



Evolution of Rehabilitation Outpatient Services Over 25 Years

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In the beginning...



- The Medical Rehabilitation Services were established 25 years ago at Parramatta Hospital, Sydney.
- In 1992, the Inpatient and Outpatient services were transferred from Parramatta Hospital to St Joseph's Hospital, Auburn.

Entry into the Service...



Referrals are received from:

- SJH Inpatient Rehabilitation Unit
- External Hospital-based Services
- Community

Eligibility for Service Provision...



The rehabilitation outpatient service is provided to:

- People aged between 16 and 70 years
- People living in the Sydney West Area Health region, servicing a population of 700,000.

Diagnostic Groups...



Diagnostic categories common to the service include:

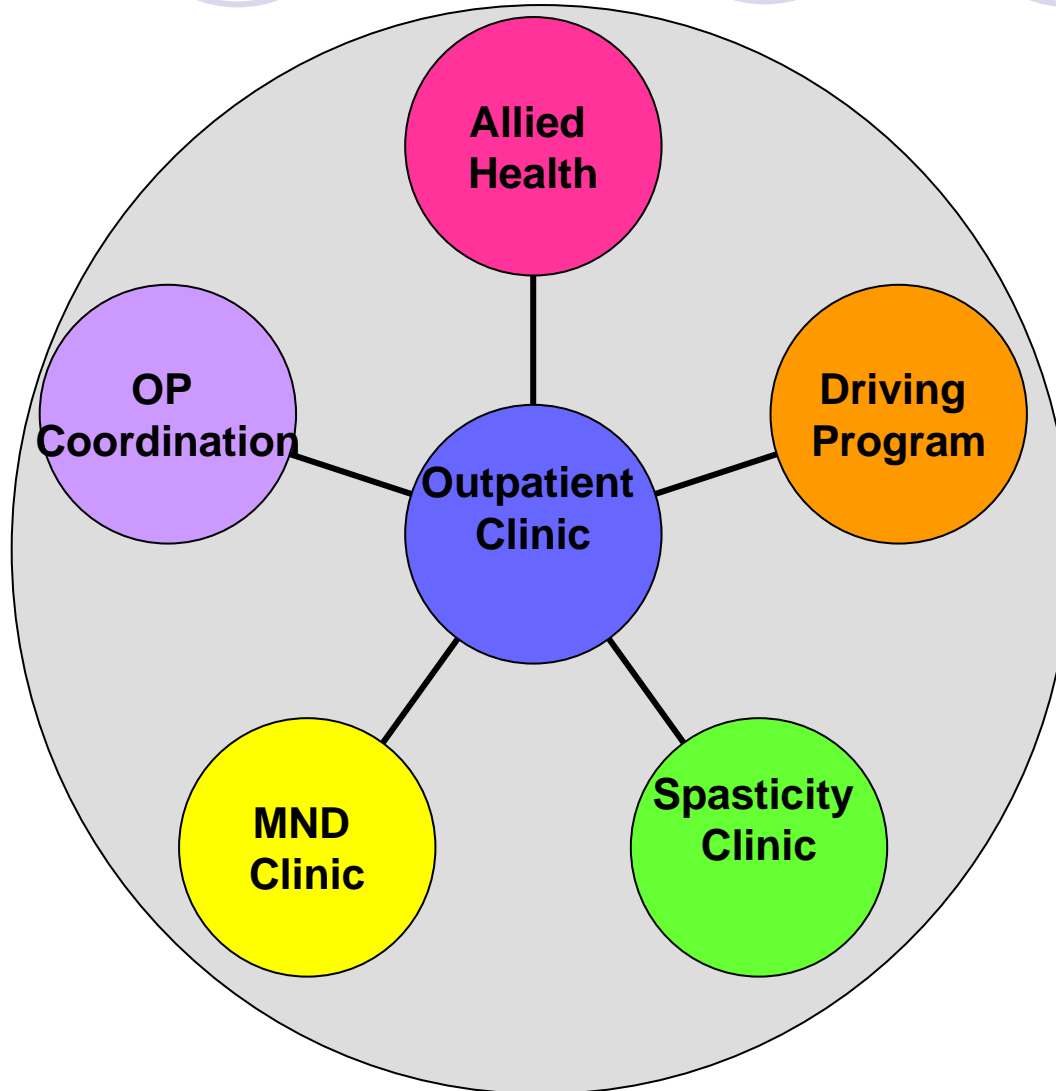
- Cerebrovascular Accident
- Acquired Brain Injury
- Orthopedic Injuries
- Neurological disorders and degenerative disease such as multiple sclerosis, motor neurone disease, peripheral neuropathies
- Individuals who experience debility following prolonged illness.



Current Service Profile...

- The SJH Rehabilitation Outpatient Service provides:
 - Medical
 - Allied Health and
 - Nursing Services
- The Model of Service Delivery is a “hub” and “spoke” model.

Hub & Spoke Service Delivery Model



Service Delivery Model: Hub and Spoke



Medical Rehabilitation
Outpatient Clinic

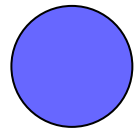


**Medical Rehabilitation
Outpatient Clinic**
“THE HUB”

Medical Rehabilitation Outpatient Clinic: “The Hub”

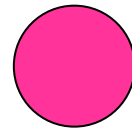
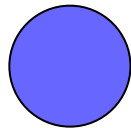
Goals of the Rehabilitation Outpatient Clinic:

- Provide specialist advice to primary care providers, and health and non-health community services

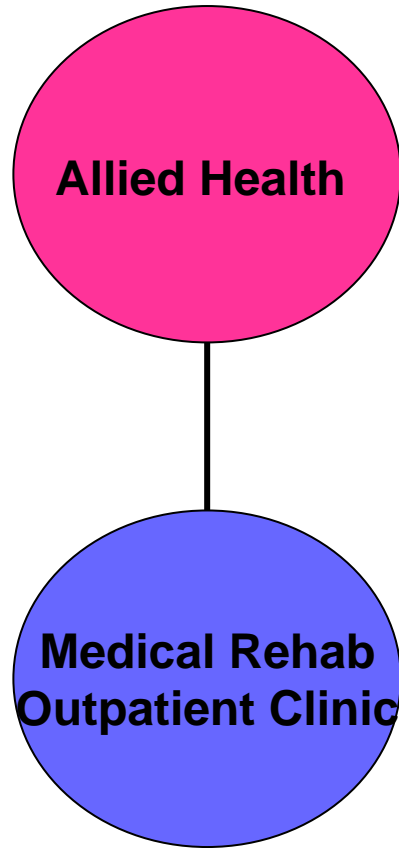


GP & Community Services

- Coordinate the management of each outpatient and the therapeutic team. Channel patients to the service that is most appropriate dependent on diagnosis, condition and needs

