Rehabilitation Network
Education Forum 2018

Friday, 29 June 2018

Thomas and Rachel Moore Education Centre
Liverpool Hospital
Rehabilitation Network Education Forum 2018

Overview

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW.

We provide expertise in service redesign and evaluation, specialist advice on healthcare innovation, initiatives including clinical guidelines and models of care, implementation support, knowledge sharing and continuous capability building.

Our Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across the NSW Health system. By bringing together leaders from primary, community and acute care settings we promote an integrated health system.

Audience:
This event is aimed at doctors, nurses, allied health professionals and managers that work in NSW health services and consumers contributing to ACI networks.

Please note:
Photographs taken at this event may be published by the ACI for internal and /or external promotion, education or research purposes. If you do not wish your photograph to be taken please notify our staff.

Aims:
The Rehabilitation Network Education Forum provides an opportunity to celebrate accomplishments of the Network and hear and learn from rehabilitation service providers across NSW who are working towards and achieving improved delivery and experience of rehabilitation care.

Contact:
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jennifer.tragardh@health.nsw.gov.au

#rehabforum2018

#rehabforum2018
## Schedule of Event

### Friday, 29 June 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 am</td>
<td>Registration / Tea and Coffee served</td>
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<tr>
<td>9.00 am</td>
<td>Welcome to Country</td>
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<td>Gandangara Local Aboriginal Land Council</td>
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<td>9.05 am</td>
<td>Housekeeping</td>
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<td></td>
<td>Jennifer Tragardh, Project Officer, ACI</td>
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</tbody>
</table>

### Session One
Chair: Sandra Lever - Co-chair Rehabilitation Network, CNC Rehabilitation, Graythwaite Rehabilitation Centre, Ryde Hospital

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.10 am</td>
<td>Forum Opening and ACI Rehabilitation Network Update</td>
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<td></td>
<td>Dr Kathleen McCarthy &amp; Sandra Lever - Co-Chairs, ACI Rehabilitation Network</td>
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<td></td>
<td>Dr Sarah Dalton – A/Clinical Executive Director, Preserving &amp; Restoring Through Interventions in Surgery &amp; Medicine, ACI</td>
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<tr>
<td>9.30 am</td>
<td>The Rankin Park Day Hospital Co-Design Project</td>
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<td></td>
<td>Phil Orcher, Project Officer, PEACE, ACI, Claire O’Connor, Director of Allied Health, SESLHD</td>
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<td>and Helen Baines, CNC &amp; Angela Johnson, CNS and Coordinator, Rankin Park, John Hunter Hospital, HNELHD</td>
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<tr>
<td>9.50 am</td>
<td>Rehabilitation In The Home - A Subacute Hospital In The Home Pilot Program</td>
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<td>Catherine Carnegie, Physiotherapist, Jade Martin, Occupational Therapist and Tuan-Anh Nguyen, Rehabilitation Staff Specialist, Campbelltown and Camden Hospital, SWSLHD</td>
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<tr>
<td>10.10 am</td>
<td>Developing a co-located shared care trauma rehabilitation model for the Australian Healthcare System</td>
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<td>Dr Megan Cameron, St Vincent’s Hospital, Sydney</td>
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<td>10.30 am</td>
<td>Morning Tea (20 mins)</td>
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### Session Two
Chair: Kate Watkinson - Physiotherapist, Brain Injury Rehabilitation Unit, Liverpool Hospital

