



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





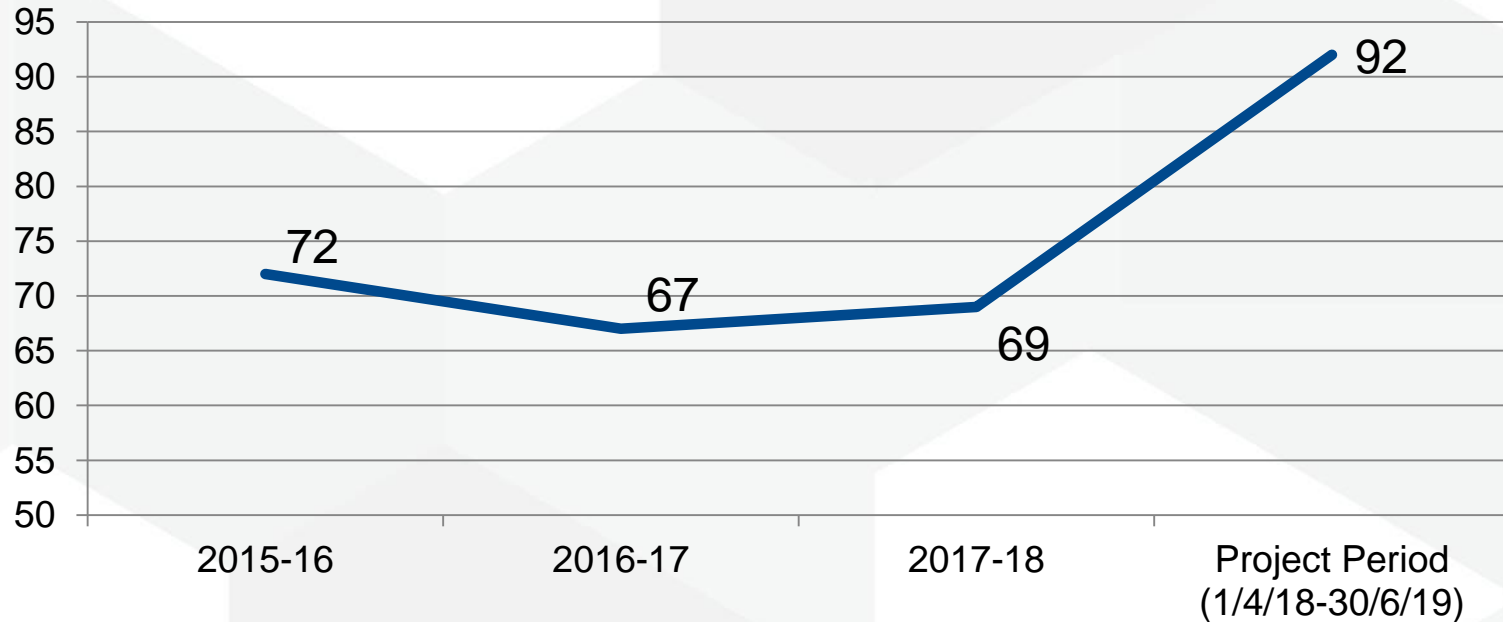
Results

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



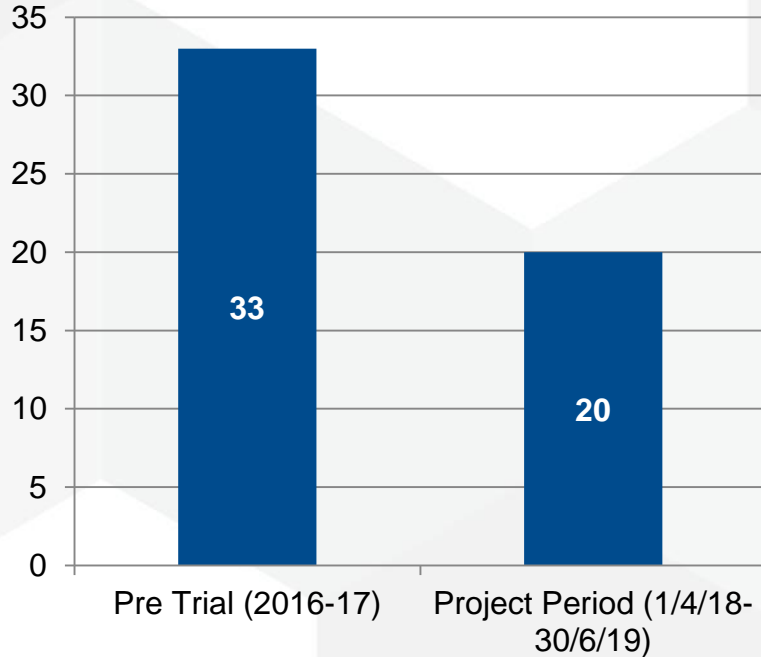
1. Increased regional self-sufficiency

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

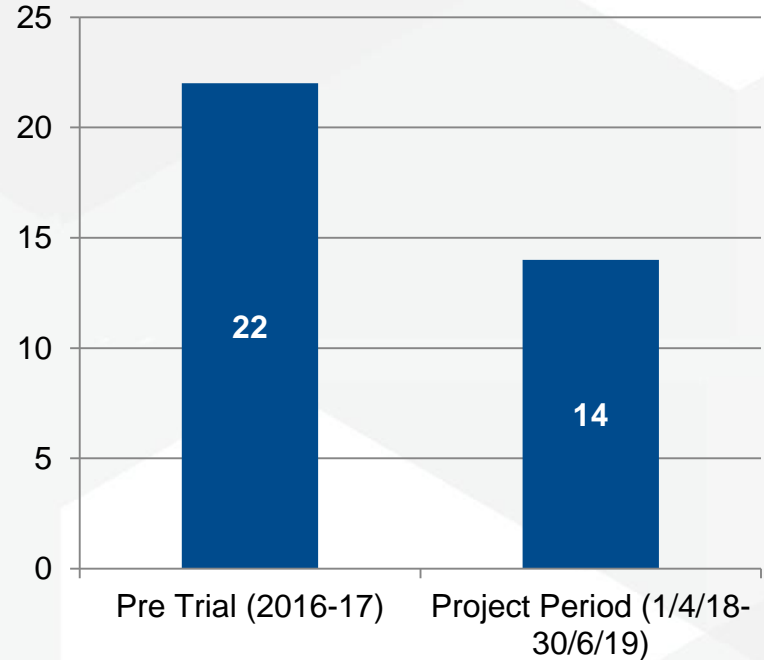


2. Reduced length of stay

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

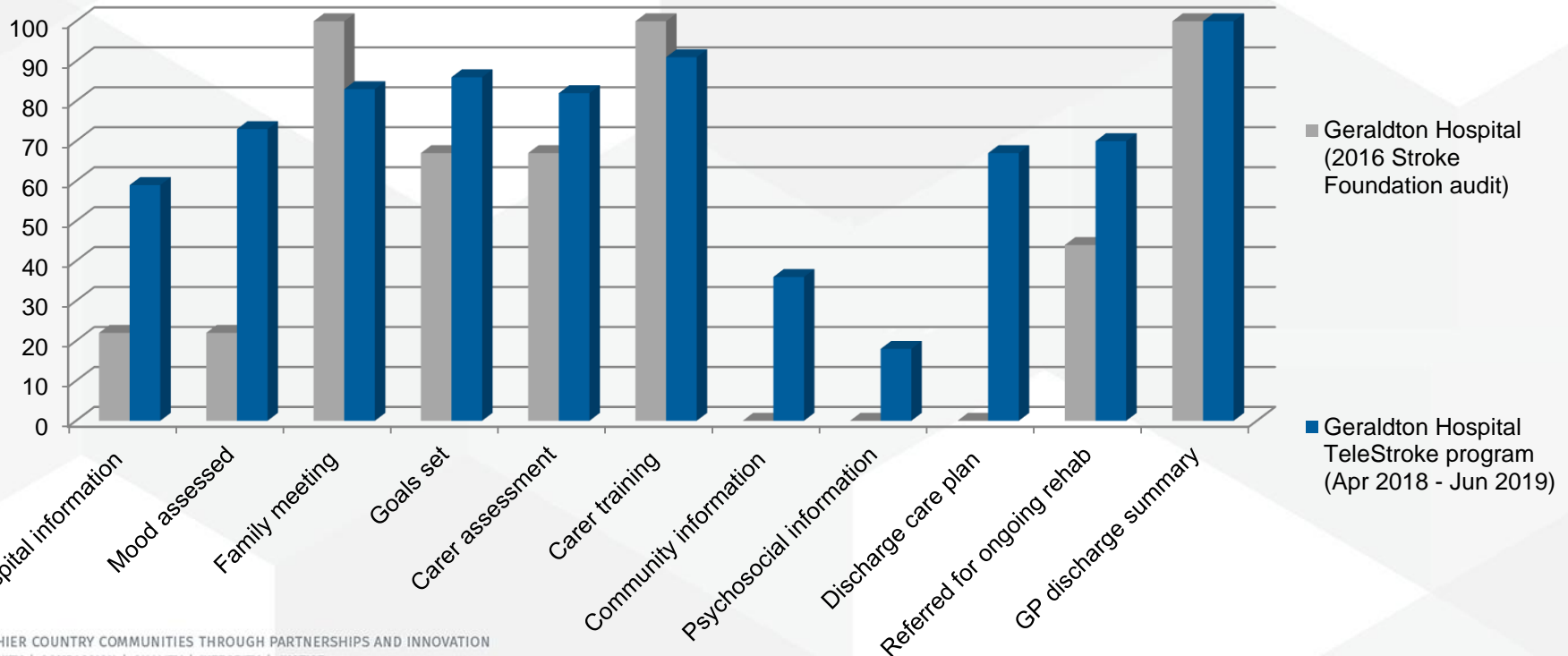