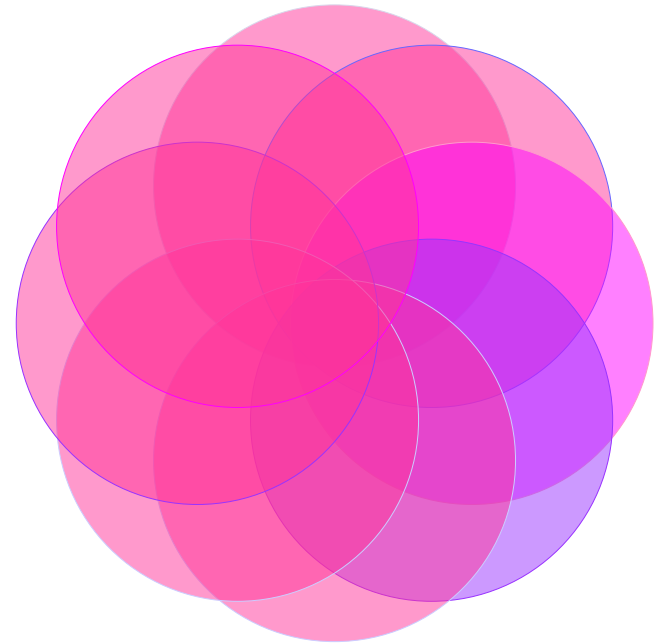


Traditionally the clinic was limited to referring to our allied health team...



The allied health multidisciplinary team,
includes:

- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Social Work
- Clinical Neuropsychology
- Dietetics
- Nursing



Developments in Allied Health Services...

Originally the allied health service was centre based, however...

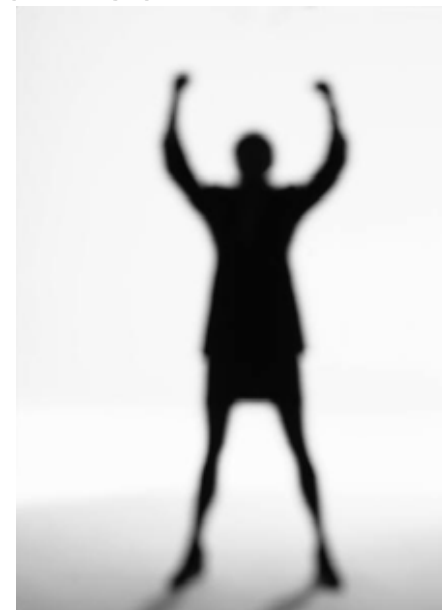
- Evidence-based practice supported the use of home based intervention
- Need identified for community based program
- Occupational Therapy Home Program was established in 1998
- Increase in patient numbers by 7% annually for this program



Allied Health Services: Groups

Rehabilitation Outpatient Service expanded to include groups that are coordinated through the Allied Health Departments:

- Physiotherapy Lower Limb Group
- Physiotherapy Open Gym Group
- Brain Injury Support Group
- Intelligibility Group
- Lower-level Aphasia Group (with carers)
- Moderate-to-high Level Aphasia Group (with carers)