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>10.50 am</td>
<td>“Rapidly Responding to your patients Rehabilitation needs” RRRT</td>
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<td>Melissa Bonser, Clinical Nurse Consultant and Jarrod Waterlow, Physiotherapist, Liverpool Hospital, SWSLHD</td>
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<td>11.10 am</td>
<td>Stroke In-reach rehabilitation – The formation of the Stroke Acute Rehabilitation Team (START)</td>
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<td>11.30 am</td>
<td>Redesigning the rehabilitation consult service using a screening process</td>
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<tr>
<td>11.50 am</td>
<td>What outcomes do patients achieve with SMART acute-rehabilitation?</td>
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<td>12.10 pm</td>
<td>Questions and Discussion</td>
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<tr>
<td>12.30 pm</td>
<td>Lunch (45 mins)</td>
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<tr>
<td>Session Three</td>
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<tr>
<td>1.15 pm</td>
<td>Encouraging participation in sport and recreation: What is the best way to do it in Paediatric Rehabilitation?</td>
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<td>1.35 pm</td>
<td>[F]improvement - Functional Improvement, Falls &amp; Continence Care in Rehabilitation</td>
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<td>Improvements in mobility function for stroke patients participating in Stroke Circuit Group (SCG) in Rehabilitation Day Hospital (RDH) setting</td>
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<td>2.15 pm</td>
<td>Evaluating and enhancing upper limb prosthetic use during everyday activities</td>
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<td>2.35 pm</td>
<td>Applying aphasia rehabilitation for Vietnamese patients</td>
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<td>2.55 pm</td>
<td>Questions and Discussion</td>
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<td>3.00 pm</td>
<td>Afternoon Tea (20 mins)</td>
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<td>3.20 pm</td>
<td>The assessment of i-REAP over an 18 month period</td>
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<td>3.40 pm</td>
<td>To Baseline and Beyond – Community Connections Post TACP</td>
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<tr>
<td>4.00 pm</td>
<td>Putting Acute in Subacute</td>
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<td>4.20 pm</td>
<td>Questions and Discussion</td>
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<tr>
<td>4.30 pm</td>
<td>Wrap up and Close</td>
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The Rankin Park Day Hospital Co-Design Project

Phil Orcher, Project Officer, PEACE, ACI
Claire O’Connor, Director of Allied Health, SESLHD
Helen Baines, CNC, Rankin Park, John Hunter Hospital, HNELHD
Angela Johnson, CNS & Coordinator, Rankin Park, John Hunter Hospital, HNELHD

In 2016 Rankin Park Centre Day Hospital, together with the ACI Rehabilitation Network and Patient Experience and Consumer Engagement (PEACE) team embarked on an Experience-based Co-design project to explore and understand people's experience of the day hospital program and identify opportunities to continuously improve the rehabilitation care provided.

Experience-based Co-design is a methodology that brings patients, carers and staff together to share the role of improving health services. It gives people an equal voice as active partners in health care improvement, leading to better outcomes for all.

Through this process a number of key project priorities were identified:
1. Development of a Web page for the community
2. Review of brochures
3. Review and revamp appointment scheduling
4. Revision of information packs
5. Day Hospital Patient Stories video

This presentation will share the experience of the team throughout the journey of the project and what they have managed to achieve.

Angela Johnson is a Clinical Nurse Specialist and Co-ordinator of the Rankin Park Day hospital. She has over 37 years’ experience specialising in medical and aged care rehabilitation.

Helen Baines has been a Clinical Nurse Consultant in rehabilitation for the last eight years and has over 26 years’ experience in rehabilitation.

Rehabilitation in the Home – A Subacute Hospital in the Home Pilot Program

Catherine Carnegie, Physiotherapist, Campbelltown and Camden Hospital, SWSLHD
Jade Martin, Occupational Therapist, Campbelltown and Camden Hospital, SWSLHD
Dr Tuan-Anh Nguyen, Rehabilitation Staff Specialist, Campbelltown and Camden Hospital, SWSLHD

