# Relocating the existing Rehabilitation Unit to cater for patients' needs

Initiative Type

Service Improvement

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Close

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## Summary

As a result of the proposed roll-out of IeMR, it was required that we create additional bed space for the decanting of acute areas of Toowoomba Hospital. A decision was made to relocate a clinical

ward offsite. The logical answer was to relocate our sub-acute Rehabilitation unit. This was the only patient type that could safely be separated from the acute hospital. Preparations for this relocation began in September 2018.

Key dates

Sep 2018

Feb 2020

Implementation sites

Toowoomba Hospital

Partnerships

Multi-disciplinary team

## Key Contacts

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## Aim

- To free up additional space within the hospital for the implantation of IeMR. IeMR did not proceed but we decided to continue to move Rehabilitation as we believed this service would benefit by being a standalone service located off site.
- To enable the development of an improved rehabilitation program for patients that specifically catered to their needs.
- Achieve better patient outcomes for sub-acute patients requiring Rehabilitation or Geriatric Evaluation Management (GEMs) Programs.

## Benefits

The model of care has changed to a true sub-acute model. The environment is conducive to better patient outcomes - There is a communal dining room and lounge room where all patients eat meals and do activities. There is a beautiful rural outlook and garden that patients can enjoy. We commenced a volunteer companionship program where patients get to enjoy doing arts, crafts, music, gardening etc. This has proved very beneficial to patient's wellbeing and improved health outcomes.

- Decrease in nurse sensitive indicators by 41% eg. falls, medication errors
- Favourable response in culture survey for nurses compared to previous year- increased staff satisfaction
- More dedicated time to meet the Rehab/GEMs program requirements leading to better patient outcomes
- Increased patient/ significant others satisfaction
- Cost effectiveness - due to subacute unit in standalone environment
- Decreased staffing costs: drop in HPPD and skill mix requirements
- Decreased costs in pathology, pharmacy, clinical supplies
- Decreased incidents = fiscal improvements as well as better patient outcomes
- Significant reduction in 1:1 nursing requirement = significant cost savings
- Very little agency use as staff base very stable
- Improved FIM scores
- Environment improvements - more bathrooms, two bed and single rooms
- Enriched environment - social, space, garden, outdoor areas, music, diversional activities, dining area, windows, views, natural light, animal visits
- Increase in length of stay but better patient outcomes- but noting a different patient cohort as no acute patients
- Central gym and therapy areas no competition for other services using this space- dedicated rehab Gym space
- Patients forming friendships and supporting each other
- Patients spending more time away from bedside e.g. meals, socialising, watching TV
- More opportunity for mobilising to dining room/lounge
- Increased program numbers 16 Rehab and 10 GEMS and beds.

- Increase in Allied Health and solely based in rehab for targeted program care
- Dedicated and ward kitchen on site is more personalised, patients don't have to fill out menu forms
- Audit results are showing marked improvements (i.e. SAFE and Quality Improvement)
- Decreased number of complaints/negative feedback
- Increased number of compliments
- Greater control over Rehabilitation resources
- Implementation of companionship program tailored to making a difference in these patients lives
- Arts and crafts
- Music therapy
- Dancing
- Men's activities, woodwork, gardening
- Visits from animals

## Background

Additional hospital space was created fir the implementation of IeMR.

## Solutions Implemented

Relocation of the Rehabilitation ward to an off-site location. Changing the Model of Care to a true sub-acute model. Alter the skill mix model employing more Enrolled Nurses as a result of the HPPD dropping considerably due to the sub-acute patient type. Ultimately saving costs but improving care delivery = Values based healthcare.
Prior to the move, the rehabilitation unit was not operating as a best practice Rehab service. Often acute patients were out-lied in the unit and this interfered with the ability to meet Rehabilitation goals and outcomes. The Rehabilitation Programs were interrupted as beds were taken by acute patients. Since the move we have been able to provide a dedicated Rehabilitation and GEMs programs, providing better access for patients to be accepted onto these programs.

## Evaluation and Results

- Collection of data related to operational costs and outcomes both pre/post relocation of the rehab ward offsite to demonstrate outcomes.
- A ward over at the Mental Health BHH site was identified
- Refurbished ward to meet Rehab requirements
- Made the ward specific to Rehab/Gems- Totally subacute
- 26 beds so increased the program numbers resulting in increased access for patients

- 16 Rehab,
- 10 Gems
- Environment- communal lounge and dining with great outdoors areas and views
- 2 Gyms located in ward- easy access to meet care requirements
- Allied Health team located on ward, doctors at site am/pm an on-call overnight
- Dedicated targeted therapy with all required staff disciplines available
- Implemented a companionship program
- Increased development of  policy/ procedures specific to meet legislation and care requirements for a ward located external to the acute hospital.

## Lessons Learnt

- Don't be afraid to take the leap
- Isolation is not always bad
- Invest in vulnerable patient groups to achieve great outcomes and change lives
- Sub-acute patient cohorts thrive in non-acute environments
- Embrace Change
- Step outside the square- innovation is key
- Patient Centred care works
- We made a difference in these patients and families lives as they love this environment and are seeing great outcomes
- Costs and outcomes can both be enhanced by adopting the right model of care, providing right care, right place, right time.

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