AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

APA Feedback on:

Proposed models of care for rehabilitation at TQEH for

- General Rehabilitation
- SABIRS Inpatient Rehabilitation
- SASCIS Services

January 2016

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22 January 2016

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Feedback on Proposed Models of Care for Rehabilitation at TQEH

The Australian Physiotherapy Association is the peak body for physiotherapists in Australia. We represent 18,900 members nationally, with 1550 in South Australia. We promote the highest standards of professionalism and practice in physiotherapy and work for better care for the people of Australia.

In February last year the APA provided a lengthy submission in relation to the Government's '*Delivering Transforming Health Proposals Paper: Meeting the Clinical Standards February 2015*'.

In that submission the APA agreed that patients would have better outcomes if they had access to rehabilitation within the acute hospital setting sooner after surgery or stroke – and not have to wait until they are well enough to travel.

We supported closure (and sale) of the Repatriation General Hospital (RGH) and Hampstead Rehabilitation Centre (HRC) and integration of these standalone rehabilitation services into the major acute hospital setting, but on the proviso that all necessary facilities would be built or upgraded – and expanded – in the acute settings to allow for the provision of high quality rehabilitation.

We therefore applauded the Government's commitment to replicating the facilities available at RGH and HRC at the rehabilitation centres proposed under Transforming Health (TH). We also stressed the need for increasing investment in physiotherapy and other allied health generally.

Several of our members have since been involved in the working parties and planning processes established as part of the implementation of the TH proposals, and the APA has been watching with interest as each stage has progressed.

Late last year the APA began hearing concerns in relation to the preliminary plans for the upgraded rehabilitation facilities for The Queen Elizabeth Hospital (TQEH), in that the proposed therapy space was not going to be large enough to efficiently accommodate allied health services now or into the future. It appeared that decisions in relation to the building and remodelling of therapy space at TQEH were going ahead before the appropriate models of care had been developed. The APA joined with other Allied Health Associations in writing a letter to the Minister for Health, Hon. Jack Snelling on 25 November 2015 (see attached letter). Essentially we were all of the view that if we were to achieve best patient outcomes and cost effective patient flow, the upgrades of rehabilitation facilities at TQEH needed to be guided by the models of care and not vice versa.

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We are very pleased that the proposed Models of Care for the transfer of general and State-wide rehabilitation services from HRC to TQEH have now been developed and circulated and we very much appreciate the chance to provide feedback.

The APA is aware that the three Model of Care (MOC) documents are the result of extensive discussion between experienced clinicians, many of them APA members, who currently work in each of the respective areas of rehabilitation (Brain Injury, Spinal Cord Injury and General Rehabilitation). The APA therefore supports in broad terms the models of care documents as being appropriate and in line with accepted best practice.

Therapy accommodation

We note that none of the three MOC documents go into significant detail about the amount and nature of therapy space required. Such needs are well described in the document prepared by the multi-disciplinary spinal cord injury (SCI) rehabilitation team and, we understand, attached to their response to the proposed model of care. The APA emphasizes that our support for the proposed models of care should not be interpreted as support for the scope of therapy space that has been proposed at TQEH to date. Instead, the APA supports the accommodation principles and needs outlined in the SCI document mentioned above and urges that further consultation about accommodation across the proposed services is required.

Continuing student placements are imperative for the future of the workforce and for future planning of rehabilitation services. It is considered vital, therefore, that sufficient therapy spaces, office space, tutorial spaces, computer workstations etc, are in place to support current and new student placements. We understand that the lack of therapy space proposed at TQEH would preclude allied health student placements from continuing as they run at HRC.

Brain Injury Model of Care

Comments made by physiotherapy clinicians working in brain injury (BI) rehabilitation at HRC reflect not only the specific needs of BI rehabilitation, but also many needs shared across all areas of rehabilitation.

The philosophy described in the MOC for BI – in particular support for contextual learning in a range of therapy spaces within the ward itself (page 5) – is supported.