Level 4, 67 Albert Avenue, Chatswood NSW 2067 ▲ (02) 9464 4666 ▲ aci-info@health.nsw.gov.au ▲ aci.health.nsw.gov.au
Rehabilitation in the Home (RITH) is a multidisciplinary service which is a short term Hospital in the Home (HITH) service offering physiotherapy, occupational therapy, nursing and medical intervention in the Macarthur region, where the challenge is a large geographic catchment with a limited number of inpatient beds. The model of care aim is to facilitate earlier hospital discharge, maximise function for clients in a community setting and provide a case management model. A new multidisciplinary Rehabilitation in the Home (RITH) team was staffed by 0.4 FTE Rehabilitation Specialist, 1.0 FTE Rehabilitation registrar, 1.0 FTE Occupational therapist, 1.0 FTE Physiotherapist and 1.0 FTE Physiotherapy assistant with support from Community Nursing on an as need basis. The model of care was created with a 7 day a week service and a 24/7 on call service. Clients are clinically reviewed once a day by a clinician. A medical escalation procedure was created and Clinical governance for the RITH program is provided through the Department of Rehabilitation Medicine. 123 patients were admitted to RITH from April 2017 to March 2018.

This presentation will discuss the improved patient outcomes demonstrating that rehabilitation can be provided efficiently and safely as part of a HITH service, in conjunction with traditional rehabilitation models of care.

Catherine Carnegie is the senior physiotherapist working on the Rehabilitation in the Home (RITH) team based at Campbelltown and Camden Hospitals. Catherine has worked across various rehabilitation services in the South Western Sydney Local Health District. Rehab in the Home is a pilot innovative multidisciplinary service that was established in April 2017.

Developing a co-located shared care trauma rehabilitation model for the Australian Healthcare System

Dr Megan Cameron, St Vincent’s Hospital, Sydney
Dr Simon Mosalksi, St Vincent’s Hospital, Sydney
Dr Christine Shiner, St Vincent’s Hospital, Sydney
A/Prof Steven Faux, St Vincent’s Hospital, Sydney

This study aimed to review current literature examining models of shared-care or fast-track rehabilitation for adult trauma patients. It sought to investigate whether early integration of rehabilitation into the trauma pathway can improve outcomes, and explore logistical considerations of implementing such models in the Australian healthcare system. A systematic scoping review of the literature was conducted, including studies of integrated trauma rehabilitation in the acute care setting. Based on review findings, a working-model of shared trauma management for the Australian healthcare system was proposed, as a means of translating evidence-based findings.

Current evidence supports the integration of a shared-care, rehabilitation-trauma approach within the acute phase of injury. Emerging data suggest this can result in better patient outcomes, reduced hospital length-of-stay and reduced rates of hospital-acquired complications. Further research is needed to better characterise the optimal timing, intensity and type of rehabilitation interventions to provide.
Dr Megan Cameron is a new intern at Westmead Hospital, however completed her final medical school elective with the Sacred Heart rehabilitation team at St Vincents - the team behind this presentation. Dr Simon Mosalski, Dr Christine Shiner and A/Professor Steven Faux, along with Megan are all very passionate as to how this new model could impact on the early integration of rehabilitative services and patient outcomes within the acute care setting.

Prior to medicine Megan was an occupational therapist, actually starting her career here at Liverpool Hospital on the Ortho trauma ward, which is quite fitting to now return and be discussing such a similar topic!

“Rapidly responding to your patients Rehabilitation needs” RRRT

Melissa Bonser, Clinical Nurse Consultant, Liverpool Hospital, SWSLHD

Jarrod Waterlow, Physiotherapist, Liverpool Hospital, SWSLHD

In December 2013 Liverpool Hospital piloted (RRRT) - an acute in-reach rehabilitation service/team with the goals of:

- To improve functional outcomes, and to return to the highest level of independence possible.
- Co-ordinated discharge planning, including the referral to, and acquisition of community services and supports as required by the patient.
- Reduce the overall hospital length of stay (thereby reducing risks associated with a prolonged hospital admission).
- Improve access to rehabilitation services.

This presentation will discuss the use of a multidisciplinary model to facilitate the identification of person centred rehabilitation goals, taking into account the patient’s current medical conditions, home environment and social support to optimise function, return to independence and to improve quality of life. Specific patient outcomes will be discussed. RRRT has evolved to be a core clinical service at Liverpool Hospital; it is a valuable and valued service, assisting patients to reach their goals for a safe and sustainable discharge.

