Access to Rehabilitation

Dr Raymond Carson
Consultant in Rehabilitation Medicine
Mater, Cappagh, NRH Dublin

Dr Jacinta Mc Elligott
Clinical Lead, National Clinical Programme for Rehabilitation Medicine
Access to Specialist Rehabilitation

Towards a comprehensive, seamless rehabilitation pathway from hospital to home
Accessing acute care is challenging.

Varadkar says extra staff will not fix crisis

Nurses to vote on strike action as overcrowding becomes ‘intolerable’
Healthcare is a continuum...
...and rehabilitation is a vital component of the continuum

Rehabilitation aims to restore or maximise:

- Independent function
- Independent living
- Community re-integration
- Return to work
- Meaningful quality of life
Timely rehabilitation produces better outcomes for patients

- Improved health status
- Reduced disability
- Improved quality of life
- Reduced costs
Access to rehabilitation is a basic human right

Supported by

• the United Nations Convention on the Rights of Persons with Disabilities (CRPD)
• the United Nations Charter (through its Standards), 1993
• the European Year for People with Disabilities, 2003
• the 58th Resolution of the World Health Assembly (2005)
The rehabilitation ‘landscape’ in Ireland....
The reality...

• Limited investment in specialist rehabilitation services

• Too few rehabilitation personnel

• ‘Pockets’ of excellence but large gaps in service provision

• Broad social and economic implications
Demand for specialist rehabilitation is increasing

• The **population is ageing**

• Increasing burden of **neurological disease**
  —44,000 new neurological conditions diagnosed annually
  —Improved survival
  —By 2021....870,000 people in Ireland with a neurological condition, of whom potentially 85,000 will be disabled as a result

• Improvements in **acute stroke care**

• Development of **trauma networks**
  —potential to increase survival of those experiencing major trauma by up to 30%
Demand is not being met with present level of specialist rehabilitation resources

- National Rehabilitation Hospital currently has **109** beds and **7** admitting consultants

- Internationally, the minimum recommended number of beds is **6 per 100,000** population with **1.5 consultants per 250,000**

- For Ireland, this equates to **254** post-acute rehabilitation beds and **27** rehabilitation consultants
Focus on NRH ...

November 2016: 124 waiting

November 2017: 195 waiting (50% increase)

NRH throughput has remained constant across the year at <60 patients per quarter - beds are being utilised to capacity
Access is affected by several factors....

- Ever-increasing demand
- True demand not reflected in HSE reports
  - decreased awareness of the true demand at a national level
- Impact of delayed discharges
  - 2817 bed days lost at NRH in 2017
- Lack of alternative options (currently) to NRH
Example of 1 patient’s experience

The ‘ideal’ rehab pathway
National Clinical Programme for Rehabilitation Medicine (NCPRM)
Complex Specialist Rehabilitation

- Patients with highly complex rehabilitation needs: severe physical, cognitive, communication difficulties or challenging behaviours

- Team led by a Consultant in Rehabilitation Medicine
Specialist Regional Rehabilitation Service

• Hospital Group-based Specialist Rehabilitation Services

• Patients with complex rehabilitation needs

• Team led by a Consultant in Rehabilitation Medicine
Specialist Community Rehabilitation Service

• Stable patients with more complex needs than can be supported by generic teams

• Interdisciplinary team including a Consultant in Rehabilitation Medicine
Model of Care Key Recommendations:

- Person-centred approach to service delivery
- Equitable access to services
- Three level model of service delivery across several managed clinical rehabilitation networks (MCRN)
- Development of appropriately resourced interdisciplinary inpatient, outpatient and community based specialist rehabilitation teams across Ireland supported by education and training
- Development of systems to facilitate measurement and data collection
Implications for access and re-access to specialist rehabilitation services in Ireland
What Ireland has...

1 National Centre with **109 beds** for Spinal Injury, Brain Injury & Stroke, limb absence & paeds

**Limited capacity to admit highly dependent patients** based on current staffing ratios

Numerous in-patient units with various restrictions on access, e.g. diagnosis/age etc

**None of these currently** meet BSRM standards for specialist rehabilitation

A **number of small teams** but **none with full MDT** to meet BSRM standards

Inequitable access based on geography & other restrictions based on age & diagnosis
What Ireland needs.....

Tertiary centre admitting 70% high dependency patients
Min. 115 beds for Spinal Injury & Brain Injury  Additional beds for Stroke, Paediatrics and patients with limb absence

Minimum 276 specialist in-patient beds nationally
- resourced in line with international best practice standards

CHO-based specialist community neuro-rehabilitation teams resourced in line with international best practice standards
CHO-based Prosthetic & Orthotic services
Appropriately resourced continuing care services
A massive gap to be bridged.....
A GOAL WITHOUT A PLAN IS JUST A WISH

Implementation Plan!
Moving forward in 2018 – Development of National Standards

- Resources are essential to the development of rehabilitation services but require supporting infrastructure.

- The NCPRM is developing National Standards for post-acute in-patient specialist rehabilitation and community-based specialist rehabilitation.

- Standards drive improvements in healthcare in order to provide high quality, reliable and safe care to the population in the most effective, efficient and accessible way.

