

### Better at Home: substituting inpatient rehabilitation beds for home based multidisciplinary rehabilitation

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Better at Home is a bed substitution model of care aimed at transitioning inpatient rehabilitation care for appropriate patients to a home-based setting. Key principles of the *Better at Home* service include:

- At least daily contact from a health professional
- Goal directed, interdisciplinary & person centred care
- Access to ‘first day’ meals if required
- Greater options for where patients can receive rehabilitation following patient, carer and family engagement

The aim of this 12 week (Aug-Oct 2018) pilot study was to utilise available resources to trial the *Better at Home* model of care, analyse functional outcomes and patient experience and assess hospital response to this change in care delivery.

#### Outcomes:

Outcome measures included admission and discharge functional scores

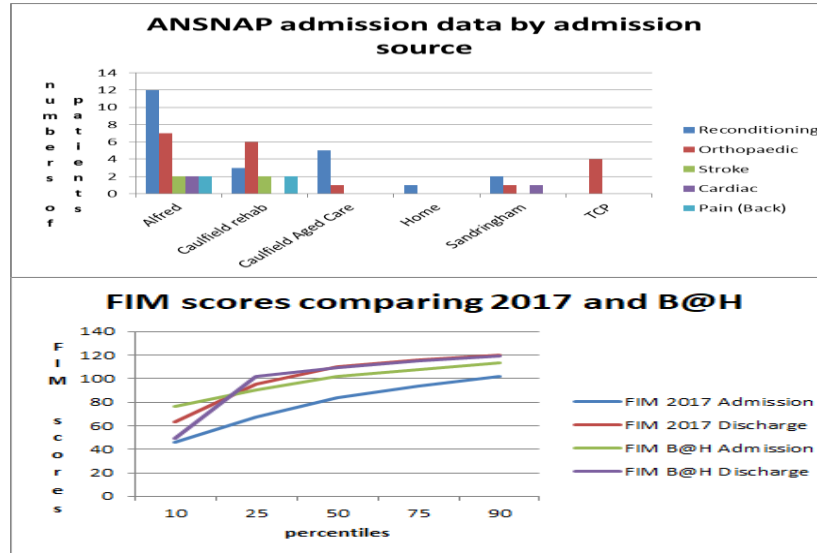
- Modified Iowa Level of Assistance Scale (mILOA) – mobility scale (range 0-36; lower = better). Change score of 5.77 points = clinically significant difference.
- Functional Autonomy Measurement System (SMAF) - handicap score which measures domains including activities of daily living, mobility, communication, mental functions (0 indicates no unmet needs). Change score of -5 = clinically significant difference.
- Functional Independence Measure (FIM), a tool used widely in rehabilitation which measures 18 domains (range 18-126; higher =better) was compared to an inpatient rehabilitation cohort from 2017.

A qualitative study of patients and staff was also conducted.

#### Results:

53 admissions to *Better at Home*:

- Average age 75 years, 65% female.



Median change in FIM scores was 6.5 (IQR 2, 17.5). Admission FIM scores for *Better at Home* patients averaged higher than for the inpatient rehabilitation cohort (2017).

Average initial mILOA score was 10.4 points, reducing to 7.2 on discharge.

Average initial SMAF was -5 which improved to -2 on discharge. No significant change was seen on any single domain.

No increase in 28 day readmission rate compared with inpatient rehabilitation wards. (11%, 13%).

- QUALITATIVE STUDY: PATIENTS - THEMES**
- Satisfaction with the service was high
- Model of service delivery was not always modifiable to patients perceived needs
- Communication between staff and with patients was well regarded
- Variable patient involvement in the decision making process for admission to *Better at Home*

- QUALITATIVE STUDY : STAFF -THEMES**
- Strong communicators and worked well as a multidisciplinary team
- Good support for the model in principle
- Higher nursing, allied health and medical staff ratios is desired
- Inclusion criteria needed to be better defined

#### Next steps:

Bed substitution model commenced June 2019 with the transfer of 10 beds from inpatient to home-based setting.

Learnings from this study included:

- Consistent staffing leads to improved flexibility and goal directed therapy
- Expansion of the patient cohort to include less functionally able patients is vital
- A culture of “home first” must be fostered across acute and rehab wards