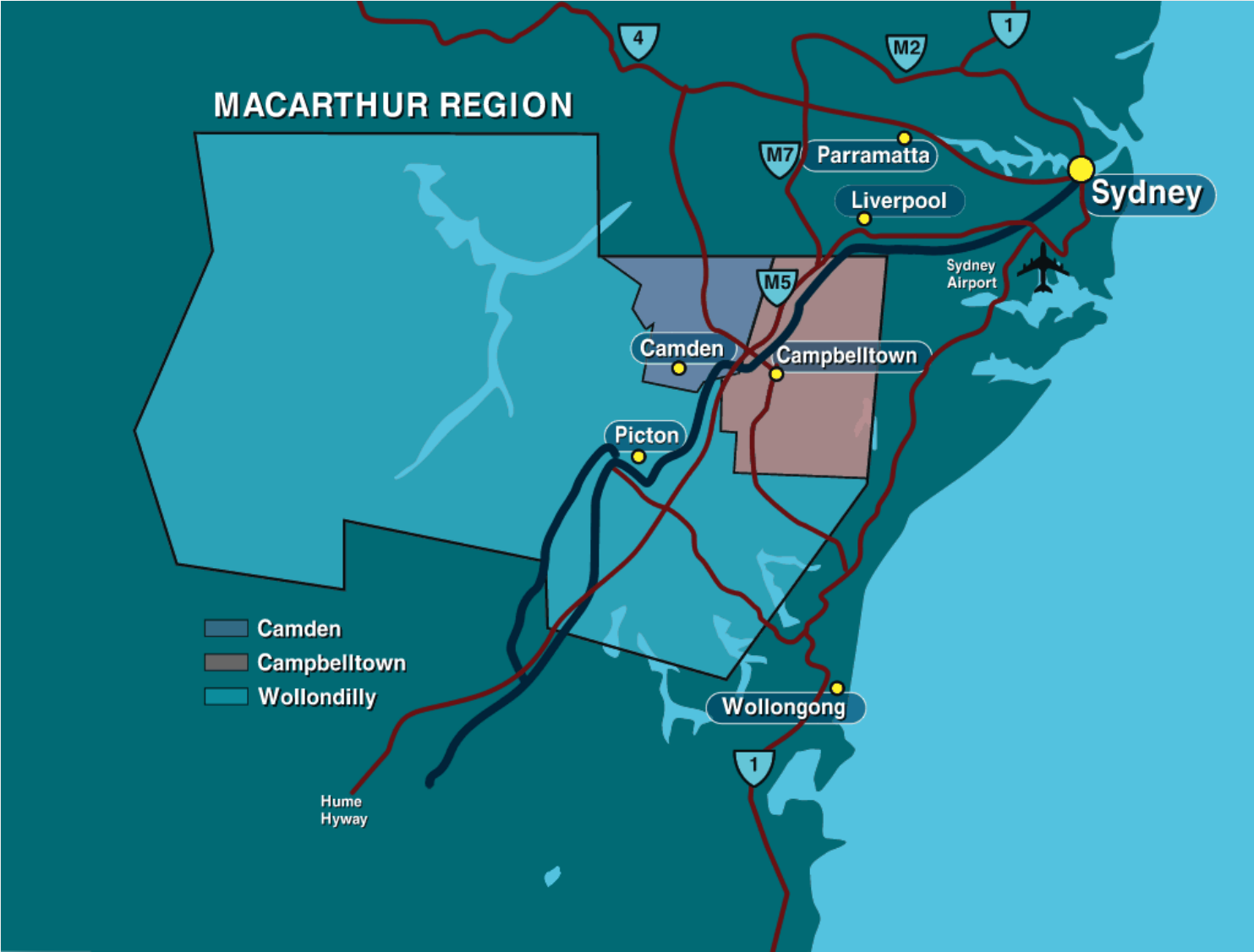


# Rehabilitation In The Home (RITH)

Catherine Carnegie  
Campbelltown & Camden Hospitals



**Health**  
South Western Sydney  
Local Health District



# 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 2021  
*(no funding for expansion of subacute inpatient services)*

# Traditional Pathway

ED

ACUTE

Inreach  
(mobile)  
Rehab Service  
"RAP"

Inpatient  
Rehab  
(Camden)