Melissa has been a registered nurse since 1990 and has worked with RRRT for the past three years. Prior to this, Melissa worked in inpatient brain injury rehabilitation units in both NSW and QLD. Melissa has completed post graduate studies in both Neuroscience nursing and Rehabilitation nursing and has a keen interest in, and passion for rehabilitation, brain injury and dementia.

Jarrod Waterlow is a rotating physiotherapist at Liverpool Hospital. Jarrod has worked in multiple local health districts across NSW and Victoria as both an acute and rehabilitation physiotherapist. He is currently working as the physiotherapist in the Rapid Response Rehabilitation Team. Jarrod is highly motivated and dedicated to helping patients to meet their rehabilitation goals and improve their quality of life within southwest Sydney.
Stroke In-reach rehabilitation – The formation of the Stroke Acute Rehabilitation Team (START)

Tina Yiu, Senior Occupational Therapist, Royal North Shore Hospital, NSLHD
Abby Wall, Senior Physiotherapist, Royal North Shore Hospital, NSLHD
Dana Goennemann, Senior Social Worker, Royal North Shore Hospital, NSLHD
Katrina Baker, Senior Dietitian, Royal North Shore Hospital, NSLHD
Dr Jennifer Mann, Head of Rehabilitation Medicine, Royal North Shore Hospital, NSLHD

Stroke guidelines recommend early commencement of rehabilitation. Barriers to early transfer to rehabilitation units include waiting completion of stroke workups, or not being admitted to a stroke unit. The acute in-reach rehabilitation model was used to establish an acute stroke rehabilitation team to deliver rehabilitation programs to Royal North Shore Hospital inpatients admitted with strokes to either the stroke or other acute wards.

A stroke rehabilitation team (ST.A.R.T) was recruited including Rehabilitation Physician, Physiotherapist, Speech Pathologist, Occupational Therapist, Dietitian and Social Worker. Referrals came from stroke unit and general wards. Data was kept on length of stay, intensity of therapy provided, FIM score and discharge destination in order to assess the effectiveness of ST.A.R.T.

This presentation will discuss specific patient outcomes. ST.A.R.T is an effective way to deliver Stroke Guideline recommended intensity of rehabilitation, improve functional outcomes while waiting inpatient rehabilitation and enable earlier discharge to the community.

Abby Wall is a Physiotherapist who graduated from the University of Sydney in 2007. Since graduating she has worked extensively in rehabilitation both in Australia and the United Kingdom. More recently, she has specialised in the in-reach to acute rehabilitation care setting and is currently working as a senior therapist at Royal North Shore Hospital.

Redesigning the rehabilitation consult service using a screening process

Dr Jane Wu, Staff Specialist, Rehabilitation Medicine, St Vincent’s Hospital, Sydney
Olivia Misa, Clinical Nurse Consultant, St Vincent’s Hospital, Sydney
Dr Christine Shiner, St Vincent’s Hospital, Sydney
A/Prof Steven Faux, St Vincent’s Hospital, Sydney

Patients admitted to an acute hospital experience impairment and are at risk of deconditioning. For some, early rehabilitation could help prevent decline and accelerate recovery. However, there are currently no systematic screening processes that can identify these patients early during admission, and proactively trigger rehabilitation interventions. This study aimed to develop a novel, proactive rehabilitation screening process, and implement this in a hospital setting to assess feasibility and sensitivity.
The Proactive Rehabilitation Screening Score (PReSS) was developed as a simple, 5-item questionnaire. The screener was used to review medical records and quantify care needs and rehabilitation input during the last 5-days of a patient’s acute admission. PReSS was used by a rehabilitation doctor or nurse to screen consecutive admissions to St Vincent’s Hospital 5-7 days after admission. PReSS score was used to identify those with high rehabilitation needs, and triggered proactive rehabilitation assessment and management.

