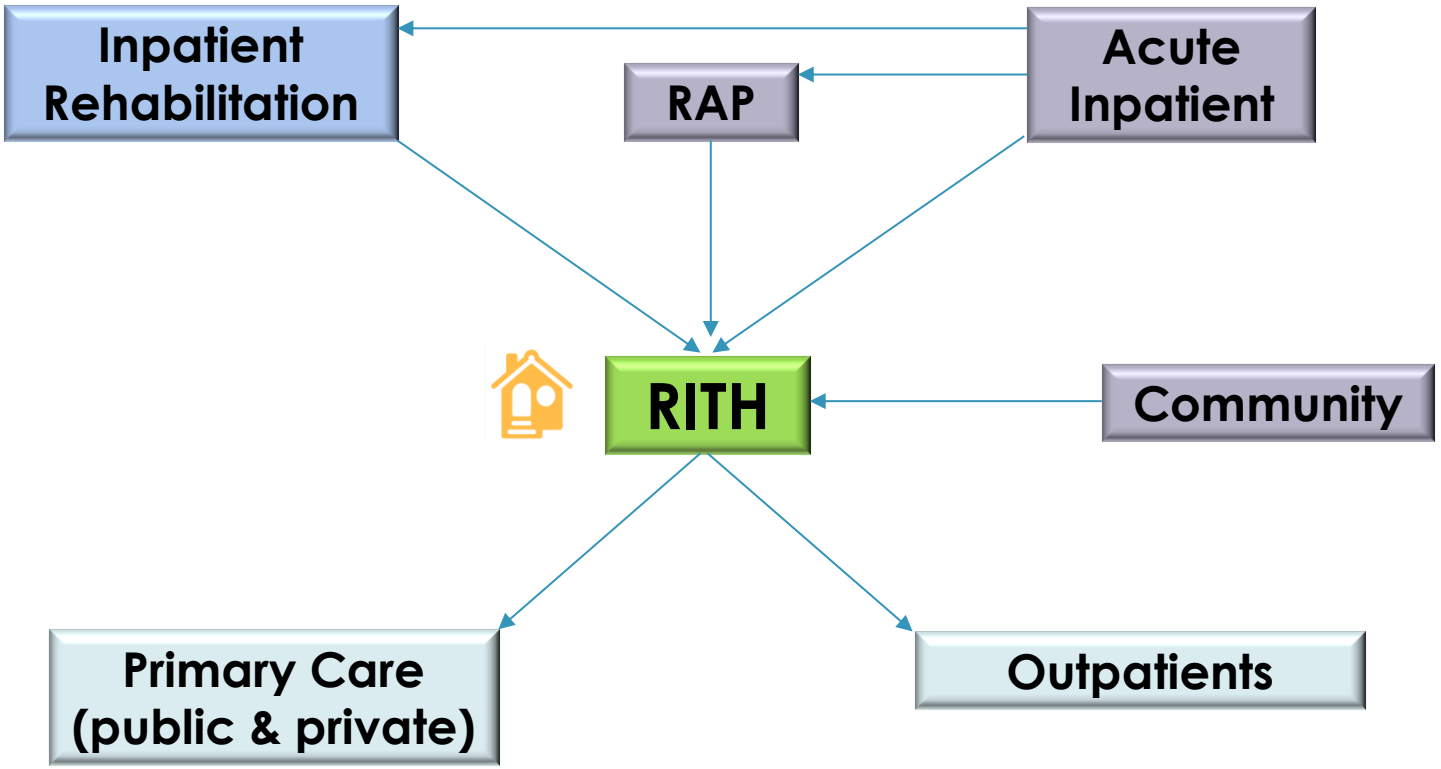
Eligibility

- ✓ >18 years of age
- ✓ Meet admission criteria for inpatient Rehabilitation care
- ✓ Realistic & achievable Rehabilitation goals
- ✓ Medically suitable for transition home
- ✓ Functional level currently suitable for care in the home
- ✓ Assessed and accepted by Rehabilitation Medicine Staff Specialist