More detail is needed in the Model of Care to describe enhancements to rehabilitation facilities in the move to a new site. Addressing unmet needs at HRC such as robotics for motor training, facilities for computerised vestibular assessment, and a fully equipped Biomechanics Laboratory should be part of the plan.

Physiotherapy and other clinicians have concerns about staff safety being compromised by not having suitable therapy space. Agitation and aggression are common in BI rehabilitation and having the right range of activities available for therapy, with suitable therapy and circulation space, is essential for safe and effective rehabilitation.

Incidents such as assaults are likely to increase without suitable dedicated therapy space. This includes large therapy room space where activities requiring a large area can occur, and private, soundproofed rooms with viewing windows where stimulation can be more contained.

Providing individualised, meaningful rehabilitation activities is key to maximising engagement for all patients, particularly those with agitation. The model needs to emphasise the importance of having outdoor and indoor facilities for activities such as football, cricket, basketball, which are often the starting point for the young, agitated patients starting to engage in rehabilitation. This is an important feature of what happens currently at HRC. They are typically not able to participate for travel off-site, and need facilities at hand to engage them when their coping allows.

The model needs to emphasise that family involvement is facilitated as a priority. There needs to be ample space in physiotherapy gymnasia for activities like family-assisted exercise and carer training. We understand that suitable space has not been available in the planning so far.

Bed Reductions and Community Services

The APA understands the planned bed changes are as follows:

Area	Current HRC bed numbers	Proposed bed numbers	Reduction
Brain injury (BI)	25	22 16 @ TQEH, 6 @ nRAH ***	3
Spinal Chord Injury (SCI)	21	18 12 @ TQEH, 6 @ nRAH ***	3
General	75	43	32
TOTAL	**121**	**83**	**38**

*** *Beds at nRAH to be collocated with the Neurosurgical Unit reserved for acute BI and SCI rehabilitation (Neurotrauma beds) in the new Royal Adelaide Hospital. (page 4)*

It is understood that the overall reduction of 38 beds will be partially offset by the establishment of 24 new rehabilitation beds at Modbury Hospital, resulting in a net decrease of eight beds.

The APA's concern in relation to these changes in bed numbers is not simply the quantum reduction – it is acknowledged that patient outcomes may be maintained or even improved with enhanced community services to support avoidance or reduction of inpatient stays. However, a reduction in inpatient beds without enhanced community services will result in poorer patient outcomes and increased length of stay. This, will compound patient flow issues right across the system, through holdups such as waits for home modifications and provision of carer hours.

Further, there has been no information to indicate that Transitional Living Units, which improve efficiency and flow of rehabilitation, will be provided for rehabilitation services at TQEH. These are essential to improve safety and sustainability of discharge.

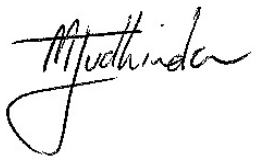
There is also no information to indicate that South Australia's lack of slow stream rehabilitation for severe BI/stroke is being addressed under TH. This was available in the past at Julia Farr Services and has been lost, meaning a significant number of people in SA who need specialised, lower intensity rehabilitation currently receive no rehabilitation. The SA Brain Injury Rehabilitation Service should be expanded to provide this service again.

The APA supports the resourcing of the full range of rehabilitation services, including inpatient, ambulatory and home-based rehabilitation. Public ambulatory and home based services are currently extremely limited, and the APA considers expansion of these services is essential for improvements in clinical outcomes and patient flow.

The APA supports increasing out of hospital services that can help people avoid unnecessary hospital admissions or prolonged stays. Enhanced community and home-based care is necessary for achieving the overall aims of a transformed service.

Thank you again for the opportunity to provide comment on the proposed models of care for rehabilitation. The APA looks forward to ongoing dialogue and working with the government on ways to improve quality and efficiency of care across South Australia's Health System.

Yours sincerely



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