A new methodology has been implemented in St Vincent’s rehabilitation consultation service, where PReSS is used to screen all admissions and those “ruled in” are reviewed by a rehabilitation physician. Since this redesign, we can demonstrate improved patient flow and reduced process inefficiencies and administrative delays for rehabilitation.

Dr. Jane Wu is a rehabilitation staff specialist at St. Vincent’s Hospital and a VMO at Westmead Rehabilitation Hospital. She is a conjoint lecturer with the UNSW. She is completing a PhD on the role of early rehabilitation using in-reach multidisciplinary teams targeting patients admitted after road trauma and after surviving critical illness.

What outcomes do patients achieve with SMART acute-rehabilitation?

Jamie Brugman, Occupational Therapist, Westmead Hospital, WSLHD
Dr Nidhi Gupta, Westmead Hospital, WSLHD

The SMART program (Specialised Management with Acute Rehabilitation Treatment) provides multi-disciplinary rehabilitation to acute care patients at Westmead Hospital. Originally only available to surgical patients, this program now includes patients on renal, haematology and neurology wards. The aim of this project was to create a profile of patients admitted to the SMART program, examine their rehabilitation outcomes, identify possible predictors of these outcomes and use these findings to guide future quality improvement activities.

Jamie Brugman is the Senior Occupational Therapist on the SMART team at Westmead Hospital. She has worked across the rehab pathway from acute stroke units to inpatient and community-based rehabilitation. She has also applied her OT skills in the primary healthcare setting as a project officer for HealthPathways, a decision support tool for primary health clinicians.

Encouraging participation in sport and recreation: What is the best way to do it in Paediatric Rehabilitation?

Rebecca Elliott, Kids Rehab - Project Officer, Westmead and Randwick Hospitals, SCHN
Jan Hancock, Westmead and Randwick Hospitals, SCHN
Clare Brennan, Westmead and Randwick Hospitals, SCHN
Kate Clark, Westmead and Randwick Hospitals, SCHN

A review of recreation service provision and consumer participation was initiated to create an understanding of what consumers were engaging with, what they wanted to do and how these
services fit within the NSW Paediatric Rehabilitation Model of Care. Interventions included patient and family surveys, staff interviews, a review of current and alternate models and a review of community service provision. Rehabilitation clinicians recognise the importance of children and young people with disability engaging in recreation. We recognised that we did not have a clear picture of how our consumers were engaging, nor what was the ideal model for tertiary facilities to interface with recreation services. In this context, stakeholder engagement is imperative in developing optimal services.

Rebecca Elliott has a background in paediatric disability, working as therapist and project officer in the disability field for over 14 years. Rebecca was employed by Central Coast Local Health District as the Go4Fun program manager (healthy lifestyle program for kids) when the program was initially rolled out across the state. Rebecca has since returned to a therapist role and has been working as the Occupational Therapist in the Spina Bifida service at Children’s Hospital Westmead for the past four years. Rebecca recently took on the role of project officer reviewing Sport and Recreation offerings within Kids Rehab at CHW.

**[F]improvement - Functional Improvement, Falls & Continence Care in Rehabilitation**

Andrew Murray, Clinical Nurse Consultant, Prince of Wales Hospital, SESLHD

[F]improvement team - Kimberly Thompset, Victoria Byers, Keerthena Salprakash, Calvin Chan, Ji-Ho Park, Jacquelin Capell, Tara Alexander, Christopher Lumapas

Continence care and falls management have room for improvement, lack evidence but are central to building relationships based on trust and respect. The LHD nurse leadership group shared the desire to work collaboratively to improve functional outcomes, reduce falls and improve continence care. This project aims to proactively use functional assessments and evidence based practice to reduce falls risk, manage continence and improve functional independence of rehabilitation clients. The PARIHS (Promoting Action on Research Implementation in Health Services) framework was proposed to guide implementation.