Outpatient

# 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
- Admission duration 1-2 weeks



# Eligibility

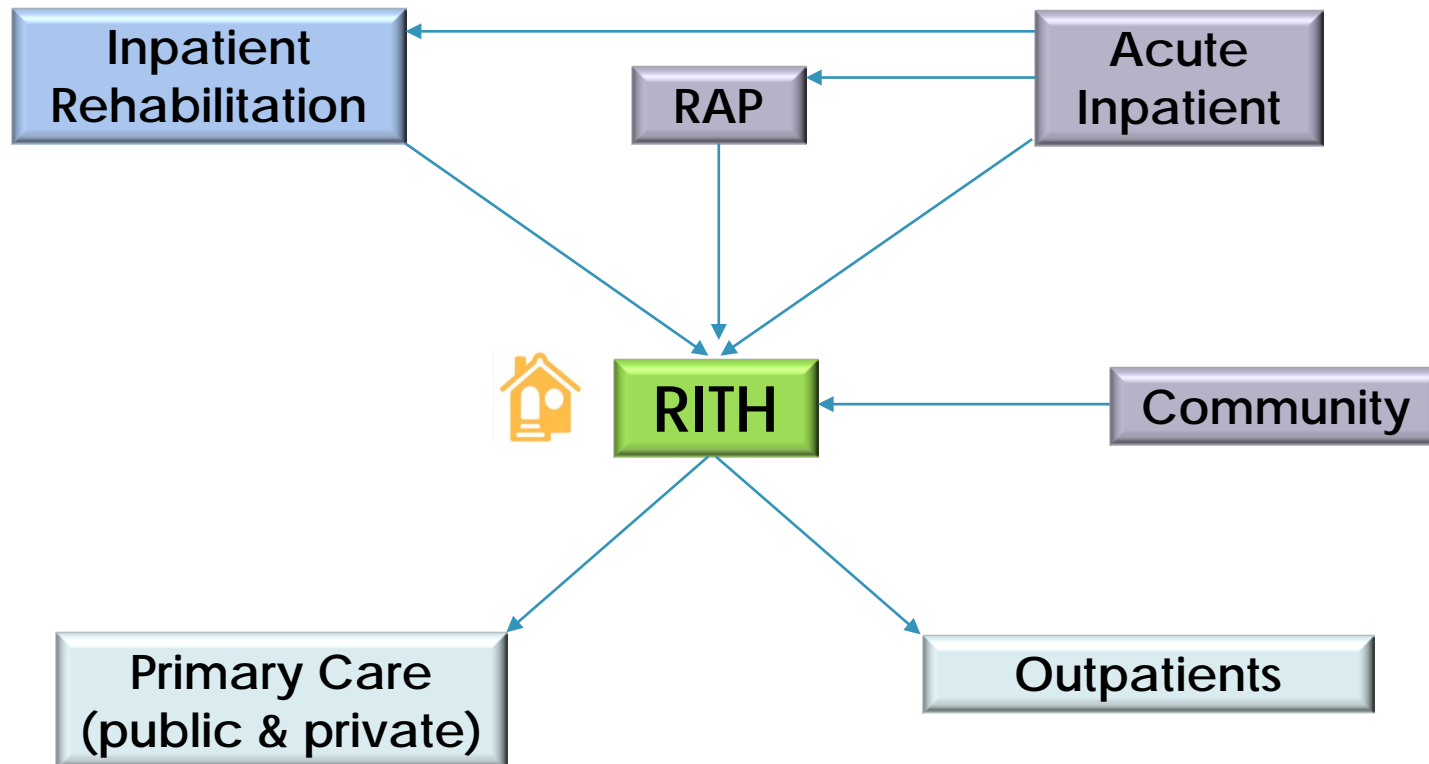
- ✓ >18 years of age
- ✓ Meet admission criteria for inpatient Rehabilitation care
- ✓ Realistic & achievable Rehabilitation goals
- ✓ Medically suitable for transition home
- ✓ Functional level currently suitable for care in the home
- ✓ Assessed and accepted by Rehabilitation Medicine Staff

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 Key Performance Indicators

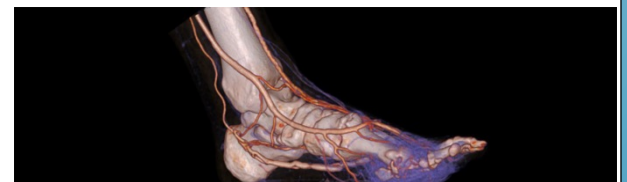
- Allied health review within 24 hours
- PT and OT review within 48 hours
- Medical review within 72hrs
- Community Nursing review within 72hrs

## Processes

- Daily journey board meetings
- Weekly case conference
- 24 hr escalation policy + after hours phone service

