Government of **Western Australia**
South Metropolitan Health Service

Rehabilitation in the Home

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What is Rehab In The Home (RITH)

Rehabilitation, Care Coordination & *Early discharge* Allied Health service

Substitutes hospital-based allied health intervention

for

home-based allied health intervention

- Referrals from ED/ Virtual ED, hospital wards, hospital outpatients
- Rapid Response
- Multidisciplinary Intervention as clinically indicated
- Monday to Friday with weekend Physio (PT) and Occupational Therapy (OT) available

RITH eligibility criteria

Medically stable.

Have an accessible and safe home environment.

Require allied health input which cannot be provided in an Outpatient setting.

Be able to actively participate in a goal-oriented rehab program.

Consent to allied health service at home.

Live in the metropolitan area.

3 RITH Referral streams

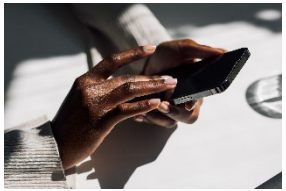
RITH - multi-disciplinary allied health therapy to facilitate early supported discharge from hospitals or avoidance of hospital admission for patients.

Discharge to Assess (D2A) Program - assessment of elderly patients in their own home to reduce the time patients spend in hospital

Elective Joint Replacement (EJR) pathway - patients who have undergone an elective hip or knee replacement as a continuation of hospital care in the patient's home.

How we work

Rehabilitation, Care Coordination & *Early discharge* Allied Health service



Patient admitted, referral generated and triaged, patient discharged home

Allocation within team, patient contact and home visit

24 hours

What happens on the home visits

FIRST VISIT - Multi-disciplinary screen

- Medication review
- social situation
- falls risk
- communication/swallowing,
- nutrition
- wound/pressure injuries
- continence
- cognition
- mood
- home environment
- mobility
- Activities of Daily Living (ADL's)

SUBSEQUENT VISITS – therapy & management

- Management of risk
- Discipline specific therapy
- Link in with services
- Carer support
- Ongoing referral
- Discharge

The RITH Team

Site Coordinator	Senior Physiotherapists	Senior Occupational Therapists	Senior Speech Pathologists	Senior Social Workers
Senior Dietitians	Allied Health Assistants	Clerk	Consultant and Medical Registrar	OT/PT Clinical Leads Neuro/Stroke

RITH Governance is under SMHS, however we have bases across the whole metro:

EAST:

Armadale

Royal Perth Hospital

South Guildford

NORTH:

Joondalup

Sir Charles Gairdner Hospital

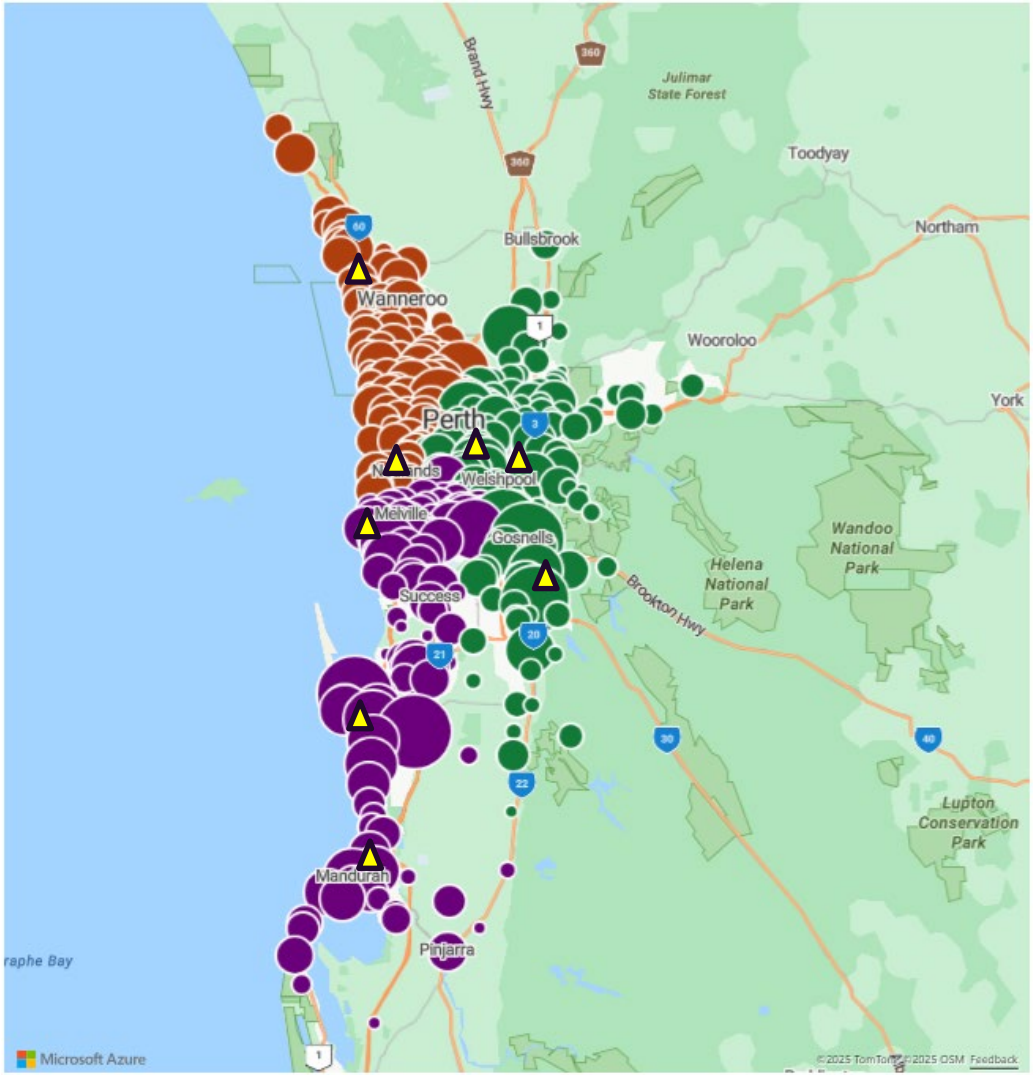
SOUTH:

Fremantle

Peel

Rockingham

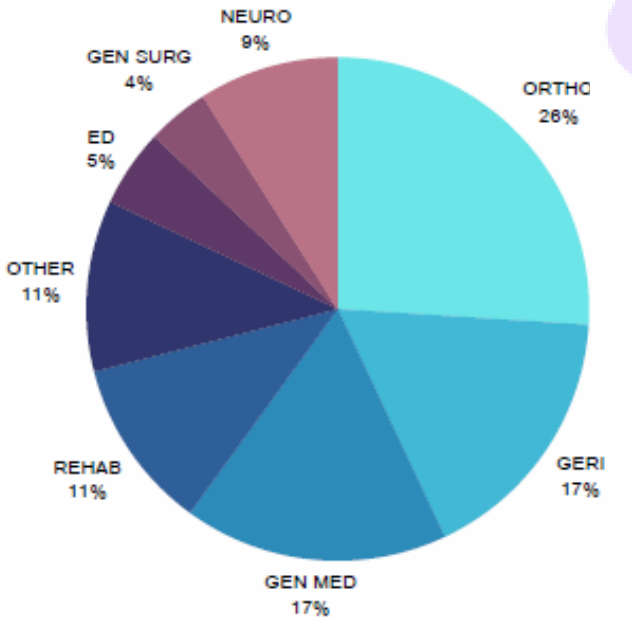
RITH accept referrals from all public metropolitan hospitals, plus Joondalup Health Campus and Midland St John of God public wards



RITH 23/24 patient data

On any one day 128 RITH staff manage 700 patients in their own homes.

This is equivalent to a Perth tertiary hospital



10,528 RITH referrals

1,225 patients diverted from hospital via ED or AMU

1,889 patients referred for elective joint replacement community pathways

AMU: Acute medical unit

Benefits of Care at Home

Familiar environment is important for people with a cognitive impairment.

Incidental household activity can help maintain strength.

It is more accurate to assess a person's function in their home.

Rehabilitation can be tailored to meet real life goals.

Key Performance Indicators (KPIs)

Response time, Length of Stay, Service Events, Readmission,

Response time:	>90% patients contacted within 24 hours
Length of Stay:	2.7 weeks
Service Events:	average 3 appointments/ week
Readmission Rate:	12.65%

Outcome Measures (OCM)

RITH therapists' complete admission and discharge Outcome Measures (OCM) for all patients as recommended by Australasian Health Outcomes Consortium (AROC)

OCM	23.24 Variance	Comments
LAWTONS	+2.94	All RITH patients –except for EJR
DeMMI	+11.62	Physio only
TUG	-9.9	Physio only

23/24 OCM scores demonstrate a consistently positive progression for RITH patients

The Lawton Instrumental Activities of Daily Living Scale assesses a person's ability to perform ADL tasks such as using a telephone, doing laundry and handling finances.

DeMMI: de Morton Mobility Index measures changes in balance and mobility

TUG: Timed up and Go measures mobility, balance, walking ability and falls risk.

Post RITH options

With patient consent, RITH therapists may refer patients to other services for ongoing support on discharge. This includes (but not limited to):

- Community Physio Services (CPS)
- CoNeCT (complex co-ordination)
- Hospital Outpatients
- State Head Injury Unit (SHIU)
- Insurance Commission of WA (ICWA)
- National Disability Insurance Scheme (NDIS)
- My Aged Care (MAC) / Regional Assessment Service (Access Care Network Australia, Independent Living Assessment, Brightwater)
- Aged Care Assessment Teams (ACAT)
- Private Allied Health

1. RITH Case Study – DALLAS (3 minutes)

Dallas Story

2. RITH Case Study – TARGE (3 minutes)

Targe's Story

What we are seeing in the community

Future considerations

Anecdotally our staff are reporting more complexity in the community:

- increased mental health

- increased social isolation

- increased fragility

- increased carer stress

- difficulty for patients to access the services they need without delays or support

- increased numbers of people needing support

HOW DO WE IDENTIFY THESE PEOPLE EARLIER AND PUT SUPPORTS AROUND THEM

What RITH patients are saying

Discharge in 3 weeks. I went into total panic mode as I couldn't walk and still had no use of my hand. I have reached so many of my goals through RITH's guidance and techniques. RITH does the part that a hospital can't do because there is no place like home.

They were coming in 2-3 times a week and making every effort to assist my wife.

Without their care and efforts, I believe she would not have made the recovery that she has

We are both in our nineties and they have enabled us to stay in our home

Cannot speak more highly of this team. They are a credit to themselves and our health system.

The Physiotherapist really tailored my exercises to strengthen my weaknesses as well as working towards meeting my personal goal to walk without any aid.

She was not only punctual and professionally competent but was always open to answer any of my questions.

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Questions?