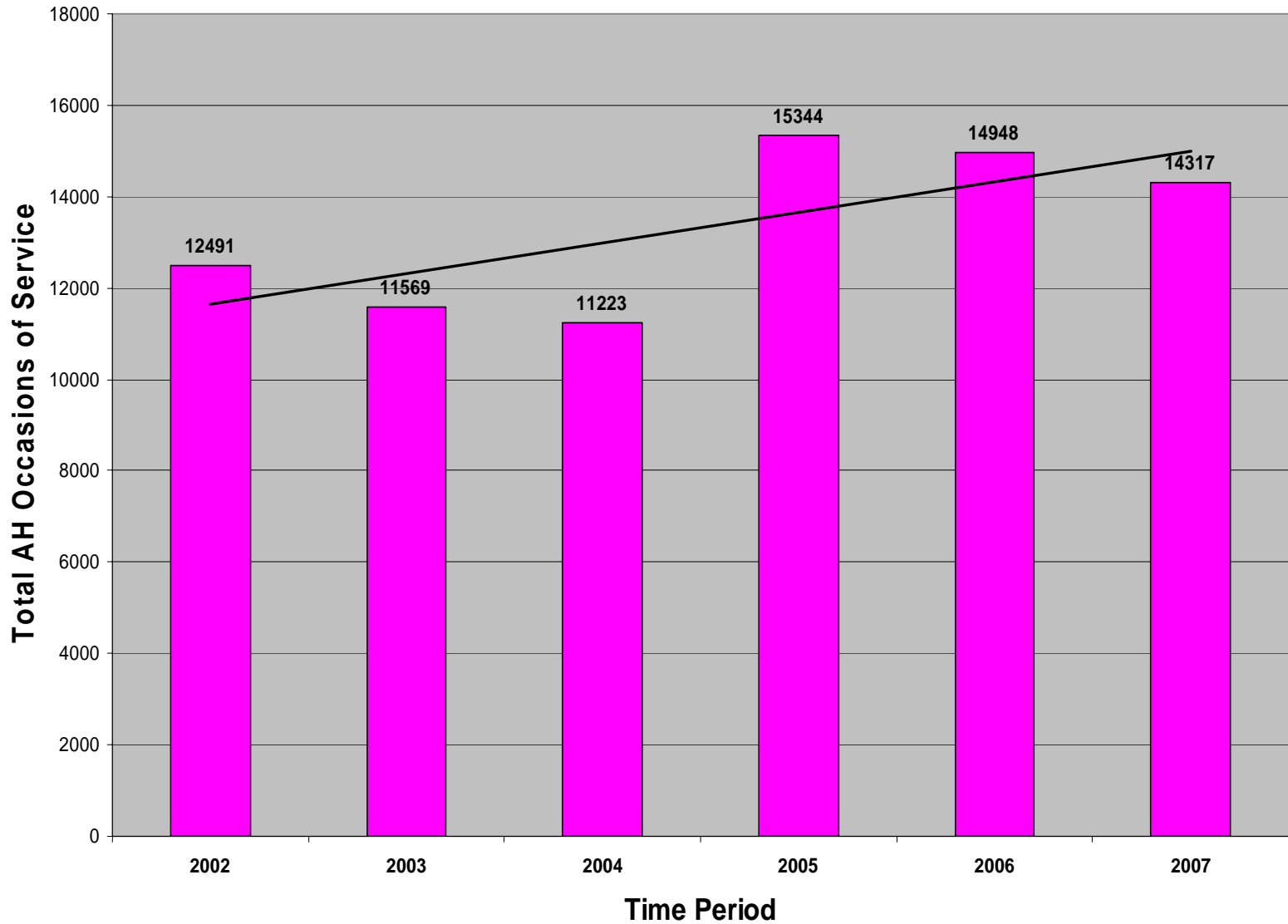


Introduction of outpatient therapy groups resulted in...

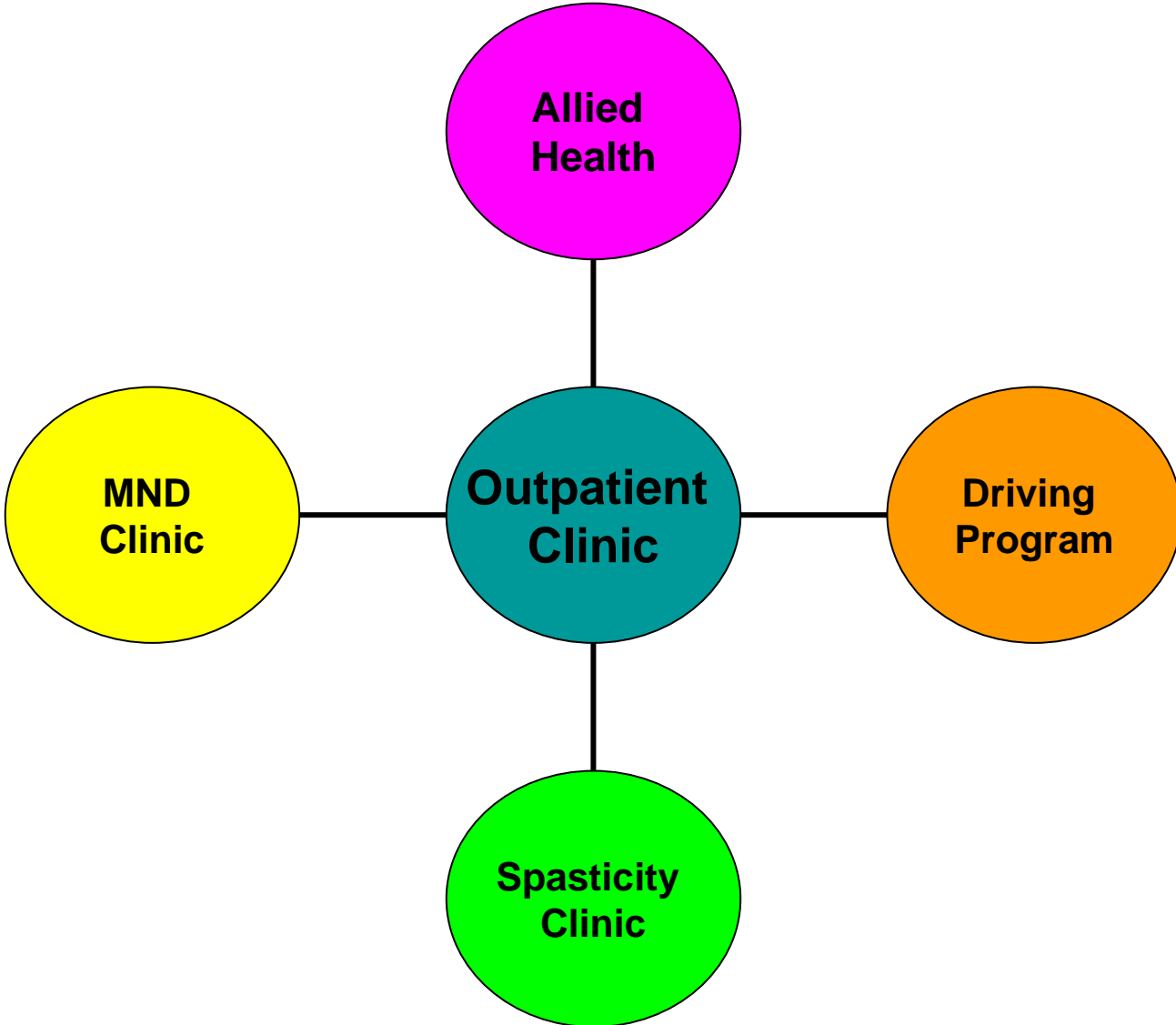
- ✓ Improvements in the discharge planning
- ✓ Improvements in the through put of referrals
- ✓ Increase in the numbers of occasions of service



SJH Allied Health Occasions of Service 2002-2007



The Rehabilitation Outpatient Services continued to expand to include the introduction of specialised clinics:



Driving Program

- Growing awareness of issues related to illness and disability impacting on driving
- Other super regional services existed in the metropolitan area of Sydney, however experienced extensive waiting lists
- Recognised need to establish a service in Sydney's West
- The Driving Program commenced in 1993

