

Can a combined subacute and community rehabilitation neurological circuit group improve patient transition and therapist collaboration between both services?

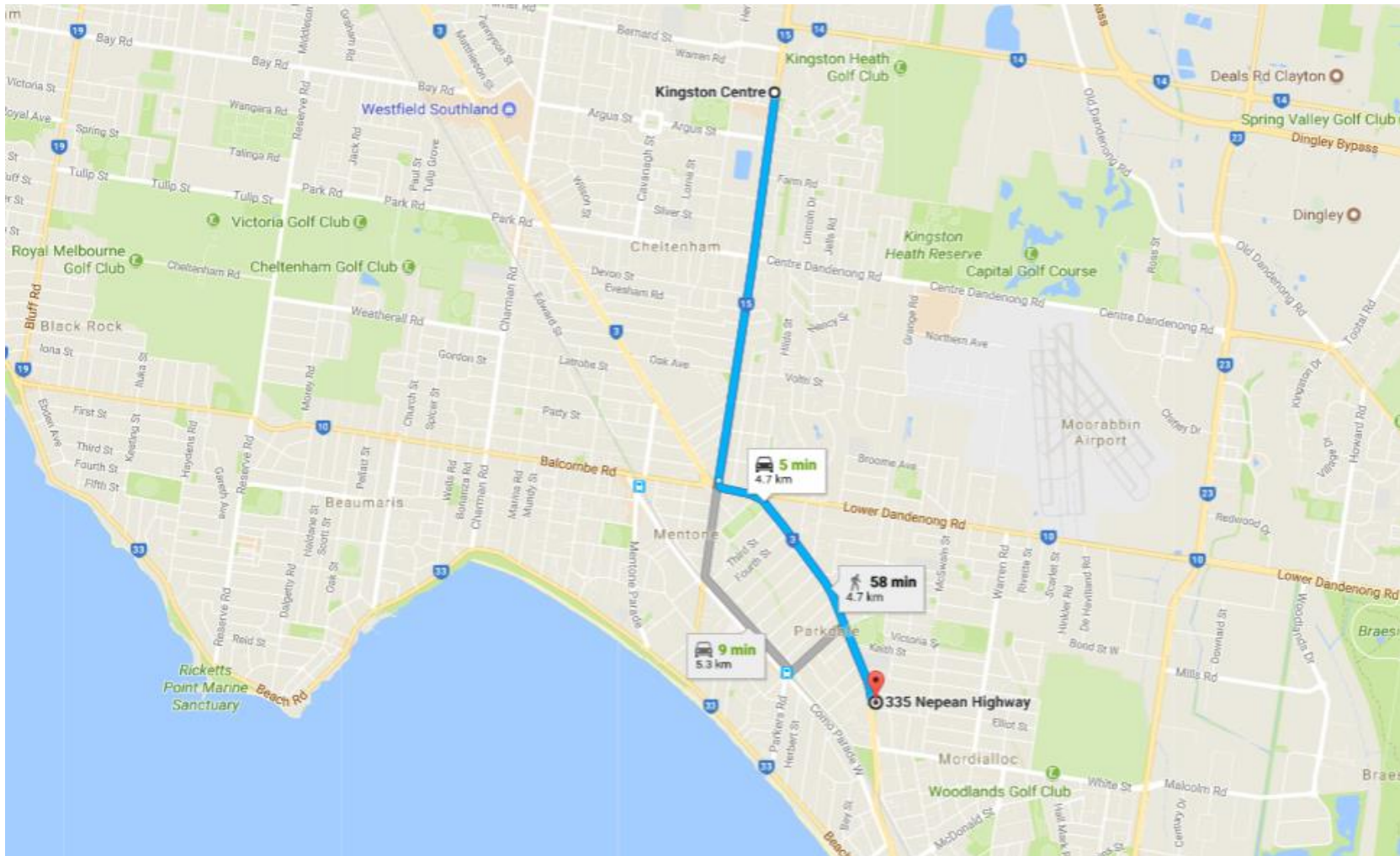
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Neurological rehabilitation service prior to 2012