# Case Study

- 63M admitted to Liverpool Hosp 6/8/17 - diabetic foot infection and PVD → SFA angioplasty and 4<sup>th</sup> toe amputation
- Bilateral knee pain limiting mobility – “due to OA”
- Discharge function – STS:1x mod assist, Mobility: s/b assist w/ 4WW 70m, Stairs: 1x mod assist
- 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 4<sup>th</sup> toe amputation site wound dressing
  - Maceration between 2-3<sup>rd</sup> toes and new 3<sup>rd</sup> toe ulcer - dressed

# RITH Interventions

- **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
- **Medical**
  - Commenced on NSAID for acute gout
  - Commenced Pregabalin for night pain
  - Referred to rheumatology clinic
- **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 w/ 4WW indoors
- Referred for outpatient physiotherapy at Camden Hospital

- **Self care**

- Independent showering with chair and SV dressing
- Equipment hired through ELP

- **Wound**

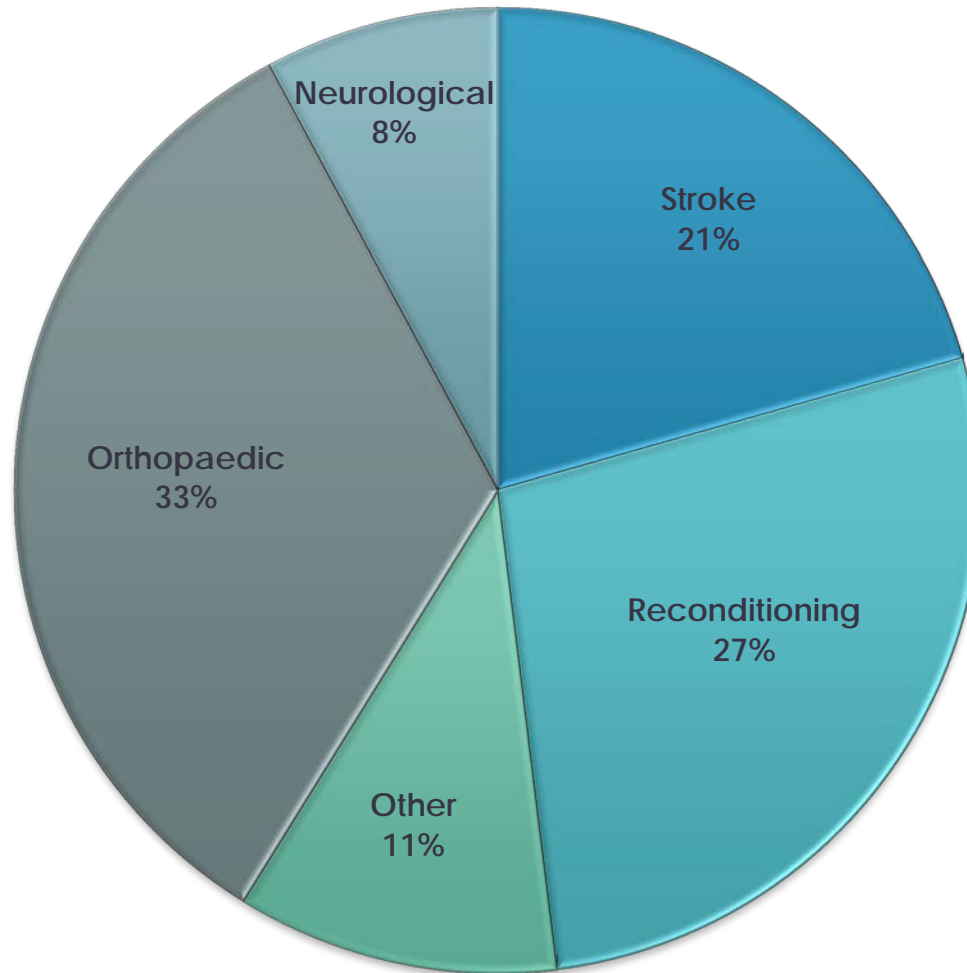
- Maceration resolved on 2-3<sup>rd</sup> toes
- Ongoing wound dressings to amputation site