Allied Health

Outpatient Clinic

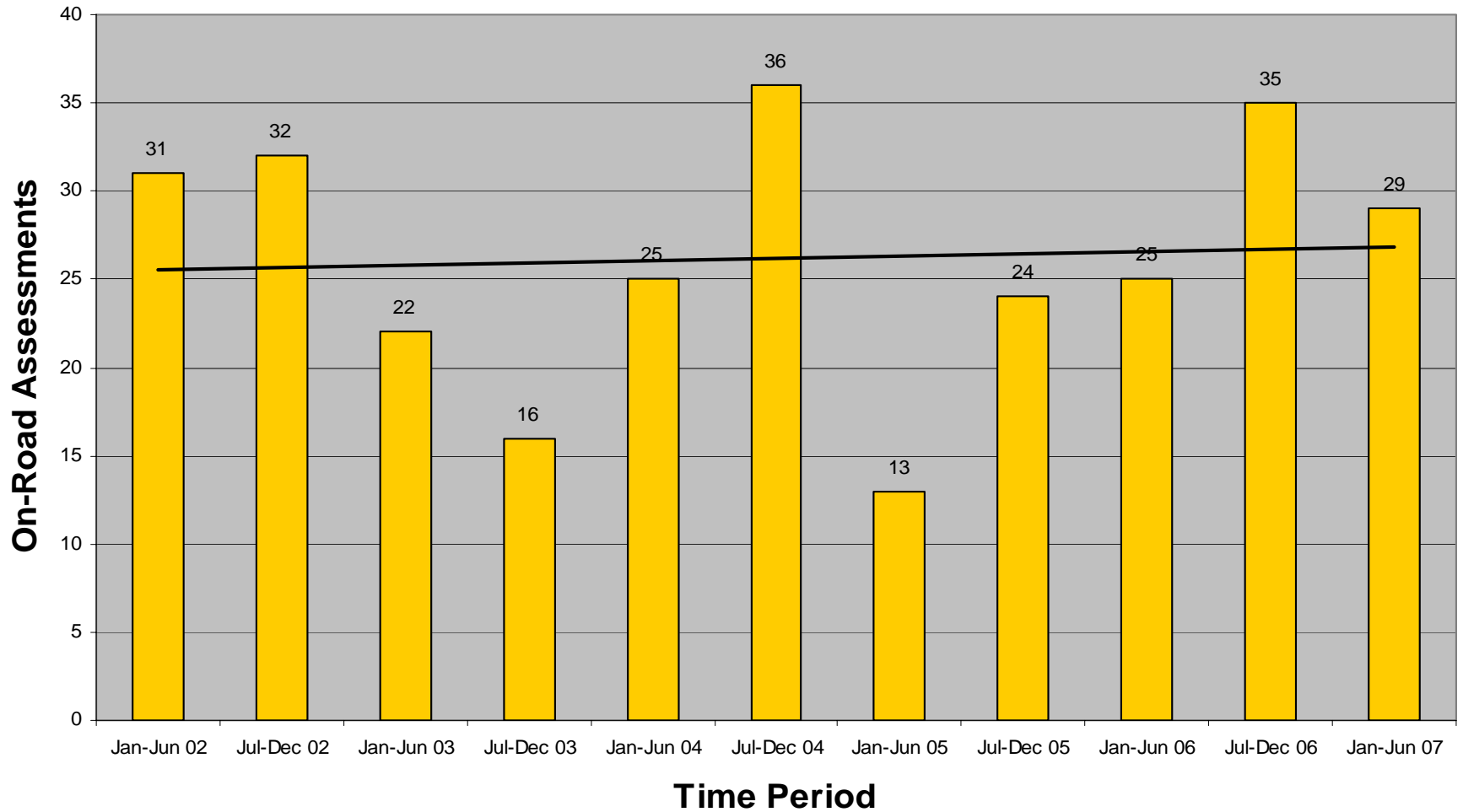
Driving Program

Driving Program (1993)



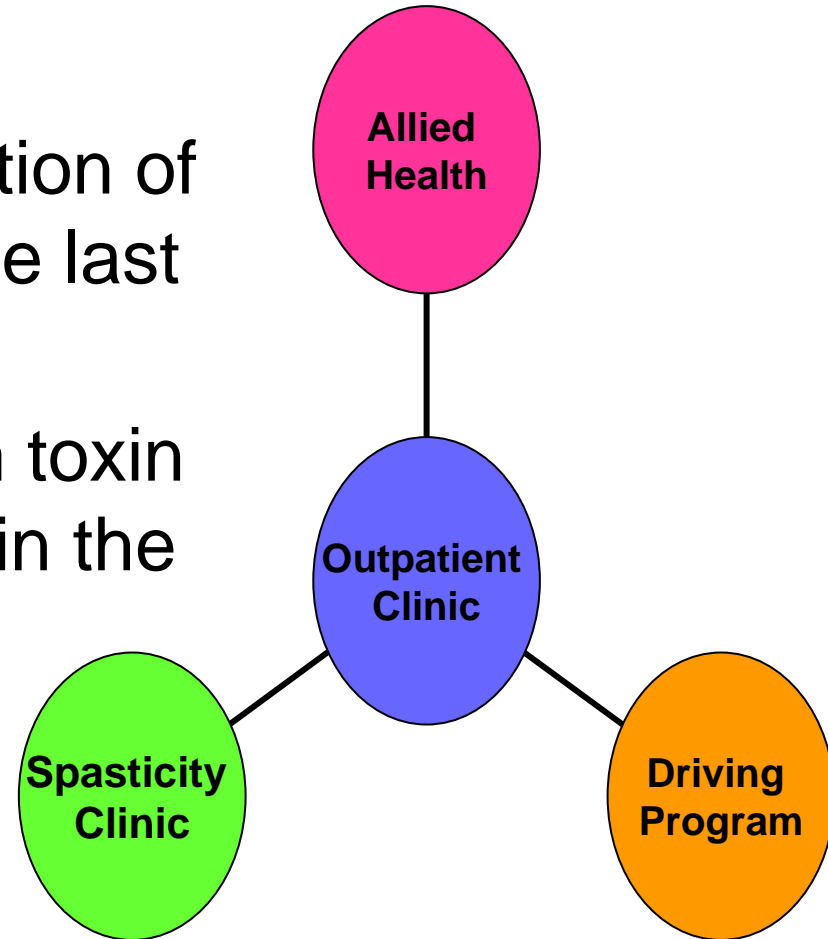
- The Driving Program is multidisciplinary.
- Key service providers include the Medical Rehabilitation Specialists and Driver-trained Occupational Therapists
- The aim of the program is to assist people, where possible, to learn or return to driving following illness or disability
- Since its establishment, the Driving Program has continued to meet the area service demands