Local Health District continence and falls evidence based clinical guidelines will be adapted and translated to make sense in the clinical context of rehabilitation. Facilitation or practice development is achieved using a collaborative, inclusive and participatory approach. Across multiple sites, SESLHD provides the most rehabilitation in NSW. This is an innovative implementation of existing guidelines tailored to individualised functional assessments in a rehabilitation context. MDT and Unit-based leadership and governance provide additional context based enablers and constraints that require extensive and systematic consideration.
Improvements in mobility function for stroke patients participating in Stroke Circuit Group (SCG) in Rehabilitation Day Hospital (RDH) setting

Zheng Cao, Physiotherapist, HammondCare Greenwich Hospital

With a growing demand on current rehabilitation services, a more efficient and cost effective model of therapy delivery needed to be implemented whilst continuing to increase the volume of practice for stroke survivors. Circuit group therapy has been shown to increase intensity of practice for stroke patients. Greenwich Hospital has implemented a stroke circuit group program to improve the quality of services provided for stroke patients attending RDH. Eligible stroke patients participated in a 12 week stroke circuit group. The group is conducted by a physiotherapist and an occupational therapist in an outpatient/rehabilitation day hospital setting.

Results to date have demonstrated stroke circuit group’s efficacy in improving patient function, and has provided further evidence to sustain the group in the future. The SCG has been running for over two years, with the sustainability of the program largely attributed to consistency in referrals and staff commitment to maintaining the successful running of the group.

Zheng is a physiotherapist with over 10 years of clinical experience. She is currently working as a senior physiotherapist in rehab ambulatory care in Greenwich Hospital. She actively participates in student clinical education and was a sessional tutor at the Australian Catholic University. Her clinical and academic interests include neurological rehabilitation and specifically interested in exploring rehabilitation of stroke patients in the community setting and improving stroke patients’ fitness and function.

Evaluating and enhancing upper limb prosthetic use during everyday activities

Matthew Sproats, Head of Department, Occupational Therapy, Westmead & Auburn Hospitals, WSLHD
Dr Melissa Nott, Charles Sturt University
Dr Judy Ranka, University of Sydney

Individuals with an amputation of their upper-limb experience physical impairment that is often overcome by the use of a prosthesis. Despite advances in prosthetic technology, prosthetic non-use is high. Increased cognitive load when using a prosthesis may be a contributing factor in prosthetic non-use. The aim of this study was describe and evaluate a cognitive strategy based intervention program for enhancing upper limb prosthetic use during everyday task performance.

Two participants engaged in a four week intervention program that targeted specific participant goals. Each participant set three goals but only two goals were targeted. Goal three was retained and used to evaluate generalisation of skills learned. Cognitive strategy training was based on Perceive, Recall, Plan and Perform (PRPP) Intervention. This approach uses in-task prompting methods that promote the application of attending, sensing, remembering and thinking strategies during performance. Pre and post intervention assessment was conducted using Goal Attainment Scale methods and the Perceive, Recall, Plan and Perform (PRPP) Assessment: Performance Mastery and Cognitive Strategy Application. Both participants demonstrated improvements in task performance mastery and cognitive strategy use. Goal attainment scaling demonstrated that both
participants met their occupational goals. Generalisation of skill to the non-trained goal was evident in both participants.

Matthew Sproats graduated from Sydney University in 2004 with a Bachelor’s degree in Occupational Therapy and recently complete a Master of Philosophy at Charles Sturt University. He has worked in a variety of clinical settings, but has specialised in acute neurosciences and upper limb amputees. Matthew has lectured on brain injury at both Newcastle and Charles Sturt Universities. Matthew is currently working as the Head of the Occupational Therapy department at Westmead and Auburn Hospitals.