ESTABLISHMENT OF RITH

- Commenced end April 2017
- Initial pilot funding - 1 Physiotherapist and 1 Occupational therapist
- Current RITH team:
  - 1 Physiotherapist
  - 1 Occupational Therapist
  - 1 Allied Health Assistant
  - 1 RITH Registrar
  - * 0.4 RITH Staff Specialist (& other Rehab Medicine SS)
- Clinical Governance – Rehab Medicine Department
- Operational Governance – Rehab Medicine/PT/OT
- Partnership with Community Nursing & Macarthur Ambulatory Care Service (MACS)

RITH Pathways



RITH Admission

Assessed and accepted to RITH by Rehab Medicine team

RITH registrar co-ordinates admission with RITH team, acute medical team and informs GP

Transfer to "RITH ward" (CTN)
Rehab care type change

Initial RITH Allied Health assessment within 24 hours

Initial RITH Medical assessment within 72 hours

Initial Community Nursing assessment – within 72 hours but earlier if clinically indicated

RITH Processes

- Daily Allied Health intervention (except weekends)
- Medical reviews – minimum once weekly, or as required
- Community nursing over weekend (mainly phone contact)
- Daily MDT "Patient Journey Board" (PJB) meetings
- Weekly case conference
- All clinical notes entered into eMR2
- Access to RITH via phone 24/7 (Rehab ward afterhours)

Discharge Planning

Plan

- Planned at PJB and case conference
- Discussed with client and carer

Referrals

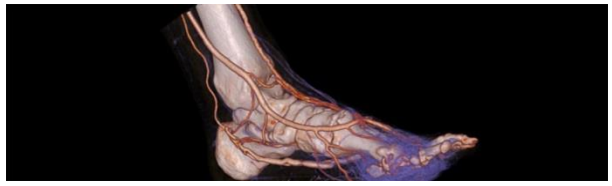
- Referred to relevant community/outpatient services
- Verbal and discharge summary to GPs

Discharge

- Discharged from “RITH ward”
- AN-SNAP/RITH data entry

Case Study

- 63M admitted to Liverpool Hosp 6/8/17 - diabetic foot infection and PVD → SFA angioplasty and 4th toe amputation
- bilateral knee pain limiting mobility – "due to OA"
- Discharge function – mod Ax1 STS. Mob SBA 70m 4WRF. Mod Ax1 stairs. Assist with pADLs
- Referred to RITH for ongoing rehab at home



Issues

- **Initial RITH PT review 21/8/17**
  - mobility affected by knee pain
  - Wheelchair mobility instead of RF
- **Initial RITH OT review 22/8/17**
  - cluttered home environment
  - Bed & lounge height too low
  - using coffee table as bed cradle
- **RITH Medical review 23/8/17**
  - Knee pain - minor OA changes on x-rays
  - onset of knee pain in hospital, Hx gout
  - Right foot pain at night affecting sleep
- **Community Nursing review 23/8/17**
  - Right 4th toe amputation site wound dressing
  - Maceration between 2-3rd toes and new 3rd toe ulcer - dressed

RITH Interventions

- **Medical**
  - Commenced on NSAID for acute gout
  - Commenced Pregabalin for night pain
  - Referred to rheumatology clinic
- **Physiotherapy**
  - LL strengthening, STS practice
  - Balance exercises and gait retraining
- **Occupation Therapy**
  - Equipment (bed and chair raisers, bed cradle)
  - Falls education/ removal fall hazards
  - Self care retraining
  - Support letter to DOH for home mods (remove stairs and install ramp)
- **Nursing**
  - Wound dressing and monitoring