Kingston Centre redevelopment 2012



Communication between services



Clinical and research opportunities

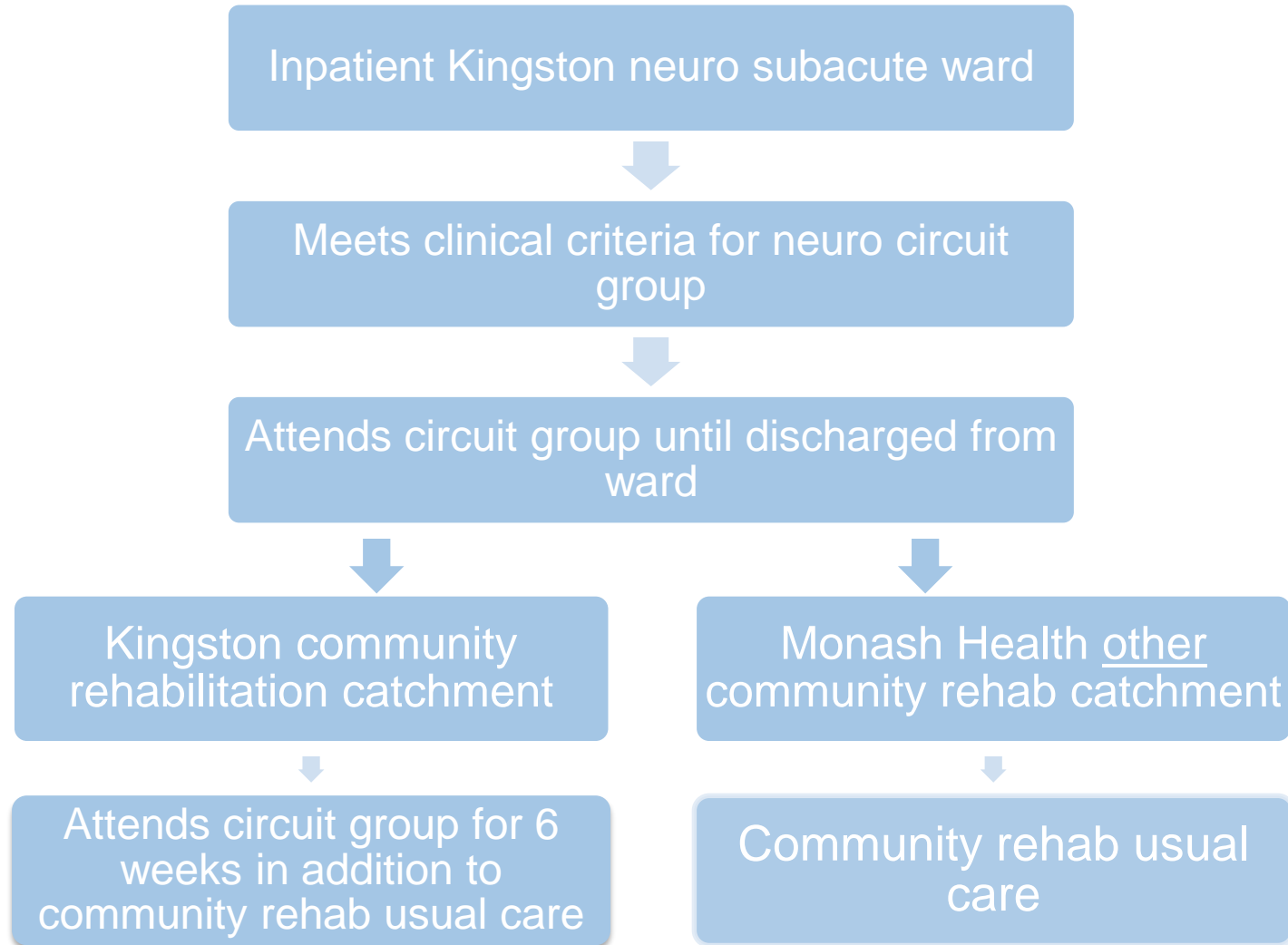
Can a combined subacute and community rehabilitation neurological circuit group improve patient transition and therapist collaboration between both services?