Applying aphasia rehabilitation for Vietnamese patients

Jacinda Choy, Speech Pathologist, Hammondcare Braeside Hospital
Shing Yee Chai, Speech Pathologist, Hammondcare Braeside Hospital

Most aphasia therapy research is based on English-speaking participants. A challenge in speech therapy is how to apply evidence-based therapy with non-English-speaking patients. One example is constraint-induced language therapy (CILT), initially developed in 2001, and since adapted and trialled in various studies. However, there is less evidence into the method and results of using CILT in other languages. This project aimed to examine whether a lower-intensity CILT group administered via Vietnamese interpreters would improve communication skills of two Vietnamese-speaking patients with acquired communication difficulties.

Both patients improved on pre/post testing on the Western Aphasia Battery (average 14.25 point increase on Aphasia Quotient), with qualitative improvement from moderate to mild impairment levels. One patient improved on BAT scores, while the other patient’s scores remained stable. Both gave positive feedback about the group and their communication gains post therapy. Despite limitations in service delivery and minimal evidence applying specific therapy protocols for Vietnamese-speaking patients, therapy can and should be adapted for non-English speaking patients. Working closely with interpreters to adapt and implement communication therapy can help improve outcomes for non-English speaking patients.

Shing Chai is a Speech Pathologist who is passionate about seeing her patients achieve their full potential. She completed her Master’s Degree in New Zealand and has been working in Sydney in both adult rehabilitation at Braeside Hospital and paediatric disability settings. She is trilingual in Mandarin, Malay and English and is particularly interested in communication therapy for CALD patients.

Jacinda Choy is a Speech Pathologist who completed her Honours degree with University Medal at University of Sydney. She currently works in Braeside Hospital and previously in SLHD Community Health. She is interested in adult rehabilitation, particularly aphasia therapy, because of its importance in improving quality of life for post-stroke patients.
The assessment of i-REAP over an 18 month period

Annabel Kingsford, Integrated Rehabilitation and Enablement Programme ‘iREAP’
Care Coordinator, War Memorial Hospital, SESLHD
Genevieve Maiden, War Memorial Hospital, SESLHD
Julia Nelson, War Memorial Hospital, SESLHD
Audrey Wang, War Memorial Hospital, SESLHD
Ahn Tran-Nam, War Memorial Hospital, SESLHD

iREAP (Integrated Rehabilitation and Enablement Program) is a novel, integrative day rehabilitation targeted at a frail, older population. It is an anticipatory eight-week intervention coordinating access to a team of allied health professionals and geriatrician to assist with client self-management. The aim of this project was to determine effect of intervention through analysis of pre- and post-intervention measures of frailty, physical measures, frequency of falls and quality of life among iREAP participants. Data was collected on 99 clients who completed the program. Improvements in Clinical Frailty Scale, Timed-up and go, six minute walk test and reported falls were noted in participants during the first 18 months of iREAP. In addition, there were significant increases in a number of domains within the QOL measures. This encouraging data forms the rationale to undertake a randomised controlled trial for this intervention.

Ms Annabel Kingsford is the Acting iREAP Coordinator at War Memorial Hospital (WMH). Ms Kingsford obtained her Bachelor of Applied Science (Physiotherapy) from the University of Sydney in 2009. Since this time, she has worked across a number of hospitals in the South Eastern Sydney Local Health District where she has gained extensive experience in the areas of aged care rehabilitation and neurodegenerative diseases.

During her time working at WMH, Ms Kingsford has worked across a range of departments including inpatients, outpatients and community. She has considerable skill in managing the complexity of aged care clients and understands the importance of integrating their care. Ms Kingsford has also undertaken extensive literature reviews to inform practice with the targeted cohort for the current iREAP project. She has been involved in a research project analysing the effectiveness of the Patient Activation measure (PAM) with the University of New South Wales and she has completed a range of professional learning that has extended her knowledge in these areas, including the Lee Silverman Voice Training (LSVT) Big therapy, Dr. Lam’s Tai Chi for Osteoarthritis and more recently the Matwork Pilates training through the Australian Physiotherapy Pilates Institute.

