The Telestroke-Rehab Experience: Supporting rural allied health staff in providing stroke rehabilitation closer to home for patients in country Western Australia

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Overview

- Background and aims
- Project implementation
- Results
- Lessons learnt and future directions
Aims

- Improve access to specialist rehabilitation
- Care closer to home
- Improve patient experience
- Improve rural workforce confidence
Service implementation

Telehealth enabled (via videoconference):

- rehabilitation sessions
- clinical team meetings
- clinical handover
- workforce education
Enablers

- Clinical champion / leadership
- Early workforce engagement
- Rural site visit
- Regular workforce education
- Project management & support
Challenges
- ABF funding model
- Metro/rural relationship
- Understanding rural context
- Rural staff turnover
- Data
- Workforce telehealth confidence
Results

1. Regional self-sufficiency
2. Hospital length of stay
3. Quality of care
4. Staff confidence
5. Patient feedback
1. Increased regional self-sufficiency

% Midwest patients receiving stroke rehabilitation in Geraldton Hospital (regional self-sufficiency)

- 72% in 2015-16
- 67% in 2016-17
- 69% in 2017-18
- 92% in Project Period (1/4/18-30/6/19)
2. Reduced length of stay

Average Length of Stay (days) for stroke rehabilitation at Geraldton Hospital

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<th>Pre Trial (2016-17)</th>
<th>Project Period (1/4/18-30/6/19)</th>
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Average Length of Stay (days) for stroke rehabilitation at metropolitan hospitals

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3. Improved quality of stroke care

Geraldton Hospital adherence (%) to Stroke Foundation clinical indicators of care: patient assessment and management, and transition from hospital care

- Improved quality of stroke care
4. Increased staff confidence

- Clinical skills
- Processes of care
- Telehealth technology
Rural staff feedback

“I really needed to see it… I read the exercises, but I really needed her (OPH therapist) to watch me do it and say ‘now try this way’, or ‘no, hold here and do this.’ That’s why the v/c was so good.”

“Straight away they pick up things that I wouldn’t be able to diagnose.”

“Coming back in a bit out of practice… gave me confidence straight away.”

“…it helps fill the gaps that we didn’t know were there.”
5. Patient feedback

“He was a nice chap… it was no different to him being here, really.”

“I really quite enjoyed it!”

“No, bugger Perth, it’s too unsettling. By the time you saddle up and get all ready and get to Perth…. No, I’d prefer to stay here, it’s a bloody good idea.”
Carer feedback

“It cost about $1400 a week for us just for accommodation in Perth when Mum was there for rehab. Plus all our meals, parking, fuel, time off work… it’s really expensive. And stressful.”

“Mum is so much happier at home... she knows where she is, we’re all here. It’s so much easier.”
Summary

Partnership has facilitated:

- specialist services closer to home
- improved clinical outcomes
- high patient satisfaction
- rural workforce support
Future directions

- Ongoing evaluation
- Sustainable funding model
- Expanded telerehabilitation
- In-home rehabilitation
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