# RITH Outcomes

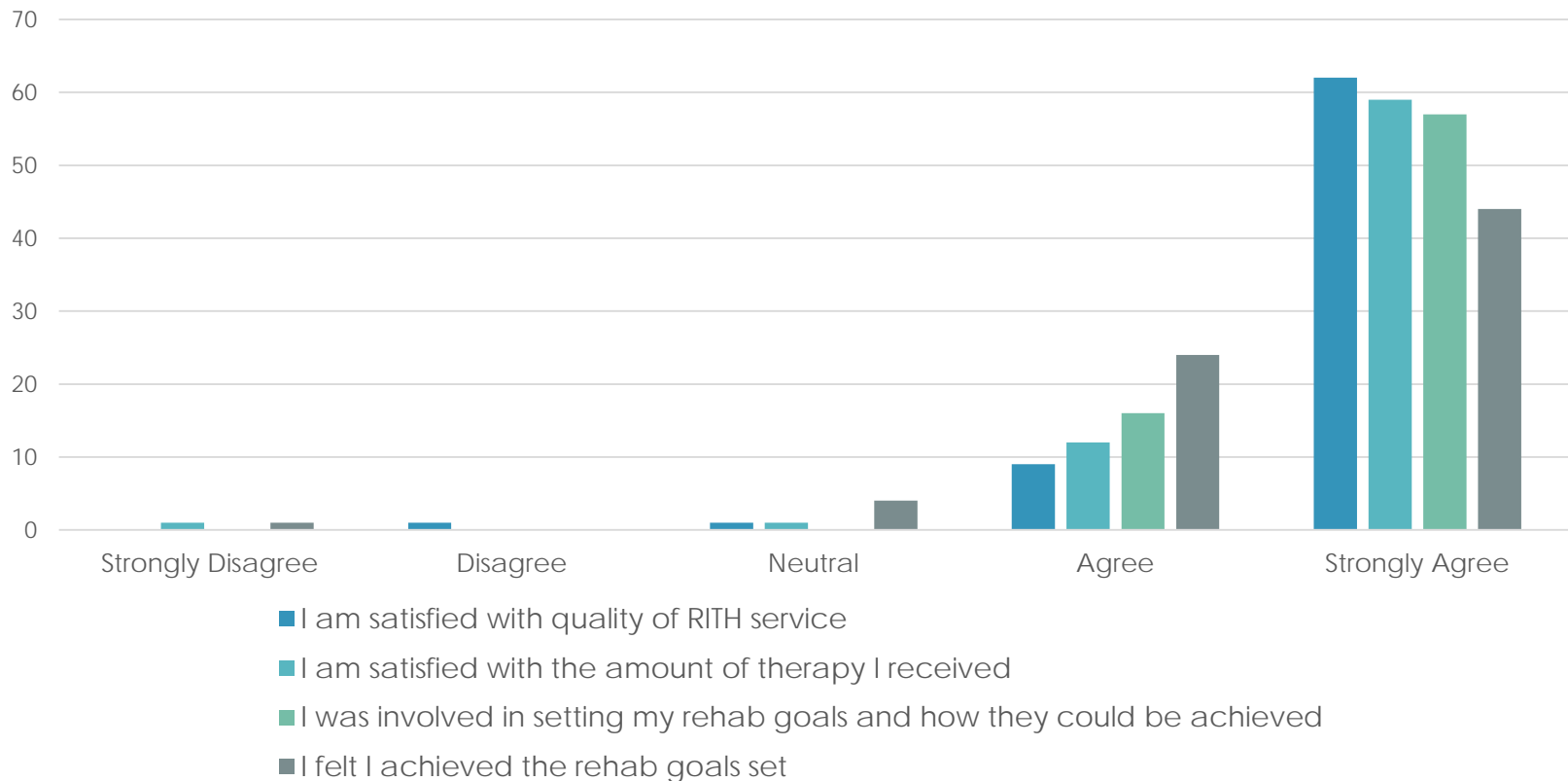
## May 2017- June 2018

<u>Data Type</u>	<u>Results</u>
Number of Clients	154
Mean Age	75 years
Mean Length of Stay (LOS)	11 days
Mean FIM Change	10.8 points
FIM Efficiency/day	0.9
COPM Mean	Change in Performance= 3.30 Change in Satisfaction= 3.30

# Impairment Groups



# Client Experience Survey



## Likes

"Could not list the accolades enough from this service "

"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
- Weekend reviews
- “Same day” referrals
- Travel distance
- Culture change
- No administration support

# 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
- Facilitate RITH establishment in other LHDs

# Acknowledgements

- RITH Team
  - Dr Mekala Thayalan (RITH Staff Specialist)
  - Dr Rohan Choudhuri (Registrar)
  - Jade Martin (Occupational Therapist)
  - Cameron Thompson (Allied Health assistant)
- Dr Tuan-Anh Nguyen (Rehab medicine HOD)
- Lukas Szymanek (PT HOD)
- Deanna Aplitt (former OT HOD)
- Meagan Elder (A/HOD OT)
- Department of Rehabilitation Medicine
- Physiotherapy and Occupational Therapy Departments
- Community Nursing
- Campbelltown Hospital Executive
- Jo Burdajewicz (MoH)
- 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)

