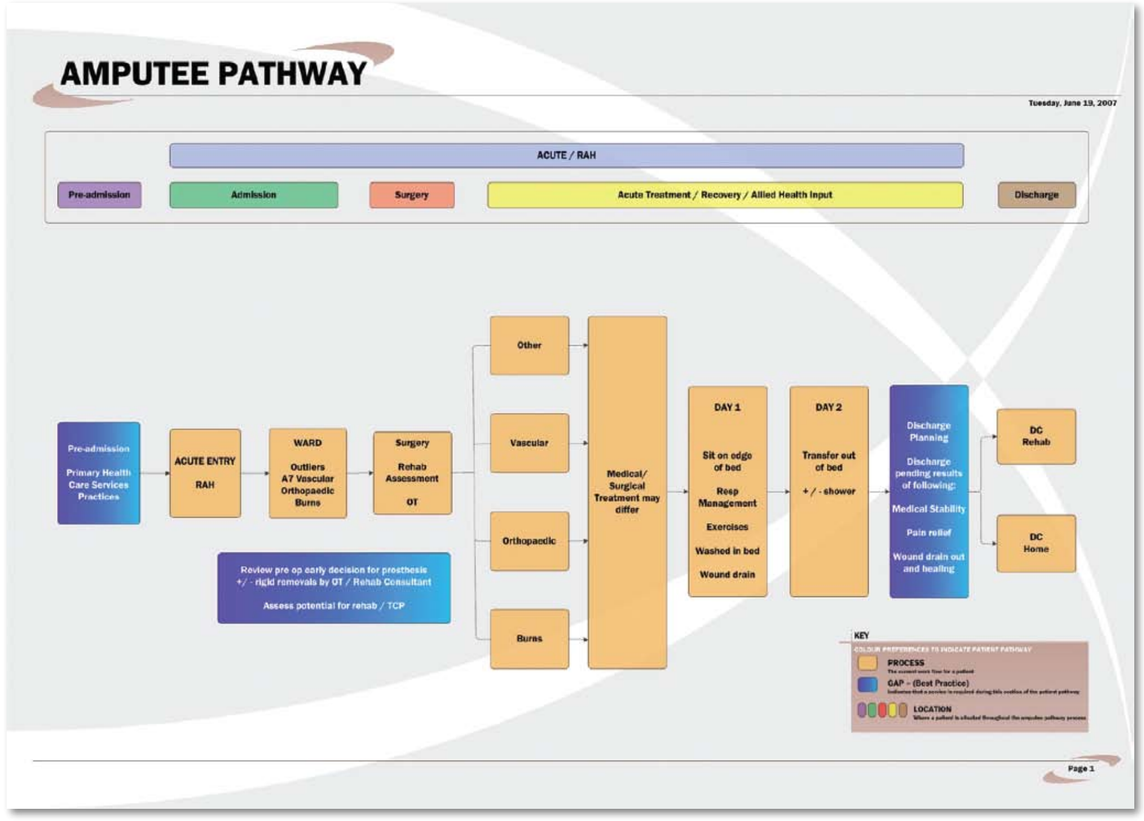
Amputees:
Journey through rehabilitation