Research opportunity

Aims:

- **Primary** Improve collaboration and relationships between physiotherapists working in subacute and community rehabilitation
- **Secondary** Improve patient experience with transition from subacute to community rehabilitation

Method



Outcome measures

- **Staff relationships:** staff survey baseline, 3 months, 6 months
- **Patient transition:** patient survey pre-subacute discharge and 6 weeks post discharge

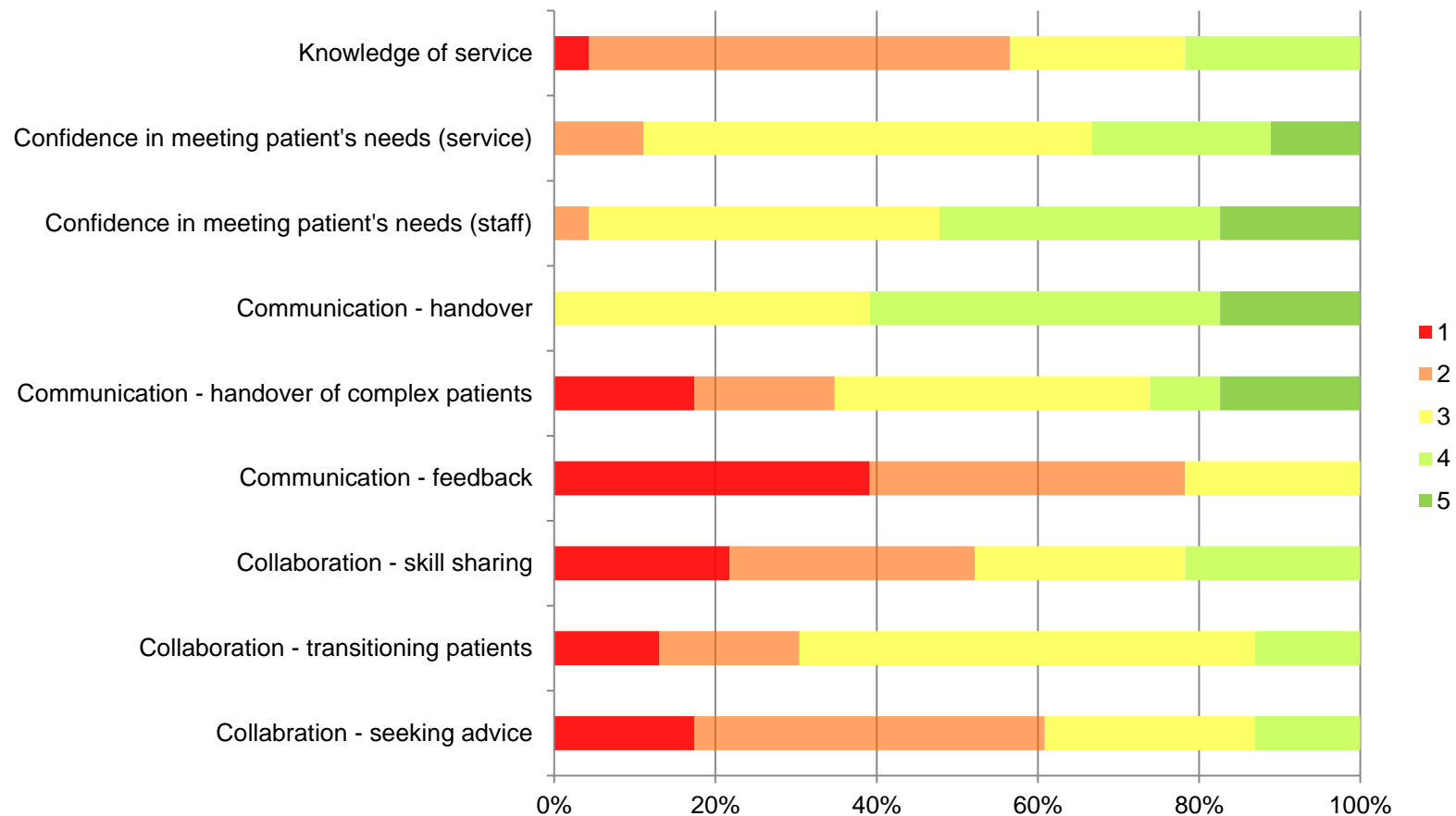
Results: Staff relationships

Themes:

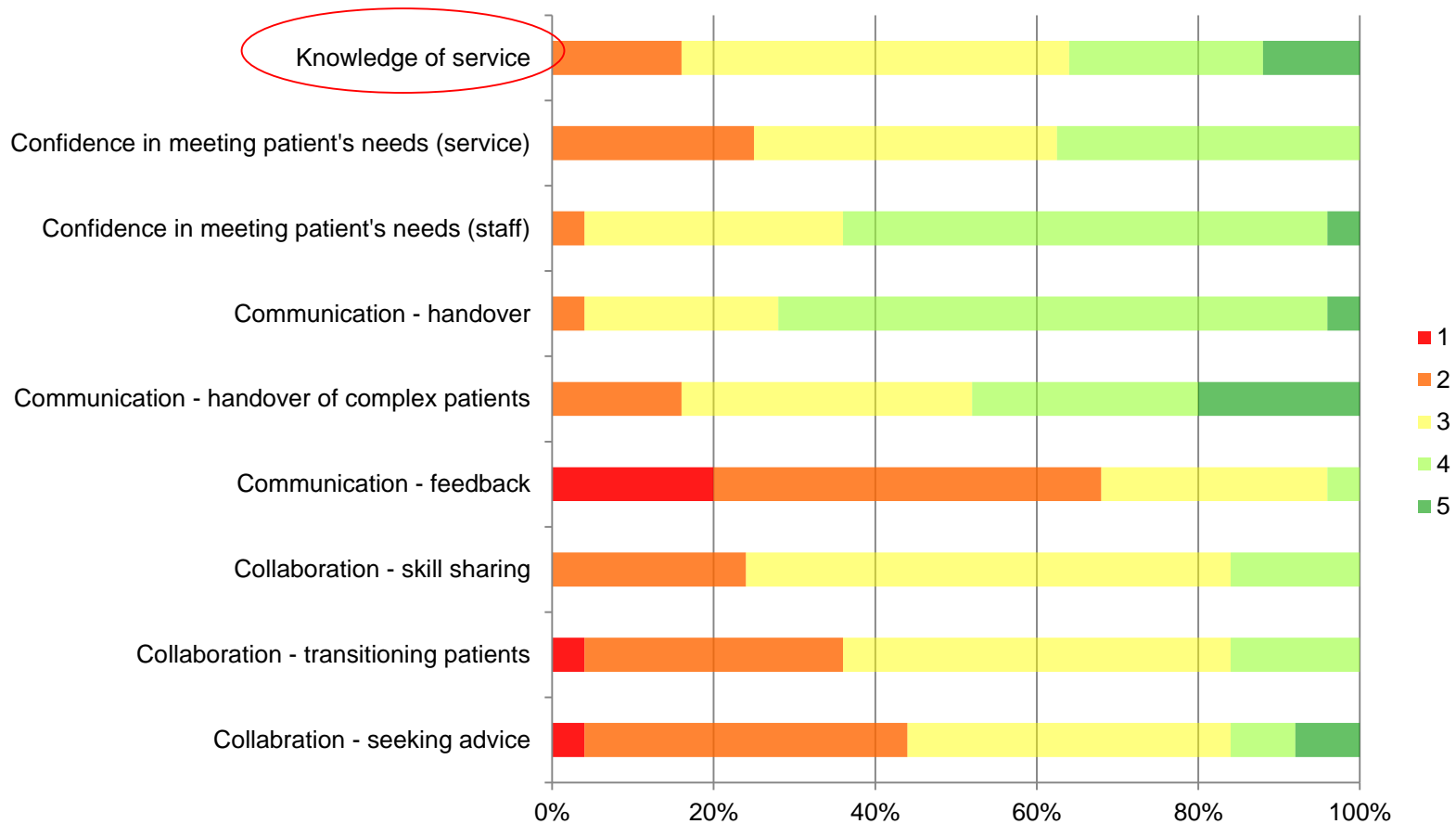
Perceptions of...