SJH Driving Program 2002-2007



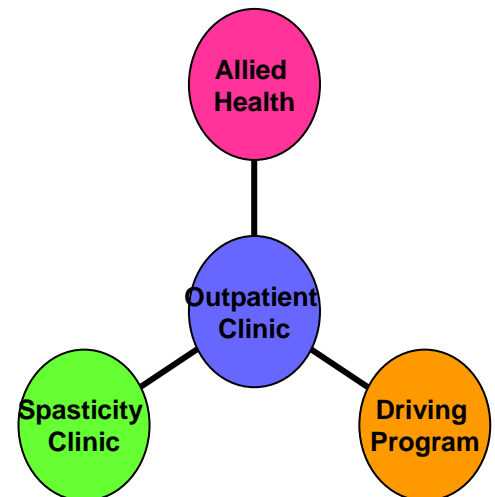
Spasticity Clinic (2001)

- Spasticity Clinic developed concurrently with the evolution of spasticity treatment over the last 10 years
- Increased use of botulinum toxin A and intrathecal baclofen in the adult population

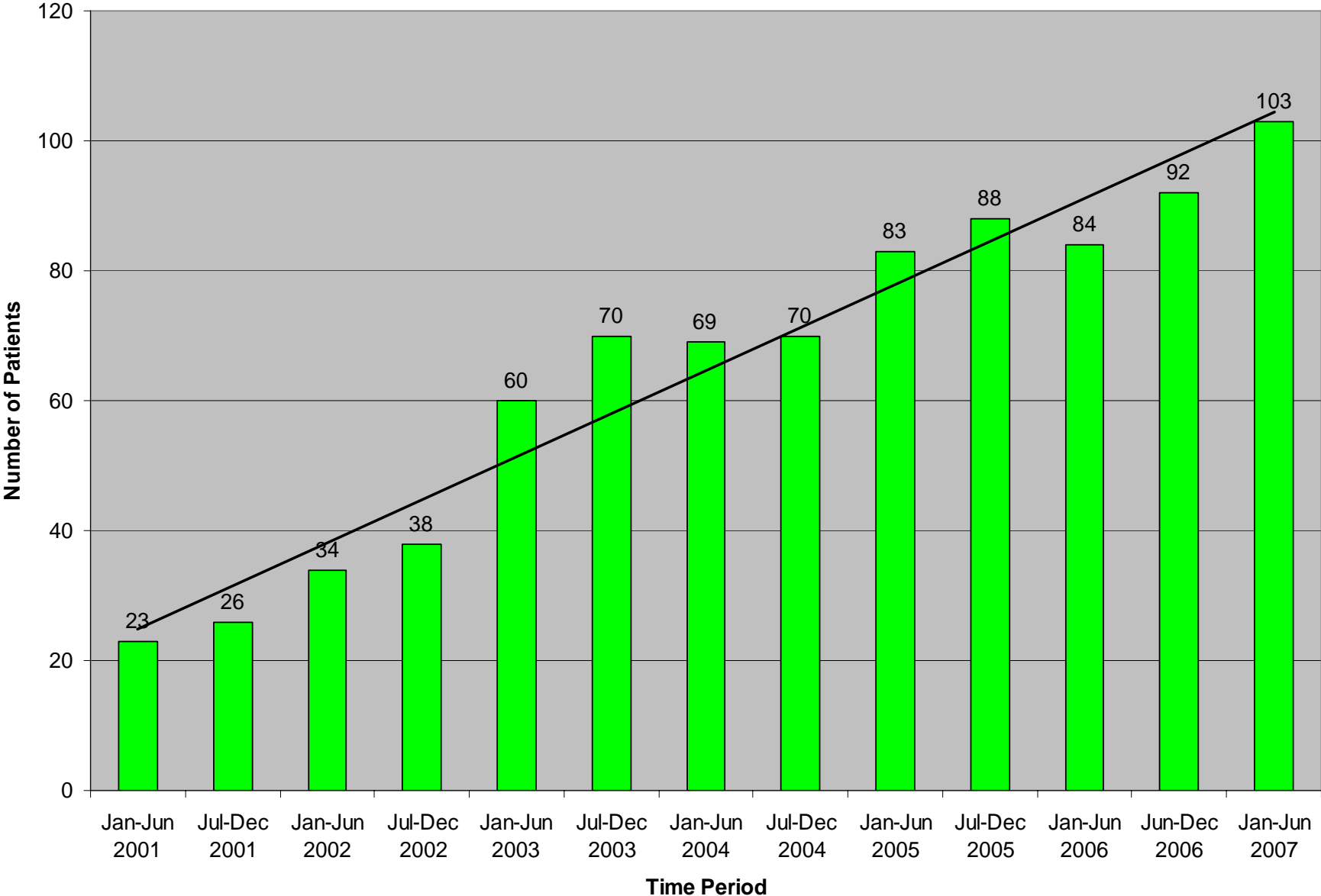


Spasticity Clinic (2001)

- The first clinic was run in February, 2001.
- Intervention focused on the management of focal and generalised spasticity
- Intervention is provided by the multidisciplinary team and include various treatment modalities
- Attendee numbers have steadily increased over the last 6 years



SJH ROPD Spasticity Clinic 2001-2007

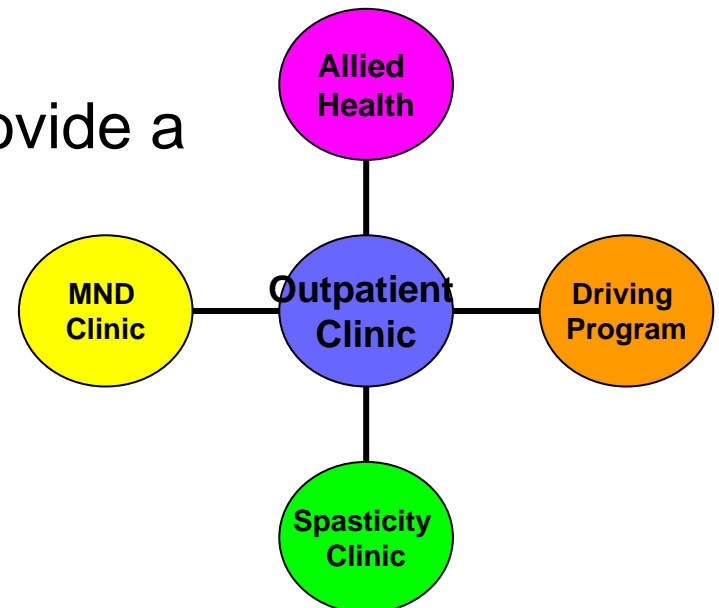


Spasticity Clinic Research (2005/06)

- The Spasticity Clinic was involved in multi-centre, placebo-controlled study
- Results were released in April 2007 and are awaiting publication.
- Results demonstrated changes in the quality of life following Dysport intramuscular injections in the treatment of upper limb spasticity in adults post stroke

Motor Neurone Disease Clinic (2004)

- Estimates of 70-80 patients with MND at any given time in our area health service
- The lifespan of these people is on average 2- 3 years following a diagnosis of MND
- Previously limited coordination of service delivery for these people
- MND Clinic was established to provide a coordinated approach to care.
- Super regional clinic



MND Clinic (2004)



The clinic coordinates the rehabilitation, palliative care and psychological needs of the patients.