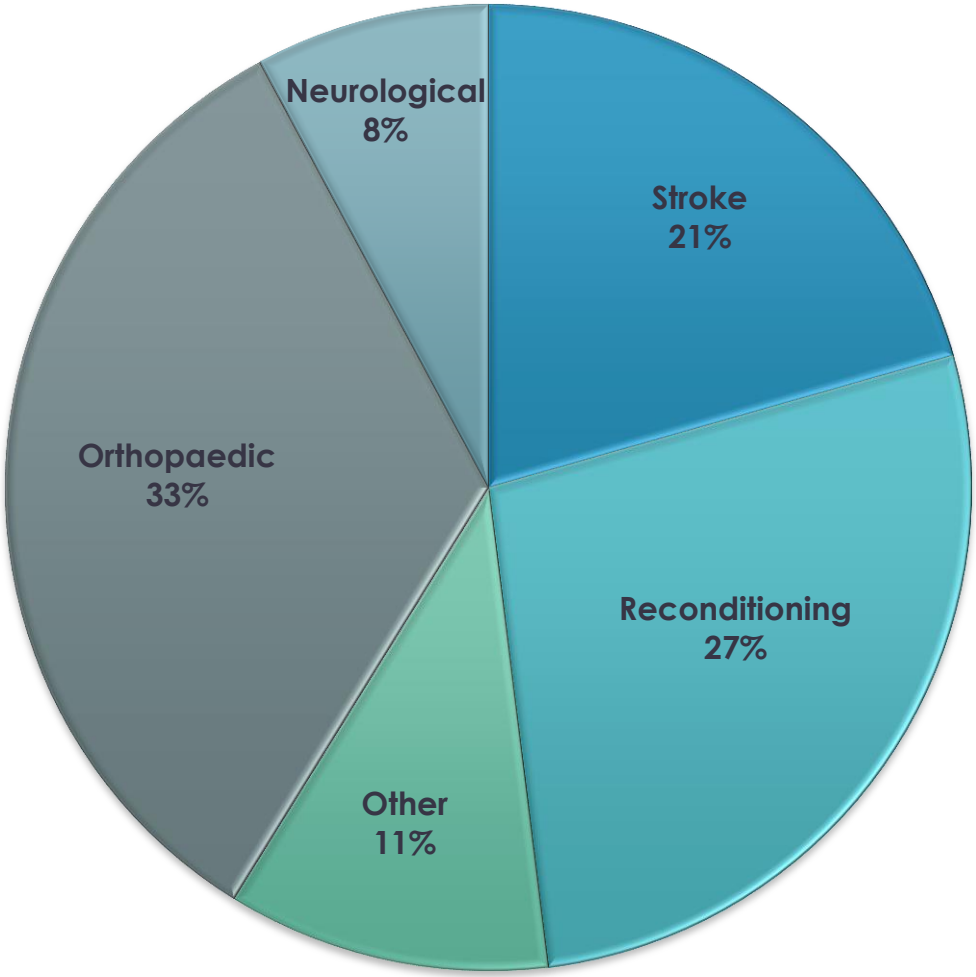
RITH Discharge 30/8/17

- **Pain**
  - Left knee pain resolved with NSAIDS
  - Night pain improved
- **Mobility**
  - Independent STS and transfers
  - Independent mobility 4WRF indoors
  - Referred for outpatient physiotherapy at Camden
- **Self care**
  - Independent showering with chair and SV dressing
  - Equipment hired through ELP
- **Wound**
  - Maceration resolved on 2-3rd toes
  - Ongoing wound dressings to amputation site