- Knowledge of service
- Confidence in meeting patient needs at a staff and service level
- Communication
- Collaboration

Results: Staff relationships (baseline)

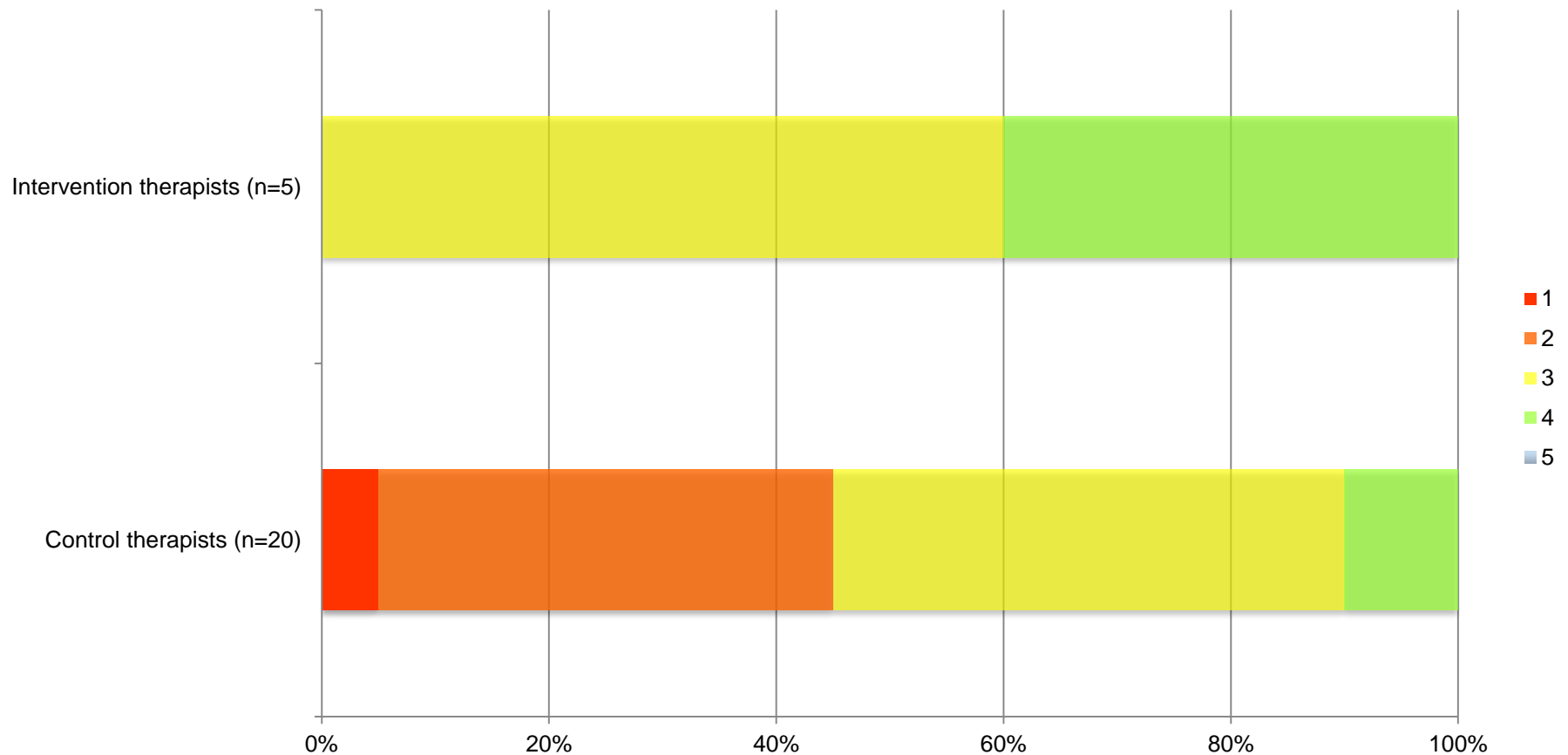


Results: Staff relationships (3 months)



Results intervention vs control (3 months)