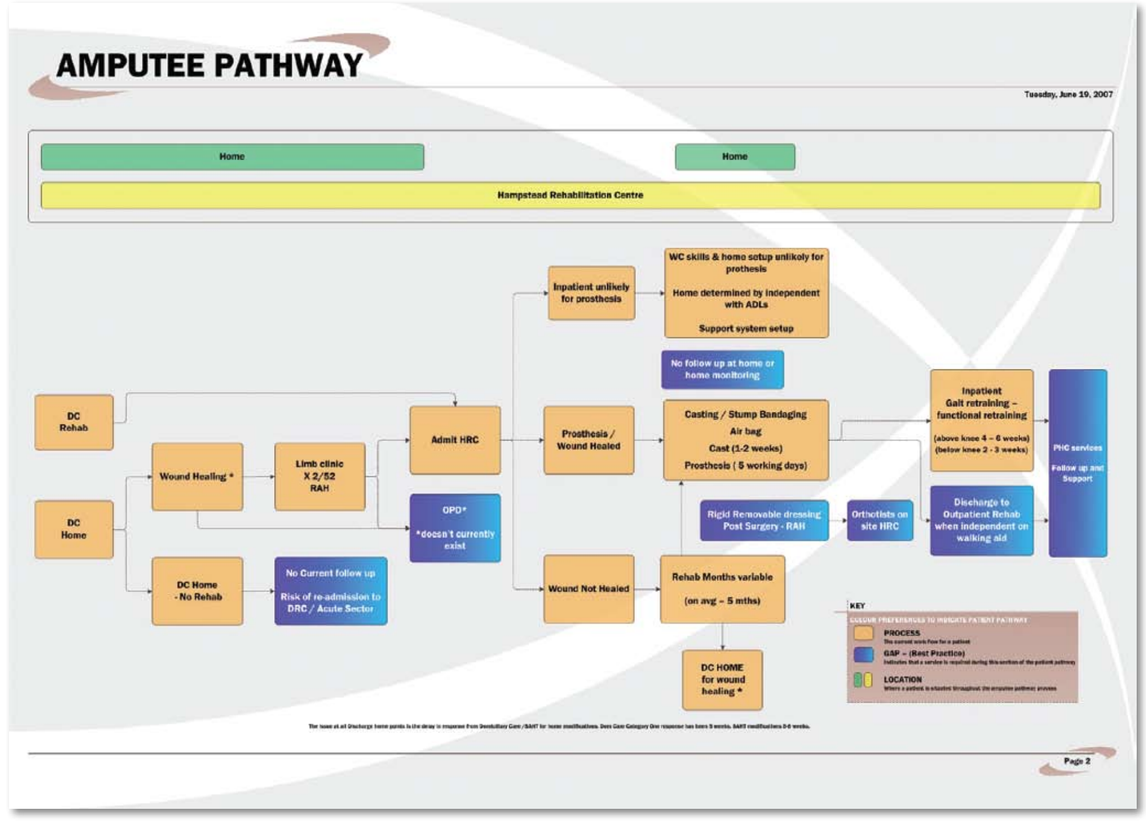
Joint Inititive with Hampstead Rehabilitation Centre (Acute and Specialist Services) and Day Rehabilitation Centre (Ambulatory and Primary Health Care Services)

Background

Limited access to community based rehabilitation in the Central Northern Adelaide region following lower limb amputation has traditionally resulted in rehabilitation bed "blocking" and increased length of stay. Clients who were engaged in physical rehabilitation would remain an inpatient until all their goals were met, even if they were safe to go home earlier in a wheelchair. Clients with slow wound healing were often discharged with Royal District Nursing Services, to be later readmitted to inpatient facilities for prosthetic retraining and rehabilitation once their wound was healed.

When the Day Rehabilitation Centre (DRC) transferred to Central Northern Adelaide Health Service (CNAHS) in March 2007, community based rehabilitation services for lower limb amputees was identified as a service that could potentially make significant reductions in bed days. Acute and Ambulatory and Primary Health Care within CNAHS mapped the current amputee journey from pre-admission to discharge. Best practice guidelines were used to map the desired state and identify service gaps.





As a result, amputees now have access to a range of allied health professionals as part of their rehabilitation, both through acute and community facilities

Opportunities identified

> Access to specialised community rehabilitation.

> Rehabilitation options during wound healing.

> Community rehabilitation following acute discharge.

> Onsite prosthetic department at Hampstead Rehabilitation Centre (HRC).

> Implementation of Rigid removable casting.