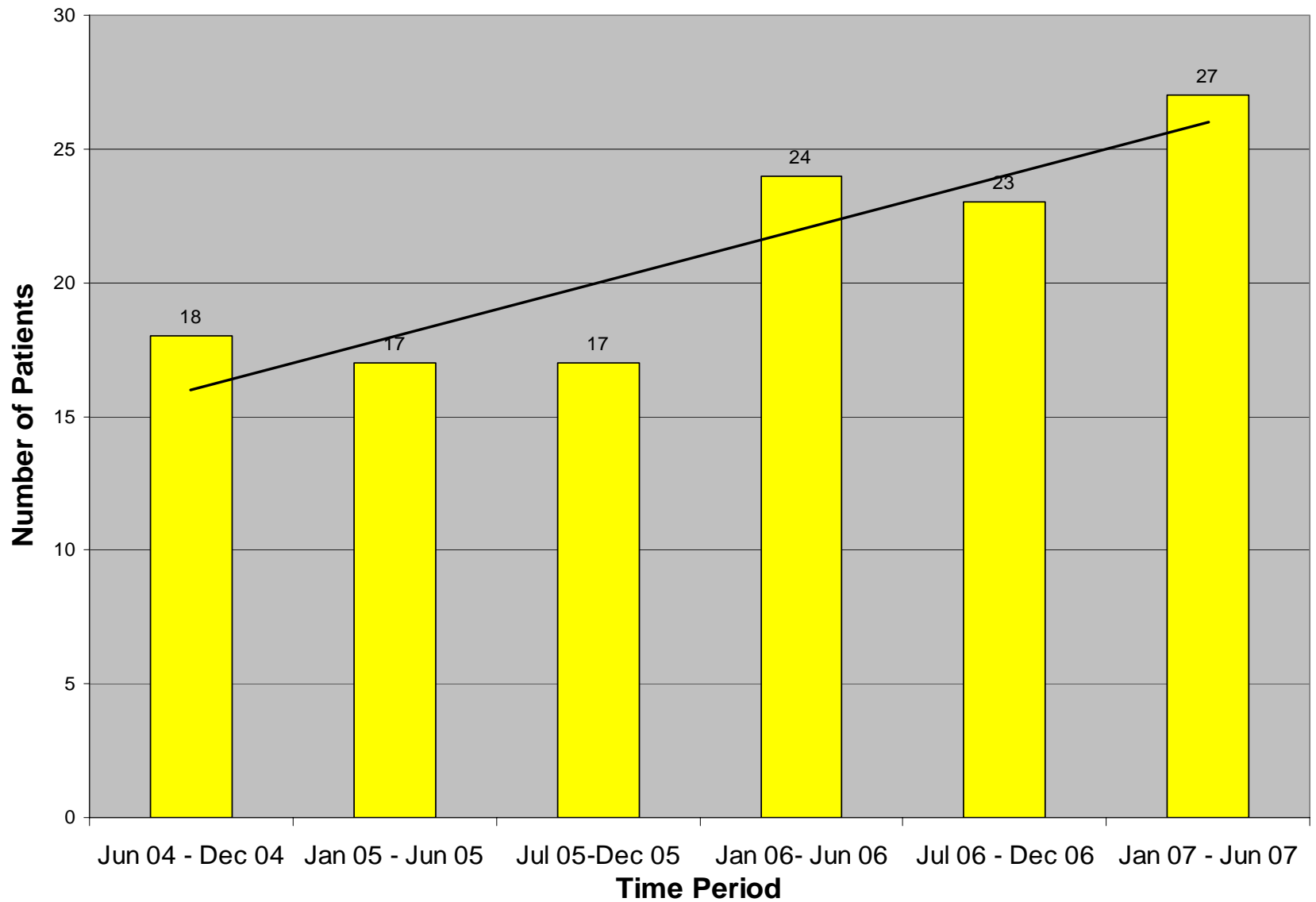
Medical Specialties

- Rehabilitation Specialist
- Respiratory Physician
- Palliative Care Specialist
- Gastroenterologist
- Neurologist