Collaboration – transitioning patients



Results: Patient transition

- Expecting 11 subjects in 6 months
- 1 intervention and 4 control subjects, lost 60% to follow up



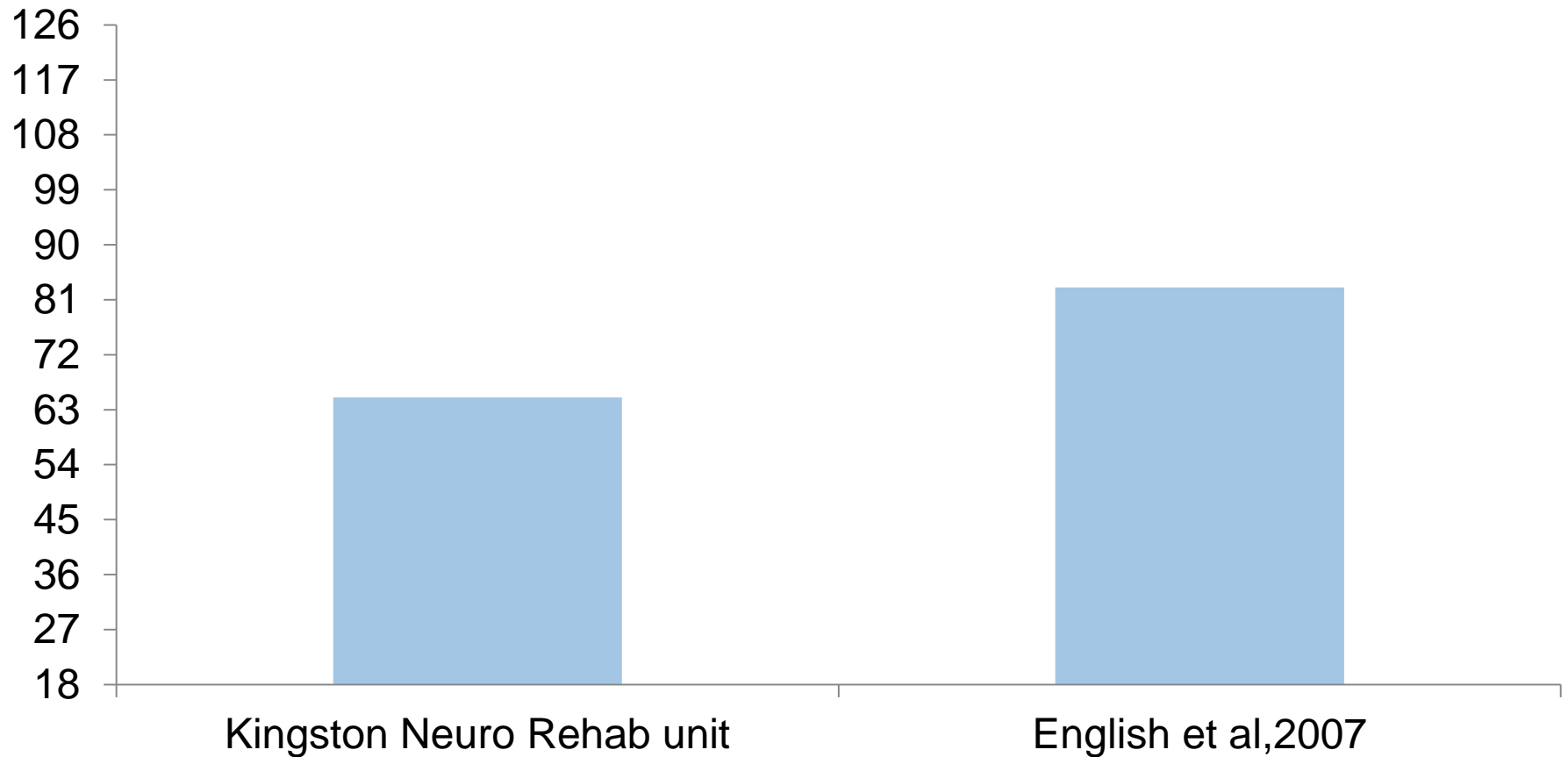
Insufficient patient numbers

Hypotheses:

- Changing neurological patient population in subacute?
- Limited on-site clinical leadership for facilitation of intervention
- Is our population different to that in the circuit class literature?
- Intervention staff feedback suggested patients are too physically dependent to meet inclusion criteria for group

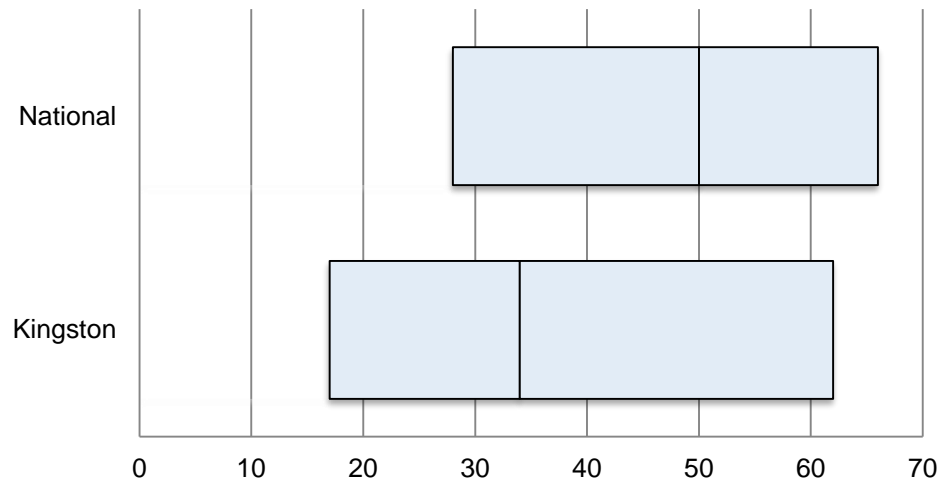
Circuit class population

Mean Total FIM score

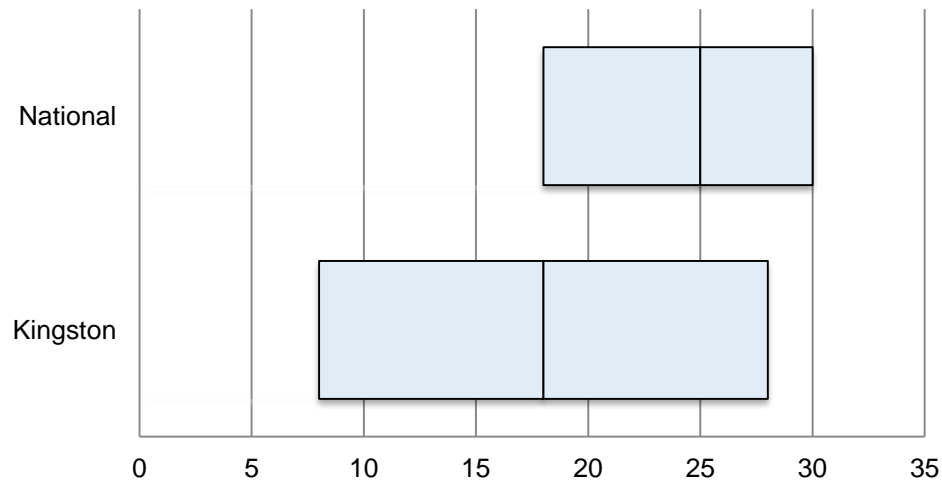


Circuit group population

Motor FIM



Cognitive FIM



Learning's...

- Steep learning curve as clinicians moving into research!
- Pragmatic research
- Support for intervention team
- Confounding factors

Conclusion

- A combined subacute and community rehabilitation neurological circuit group improved collaboration with patient transition for staff involved in the intervention group
- Knowledge, confidence, communication and wider collaboration unchanged
- Unable to determine whether there was an improvement in patient experience with transition from subacute to community rehabilitation due to insufficient data

Questions?

References

- English, C. K., Hillier, S., Stiller, K. R., & Warden-Flood, A. (2007). Circuit class therapy versus individual physiotherapy sessions during inpatient stroke rehabilitation: A controlled trial. *Archives of Physical Medicine and Rehabilitation*; 88, 955-963.
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