To Baseline and Beyond – Community Connections Post TACP

Michelle Cheng, TACP Coordinator, SWSLHD
Nhung Huynh, Acting Senior Occupational Therapist, SWSLHD
Hillary Beehag, Physiotherapist, Bankstown Transitional Aged Care Program, SWSLHD

The Bankstown Community Transitional Aged Care Program (TACP) is a short term low intensity restorative care program that can provide up to 12 weeks of care for older people following their hospital admission. TACP is available to older people who will benefit from more time and support to complete their recovery, optimise their mobility and functional independence, and explore their long term care needs. It consists of a collaborative multidisciplinary approach with an Allied Health team and supportive services as required.
This project aimed to look at whether the Community Transitional Aged Care Program has changed community engagement for clients following program discharge. Data was collected from April 2016 until April 2018 on the number of clients currently accessing the community and forms of community access prior to commencing on TACP. A follow up survey was conducted at three months post discharge to see if community engagement was maintained.

Current barriers to community access include lack of access to transport, cost, lack of groups available in area and lack of suitable groups for client’s level of care needs/ language. By attempting to address these barriers we hope to facilitate further community engagement and explore how we can work with community groups to promote better inclusion of older people in the community.

Michelle Cheng, Nhung Huynh and Hillary Beehag are the Co-ordinator, Occupational Therapist and Physiotherapist at Bankstown Community Transitional Aged Care Program; and are part of a multi-disciplinary team providing therapy and support for Older People following their hospital admissions to assist them to return to their day-to-day lives.

Putting Acute in Subacute
Keerthana Salprakash, War Memorial Hospital, SESLHD
Ged Herald, War Memorial Hospital, SESLHD
Jane McGuire, War Memorial Hospital, SESLHD
Ruth Smoother, War Memorial Hospital, SESLHD

Nurses who work predominately in the sub-acute setting often have no opportunity to experience acute aged care nursing and the impacts of the acute stay on their patients in the rehabilitation setting. War Memorial Hospital is a critical discharge destination for many of the South East Sydney hospitals in the care of the aged rehabilitation patient. The nurses frequently look after the patients transferred from the acute hospitals for ongoing subacute rehabilitation.

The project “Putting the acute into subacute” is funded through the Nursing and Midwifery Strategy Reserve Funding. The aim of this project was to enable nurses working primarily in a sub-acute aged care rehabilitation unit to experience acute aged care unit patient care with the aim of an improved understanding of holistic patient care, and to determine whether this exposure impacts positively in managing deteriorating patients.

The results from the Pre and Post Survey suggest that there is an increase in confidence, knowledge and skill development. Other long-term outcome measure at six months, one year and two years include transfers out and reductions in number of Patient with Acute Condition Escalation.

Keerthana Salprakash is a Clinical Nurse Consultant at War Memorial Hospital. She has extensive experience working as a Clinical Nurse Educator in Southern NSW LHD. As a senior nurse leader she has contributed to the improvement of nursing practice in the hospitals for safe and quality patient care. Ms Salprakash is currently undertaking a dual Masters in Public Health and Health
Management from University of New South Wales and holds a Grad Cert in Leadership and Management and a Cert IV in Training and education.
Venue Information

Address
Liverpool Hospital – Thomas and Rachel Moore Education Centre
Corner Elizabeth and Goulburn St, Liverpool NSW 2170

Location
Liverpool Hospital located in Greater Western Sydney 32 kilometres south-west of the Sydney CBD.

The Conference Facilities at Liverpool Hospital are located at Entrance A on the corner of Elizabeth and Goulburn Streets Liverpool.

Getting here and away

Public Transport
Liverpool Hospital is a 5-10 minute walk from the Liverpool train station and bus interchange. Trains to Liverpool station run on the South and Inner West lines, Bankstown line and occasionally on the Cumberland line.

By Car
Liverpool Hospital is in close proximity to the Hume Highway (also known as Liverpool Road), the M5 and Westlink M7 Motorway and is located in the Liverpool CBD.

Parking
Fees apply to all Hospital car parks with a maximum daily charge of $24.00