Amputee services

The new DRC amputee service was developed to address these gaps. Activities included:

> up skilling DRC staff

> participating in inpatient case conferences and ward rounds to facilitate discharge planning

> sharing resources / equipment and education with acute and ambulatory and primary health care

> building relationships with prosthetic department

> provision of comprehensive rehabilitation to amputees as a priority target group.

Subacute rehabilitation (Hampstead Rehabilitation Centre)

> Physiotherapy.

> Occupational therapy.

> Social work.

> Psychology and neuro psychology.

> Driver education and retraining.

> Dietician.

> Nursing.

> Rehabilitation Specialist.

Ambulatory rehabilitation (Day Rehabilitation Centre)

> Physiotherapy.

> Occupational therapy.

> Social work.

> Dietician.

> Exercise Physiology.

> Access to specialist services via acute setting.

Outcomes for clients

> **Continuity of care:** DRC and HRC are co-located on campus allowing for a smooth transition of service. Clients often see the DRC staff and facilities prior to discharge from HRC, often alleviating anxieties around discharge and change of service provision. DRC staff attend weekly case conferences to assist with discharge planning and handover.

> **Improved access to services:** Now there is more discharge options available. Therapy services were previously only accessible as an inpatient or through private options. There is now an opportunity to go home earlier and access publicly funded therapy in the community.

> **Reduced length of stay:** Facilitating an early discharge and providing community rehabilitation allows them to return to the support of friends and family sooner.

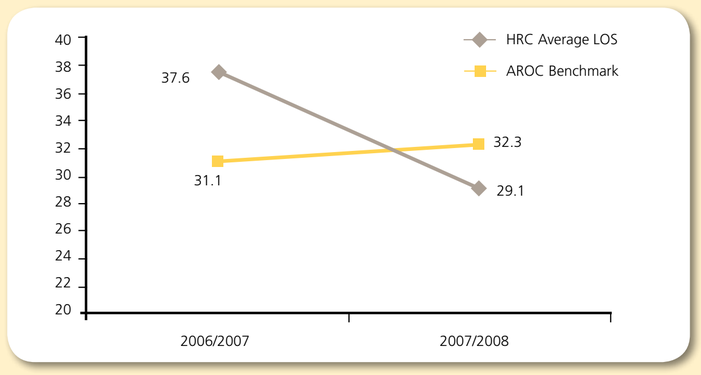
> **Functional context:** When engaging in rehabilitation while at home, patients can put some of their skills into a real context sooner than if they were an inpatient.

Benefits for the health service

> **Reduced Length of stay:** Average length of stay at HRC has decreased by eight days placing HRC below the Australasian Rehabilitation Outcomes Centre (AROC) benchmark.

> **Follow on effects:** Reducing the amputee length of stay creates more bed availability in the inpatient rehabilitation setting. This assists with the movement of clients out of the acute setting sooner.

Average length of stay in Hampstead



Outcomes for staff

> **Networking:** This arrangement creates a collegial network for staff working with amputees, with links between post acute and primary health care. It also provides an opportunity for information sharing, troubleshooting and general education in an area of clinical specialty.

> **Improved efficiency:** The smooth discharge process is an efficient pathway for setting up appointments and providing handover information.

Challenges ahead

> Location of prosthetic department and other outpatient appointments.

> Continuity of staff embedding knowledge across acute and primary health care and investigating staff training opportunities.

> Examining ways to create a rotational position between Acute and Ambulatory and Primary Health Care that will support culture development.

> Use of rigid removable casting.

Summary

Since the commencement of an amputee pathway between Hampstead Rehabilitation Centre and the Day Rehabilitation Centre in July 2007 we have seen many improvements to service delivery.

The benefits for the clients include continuity of care provided, improved access to services, reduced length of stay and the opportunity for an earlier functional context for their rehabilitation. The staff involved have access to a supportive professional network and an efficient discharge pathway.

The primary benefit to the health service is the reduced length of stay. This saves costs on the admission of the amputee client as well as having flow on effects to the reduced length of stay in the acute setting through the availability of more post acute rehabilitation beds.

For more information

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