- The objective is to ensure consistency of support for patients across the country, limiting variation in patients’ experience of services.
The NCPRM with a number of other HSE Clinical Programmes will be the primary reference points for the implementation of the 2011 Neuro-rehabilitation Strategy, given the importance of ensuring consistent, clear pathways to & between services.

The Programmes will provide guidance on clinical matters critical to the framework for neuro-rehabilitation services whilst the wider stakeholders involved in implementation will facilitate development & provision of services to meet the spectrum of needs.
1. **Clinical Governance** - developing regional rehabilitation networks, contributing to expansion of local rehabilitation teams & establishing effective evidence-based protocols, pathways and care bundles

2. **Acute Hospital Care** - ensuring rapid access to specialist rehabilitation in all hospitals admitting patients after major trauma and neurological injury

3. **Complex Specialist Rehabilitation** - ensuring access to a national centre of excellence for patients with complex rehabilitation needs

4. **Regional Specialist Rehabilitation** - developing at least four regional specialist in-patient and outpatient units

5. **Community Rehabilitation** - developing and re-configuring community-based rehabilitation services to shorten length of stay, prevent unnecessary re-admissions and achieve successful, sustained discharge to home

6. **Primary Care** - contributing to education/support for primary care practitioners through development of online resources on the management of disabling neurological conditions and limb absence

7. **Trauma Database** - contributing to the TARN database as RCPI Representative on the National Emergency Medicine Audit Governance Committee
A Trauma System for Ireland

Report of the Trauma Steering Group

[Map of Ireland showing locations such as Letterkenny, Sligo, Tullamore, Drogheda, Connolly Beaumont Mater, St James’s Tallaght, St Vincent’s, Galway, Limerick, Kerry, Waterford, Cork]
Rehabilitation Services to support Trauma Networks

- Improved survival from major trauma (98% of those with moderate injury severity & 89% of those with severe injury)
- A significant number of patients are likely to have complex rehabilitation needs requiring input from a specialist multidisciplinary team
- Specialist rehabilitation is a critical component of a major trauma network (BSRM Core Standards for Specialist Rehabilitation following Major Trauma, 2013)
Managed Clinical Rehabilitation Network (MCRN)

• Development and delivery of a multi-agency, multi-divisional network of multi-professional care

• Unlikely that MCRN development will have to begin ‘from scratch’ in any area in the country
  — most clinicians already work in fairly well-established informal networks
  — MCRN will formalise and develop these networks so that access to services is equitable across the country

• The rehabilitation journey should be co-ordinated and flexible to allow for changes in rehabilitation needs including re-entry at the appropriate point and time

• Rehabilitation services need to have fluid referral and communication pathways supported by:
  • Network Referral Protocols
  • Network Assessment Protocols
  • Network Waiting List Management Protocols
  • Network Discharge Planning Protocols
The Managed Clinical Rehabilitation Network (MCRN) Demonstrator Project:
Fully-resourced specialist interdisciplinary rehabilitation teams across the continuum of care.
Some good news....
120 Bed Rehabilitation Unit for NRH Campus

120 Bed Replacement Unit – Capital Development Project

Significant capital development for the National Rehabilitation Hospital on its campus in Dún Laoghaire – Construction has commenced – [read more...]
Minister for Health Simon Harris formally “Turns the Sod” on Peamount Healthcares New 100 Bed Development in Newcastle, Co Dublin.

PUBLISHED ON WEDNESDAY, DECEMBER 13TH, 2017
HSE South – Cork & Kerry
Green light for rehab unit good for patients nationwide – Naughten

In Health, News by Denis Naughten / September 7, 2016

The decision to proceed with the design and planning for the new rehabilitation unit at Roscommon University Hospital is good news for patients nationwide.

Roscommon hospital manager hopes for progress on Rehab unit

By Shannonside News - 29th September 2017

The newly appointed manager of Roscommon hospital says she hopes good progress can be made on the design and planning of the hospitals new Rehab unit in the next year.

The new unit will cost in the region of €8 million euro and €1.7 million was approved last year for the design and planning stage.
Mater / Cappagh
Towards a comprehensive, seamless rehabilitation pathway from hospital to home

• Too many people are waiting for too long, for too few services

• Urgent need to develop regional specialist rehabilitation units, community rehabilitation services & longer term community supports

• Real progress has been slow but is now happening through the NCPRM’s Model of Care and building capacity in the system

• Need ongoing political will, funding, manpower & infrastructural resource
Acknowledgments

Dr Jacinta McElligott, National Clinical Lead of RMP
Ms Edina O’Driscoll, Programme Manager, RMP
Prof. Jacinta Morgan
Prof. Áine Carroll
Prof. Mark Delargy

Dr Tom Gregg
Dr Frank Keane
Dr Angela McNamara
Dr Nicola Ryall
Dr Éimear Smith
Dr Andrew Hanrahan
Dr John Macfarlane
Dr Eugene Wallace
Dr Cara McDonagh
Dr Paul Carroll
Dr Jacqui Stow
The neurological impairment is not nearly as important as the quality of rehabilitation, the social support system, and possibly the personality and mind set of persons themselves, that determine coping and ultimately satisfaction with life after injury”.

Sam Stover.