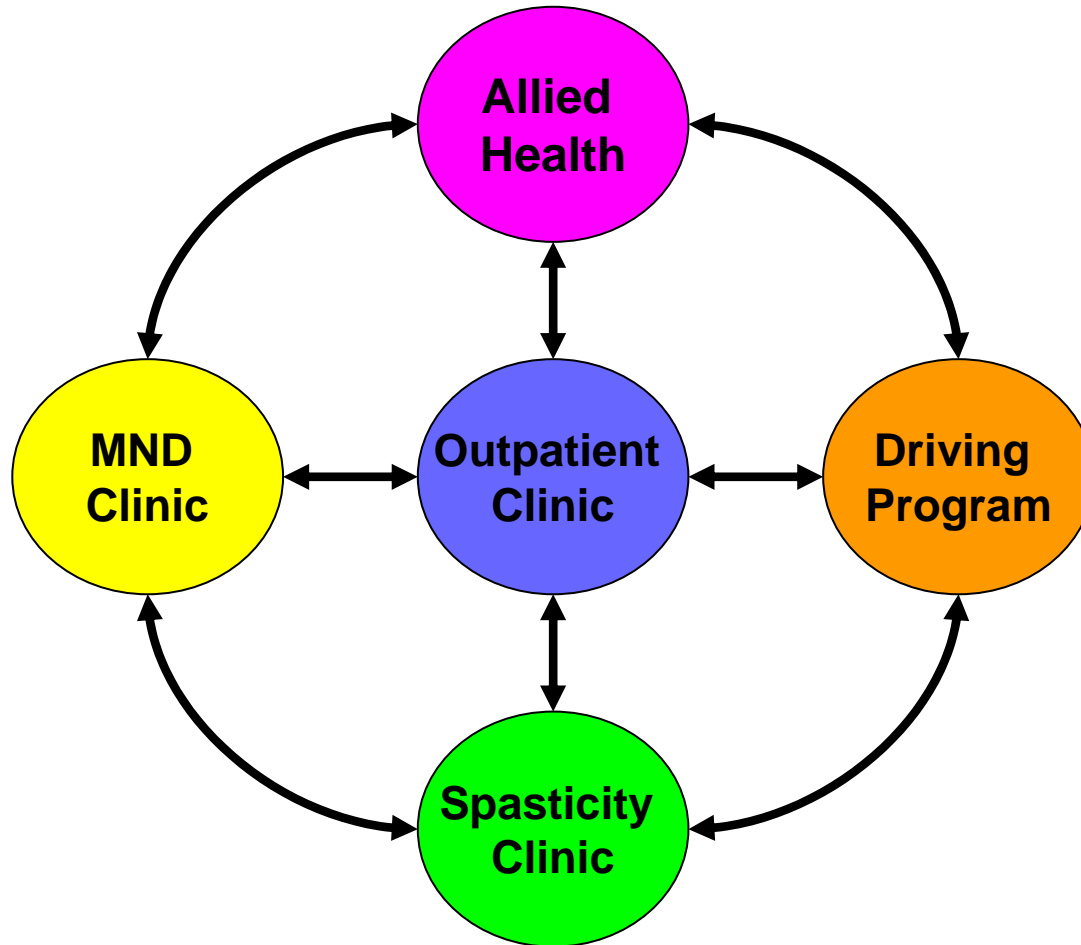
Allied Health

- MND Coordinator
- Occupational Therapy
- Physiotherapy
- Social work
- Speech pathology

SJH ROPD MND Clinic 2004-2007



Service Delivery Model Principles



- Clinics and Services form the “spokes” of the “hub and spoke” model.
- Movement between the services are bidirectional
- Not interdependent of the Rehabilitation Clinic.
- Communication is facilitated by regular team meetings focusing on care planning and coordination

Service Administration...

- Each clinic and service were responsible for the administration and coordination of their service.
- Often there were delays in service as clinical staff were required to:
 - Manage referral intakes
 - Maintain waiting lists
 - Perform administrative procedures related to the processing of referrals
- Consequently, there were reduced attendance rates to clinics, reduced attendance to initial appointments and delays with booking through the hospital transport system

Administration Enhancements...

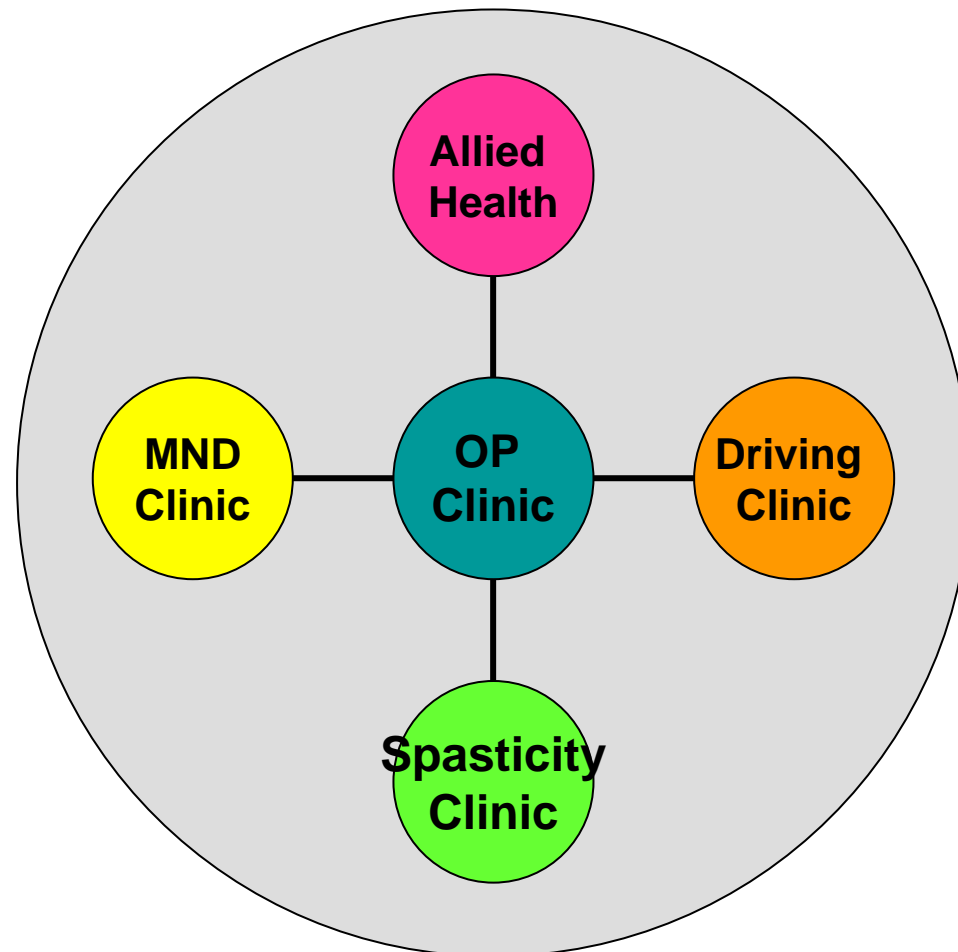
- To improve efficiency and coordination within this model of care, in 2002, two new roles were introduced to the outpatient service.

These roles were:

1. The Outpatient Services Coordinator
2. The Outpatient Officer

The Outpatient Officer...

The Outpatient Officer is an administrative role and sits within the “HUB” of the service





Role of the Outpatient Officer...

Primarily, the Outpatient Officer is responsible for:

- Intake and processing of referrals
- Coordination of all clinics
- Maintenance of waiting lists
- Coordination of appointments
- Correspondence and contact with patients
- Central point of contact for all referrals and enquiries
- Coordination of allied health appointments and bookings

The introduction of the Outpatient Officer has seen improvements in...

