Executive summary

This report is the culmination of the NSW Rehabilitation Redesign project. The report presents the NSW Rehabilitation Model of Care and outlines recommendations for next steps.

The imperative for rehabilitation redesign

Rehabilitation services are fundamental in enhancing patients’ functional independence and play an integral role in patient flow across the health care continuum. The provision of effective rehabilitation services requires a diverse range of health professionals, services and external agencies to work together and overcome system challenges such as separate funding, administration and reporting structures.

The setting in which rehabilitation takes places is principally defined by the patient’s changing needs over time and the availability of rehabilitation services in particular areas. It is worth acknowledging that a rehabilitation patient journey is not a linear process and pathways are individually determined based on functional impairment, medical acuity and prognosis and access to rehabilitation services. Rehabilitation clients require different levels of care at different points in their rehabilitation journey. Patient flow considerations include those from the acute care setting to the sub-acute care setting and patient flow from the sub-acute care setting into an ambulatory care setting and ultimately the patient’s return to the community and home (where possible).

The future of rehabilitation care must be considered within the context of the overarching health system and its future evolution. The changing nature of the health system together with the ageing population provides an ideal opportunity to develop a consistent model of care for rehabilitation services. Imminent systemic changes such as Local Health Networks (LHNs), activity based funding (ABF) and ehealth initiatives will be supported by the implementation of a consistent model of care. Such a model will move NSW toward transparency and meeting or exceeding national benchmarks in relation to nationally consistent classification, counting and costing.

Rehabilitation services have the opportunity to reshape service delivery, patient outcomes, efficiencies and collaboration with health care providers across the health system through the implementation of a NSW Rehabilitation Model of Care founded on good practice principles and innovation.

Rehabilitation Redesign Project

The Rehabilitation Redesign project ran from September to December 2010. The project reviewed existing adult rehabilitation services in NSW to inform the development of a consistent model of care for application across metropolitan, regional and rural areas of NSW.

The focus of the project was adult rehabilitation services and the primary rehabilitation impairments considered were stroke, orthopaedic, re-conditioning impairment and high impact areas (such as amputees). Specialty rehabilitation units including brain, spinal and burns along with paediatric rehabilitation services were deemed out of scope for this project,
however consideration has been given to the requirements to support the post traumatic/longer term care of these population groups when treated in general regional or rural rehabilitation services.

The project team worked closely with NSW Health and experts from the rehabilitation and aged care sector through the NSW Rehabilitation Redesign Working Group. The Rehabilitation Redesign Working Group included representation from rehabilitation and aged care sectors, the Agency of Clinical Innovation and included Rehabilitation Physicians, Geriatricians, Directors of Allied Health and Rehabilitation Nursing. The Rehabilitation Redesign Working Group provided guidance on the nature and needs of rehabilitation services and the design of the NSW Rehabilitation Model of Care.

The Rehabilitation Redesign project was structured into four key phases:

- **Phase 1: Project initiation** – project mobilisation, agreement of the project plan and communications plan and confirmation of site visit locations and stakeholders.
- **Phase 2: Assess phase** – operational review of ten sites, a literature scan, interstate and international comparisons and stakeholder workshops
- **Phase 3: Design phase** – Solutions Design workshop where the key components of the model of care were discussed and drafted and a wider consultation phase that tested the model with key stakeholders
- **Phase 4: Reporting** – refinement of the model of care and preparation of the final report.

**NSW Rehabilitation Model of Care**

A ‘model of care’ is a multifaceted concept, which broadly defines the way in which health care is delivered including the values and principles; the roles and structures; and the care management and referral processes. Where possible the elements of a model of care should be based on best practice evidence and defined standards and provide structure for the delivery of health services and a framework for subsequent evaluation of care.

The model of care has a facilitating role between the strategic direction for the health system and the delivery of care at local rehabilitation services. The NSW Rehabilitation Model of Care presented in this report provides guidance towards achieving equity of access, appropriateness of care and consistency of service quality – from the variable starting points of current care delivery across NSW. The model of care is not prescriptive in terms of work practices and instead allows local services the flexibility to design practices that suite their needs, leaving room for innovation in service delivery.