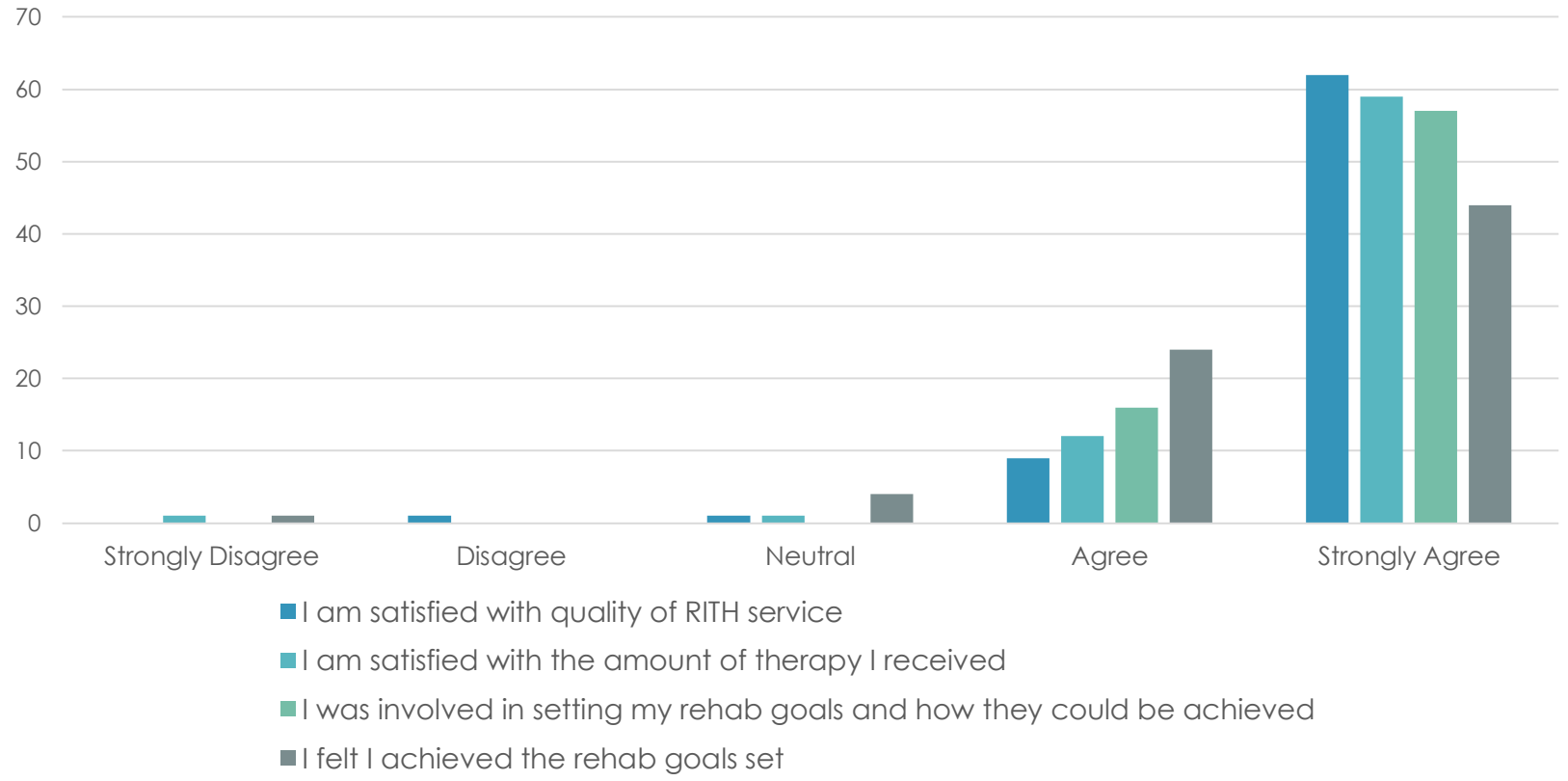
RITH Outcomes
May 2017-February 2018

Data Type	Results
Number of Clients	102
Mean Age	71 years
Mean Length of Stay (LOS)	11 days
Mean FIM Change	10 points
FIM Efficiency/day	0.9

Impairment Groups



Client Experience Survey



Likes

"I liked it was at home. Better for morale"

"Staff weren't disrupted or interrupted by other staff, it made me feel like I mattered"

Dislikes

" Service should go for longer"

Key Lessons So Far

- Clear clinical and operational governance
- Collaboration
- Ongoing promotion and clinician engagement
- Functional criteria, rather than just Diagnostic or Age
- Early referrals
- Communication
- Interdisciplinary approach

Challenges

- Appropriate referrals and selection of clients for RITH
- External hospital referrals
- Medications
- Weekend reviews
- “Same day” referrals
- Travel distance
- Culture change

Future scope

- Staffing to maintain/increase capacity and enhance service
- Engaging with private health care providers
- Telehealth
- Enhance links with academic partners
- Links with ED
- Inreach to residential facilities
- Facilitate RITH establishment in other LHDs

Acknowledgements

- RITH Team
  - Jade Martin (OT)
  - Catherine Carnegie (PT)
  - Dr Mekala Thayalan (RITH Staff Specialist)
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  - Cameron Thompson (Allied Health assistant)
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- Deanna Aplitt (former OT HOD)
- Meagan Elder (A/HOD OT)
- Department of Rehabilitation Medicine
- Physiotherapy and Occupational Therapy Departments
- Community Nursing
- Campbelltown Hospital Executive
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- Loretta Andersen (former Director Allied Health)
- A/Prof Friedbert Kohler (AC&R Stream Director – SWSLHD)
- Sue Pickett (MACS NUM)
- Dr Bilyana Konstantinova (Former MACS Director)