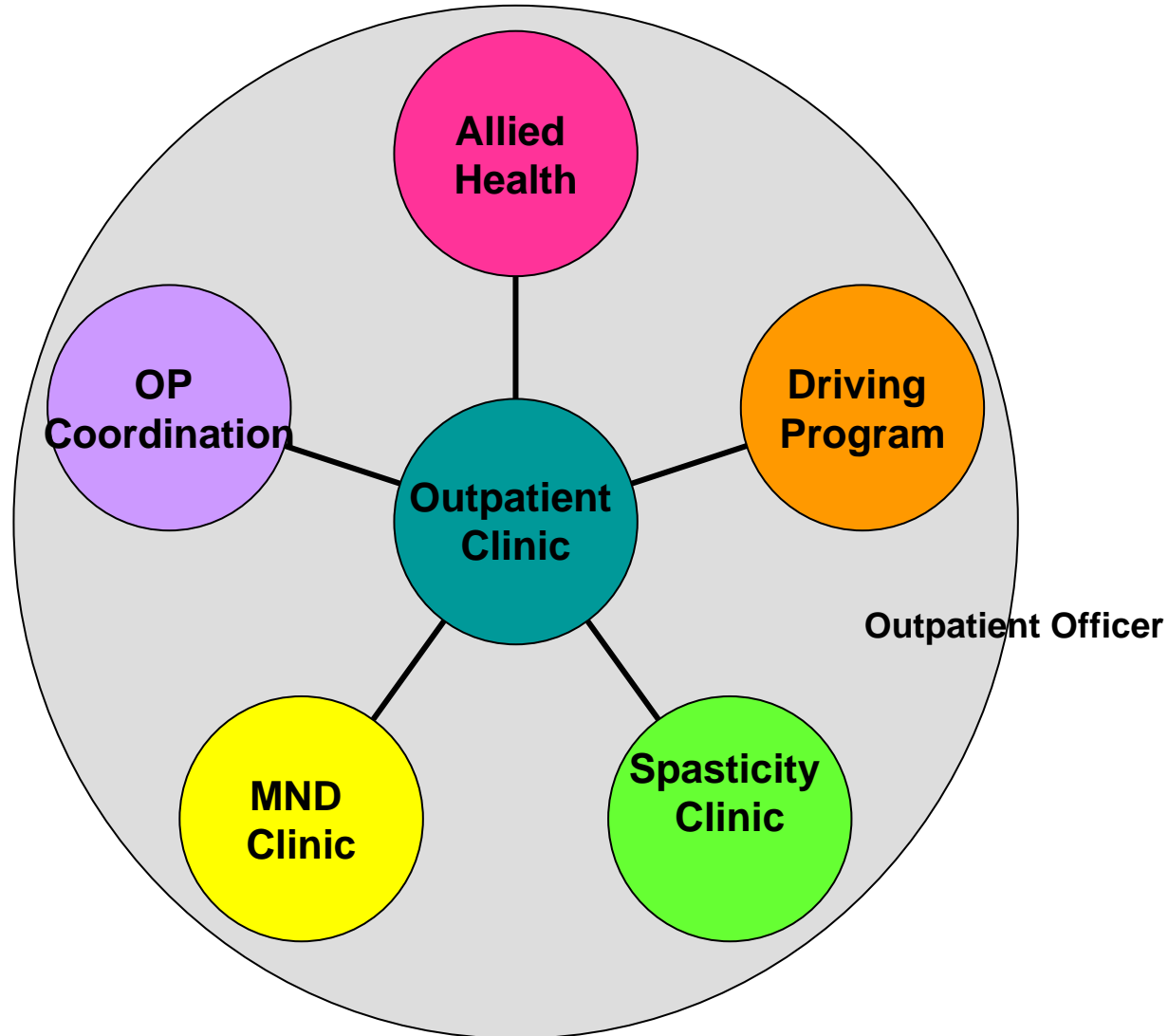
- ✓ Clinic attendance rates (in 2001 the clinic attendance rate was 60% whereas in 2006 the clinic attendance rate was 95%)
- ✓ Increased attendance rates for initial appointments
- ✓ Improved coordination of patient attendance to therapy, especially for multidisciplinary patients
- ✓ Improved coordination of the hospital transport services
- ✓ Increase number of therapy occasions of service (direct relation to decreased amount of time spent performing administrative procedures, answering inquiries)

The Outpatient Service Coordinator...



- The Outpatient Services Coordinator forms the final “SPOKE” within our service.
- The OSC works collaboratively with the Rehabilitation Clinic, the allied health services and specialist clinics and is instrumental in improving the efficiency of our service.

The Outpatient Services Coordinator



Outpatient Services Coordinator...

The role of the OSC is to

- Review the efficiency of our programs
- Develop and support quality improvement activities in consultation with teams
- Coordinate ongoing administrative and communication processes
- Identify improvement needs and opportunities
- Chair and coordinate the annual Strategic Planning Day.



OSC Achievements...

To date the OSC has:

- ✓ Implemented and coordinated a multidisciplinary outpatient team planning meeting
- ✓ Chaired an number of quality assurance activities, for example, review of the efficiency of the hospital transport system, evaluation of attendance rates to initial appointments
- ✓ Introduced Goal Attainment Scale outcome measure



Future Directions...

- The Rehabilitation Outpatient Service has expanded, changed and developed over the last 25 years.
- Emerging patterns indicate that there is now a greater shift towards ambulatory care as patients are discharged earlier and lengths of stay for inpatient rehabilitation and acute wards are decreasing.

Future Directions...



- From this we know there will be greater demand and pressure placed on the coordination of our services.
- With the dynamic and enthusiastic team that work as part of the Rehabilitation Outpatient Service we will continue to expand, change and develop to meet these issues head on.

Acknowledgments...



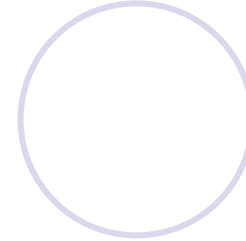
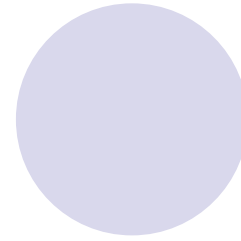
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QUESTIONS...



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