The information gained through the activities undertaken in the course of the project culminated in three streams of evidence regarding:

- current practice in NSW (through operational site visit reviews and consultation)
- international and interstate practices (through consultation and literature scan)
- rehabilitation service activity (through data analysis as provided by NSW Health).

The collective streams of evidence informed the development of the NSW Rehabilitation Model of Care (Figure 1). The model of care consists of:
- definition of rehabilitation;
- guiding principles;
- elements of a patient journey;
- six defined care settings; and
- enablers of rehabilitation services.

The complete model of care and descriptions of the components of this model are presented in the Section entitled *NSW Rehabilitation Model of Care* of this report.

**Figure 1: NSW Rehabilitation Model of Care**

The NSW Rehabilitation Model of Care supports rehabilitation services to:

- work with acute services to promote patient independence and an enablement model of care;
- integrate aged care and rehabilitation services to maximise independence and minimise ongoing health care needs of the ageing population;
- integrate assessment and care coordination of patients to create a better flow of patients across the continuum and between settings;
- provide ambulatory care services to potentially avoid hospitalisation for some impairments, enable transfer of care at an earlier date from the sub-acute rehabilitation unit and facilitate an earlier discharge from hospital;
• provide ambulatory care services enabling a structured program and the continuation of care following a stay in the acute or sub-acute setting;

• establish hub and spoke models and work collaboratively with rural neighbouring hospitals to provide rehabilitation services facilitating ongoing goal attainment;

• utilise care coordinators or case managers to support the patient journey across the continuum and involve primary care and community services at an earlier stage of this journey; and

• integrating research and educational and quality activities to improve efficiencies of introducing new evidence based care.

Relevant evidence and case studies to support the NSW Rehabilitation Model of Care have been provided in the body of this report.

**Recommendations for next steps**

Six recommendations have been provided for consideration in progressing towards the implementation of the NSW Rehabilitation Model of Care (Figure 2). The purpose of the recommendations is to provide the context for discussion between NSW Health and the Rehabilitation Redesign Working Group on the steps required for implementation.

The recommendations are informed by: the body of evidence and key findings resulting from the project; guidance provided by the expert reference group and industry stakeholders; and the data analysis undertaken by NSW Health.
Figure 2: Recommendations for steps towards implementation of the NSW Rehabilitation Model of Care

It is important to note that the project gained considerable exposure across NSW with a high level of engagement from rehabilitation stakeholders through structured project activities and in response to project communications. This emphasised the interest of stakeholders in the future of rehabilitation care and the importance of considered communication of the NSW Rehabilitation Model of Care in the first stages of implementation.

Overview of the report

This body of the report draws together the evidence and analysis resulting from the project and providing the support for the NSW Rehabilitation Model of Care and recommendations for next steps. The following table provides an overview of the structure of the report.

<table>
<thead>
<tr>
<th>Heading</th>
<th>Description</th>
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<tbody>
<tr>
<td>Rehabilitation practice in NSW</td>
<td>This section of the report provides the background to the project and details the methodology. Data specific to NSW Health rehabilitation services are presented to provide context and describe the current landscape for rehabilitation services across NSW.</td>
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<tr>
<td>Model of care for Rehabilitation Services in NSW</td>
<td>This section of the report presents the NSW Rehabilitation Model of Care.</td>
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Concluding comments

The NSW Rehabilitation Model of Care and recommendations provide the basis for embracing change and implementing consistent approaches for rehabilitation services across NSW. Successful implementation will be dependent on:

- considered implementation planning and continued focus;
- effective communication strategies to build on successful engagement during the project;
- progression of data collection, performance reporting and management;
- learning from and replicating good practice and innovations in service delivery; and
- defined strategic direction for rehabilitation services across LHN and NSW.