Average Length of Stay (days) for stroke rehabilitation at metropolitan hospitals



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





4. Increased staff confidence

- Clinical skills
- Processes of care
- Telehealth technology





Rural staff feedback

“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.”

“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.”

“...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.”

“No, buggar 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.”

“I really quite enjoyed it!”



Carer feedback

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

“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.”



Summary

Partnership has facilitated:

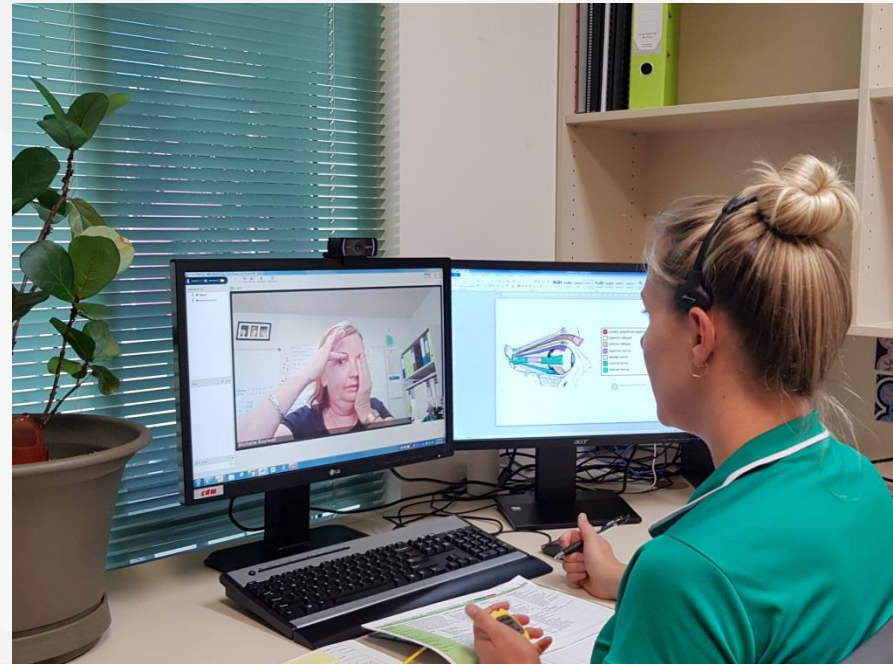
- specialist services closer to home
- improved clinical outcomes
- high patient satisfaction
- rural workforce support





Future directions

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





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