



Health

Hunter New England
Local Health District

Rehab in Focus: Sharing Knowledge & Skills. A Multidisciplinary team Approach!

Presented by Sherree Robinson, OT
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behalf of the RPC Multidisciplinary team





- RPC is the main rehabilitation facility of John Hunter Hospital within Hunter New England Health Service.
- Co- located on the same campus as the acute John Hunter Hospital (main referral hospital) but in a different (antique) building.





- 40 bed inpatient unit as well as an outpatient (day hospital service) .
- Mixed rehabilitation service .
- Two wards with casemix streaming to ensure team members develop specialist skills.
 - South Ward – Amputee & Aged Care & debility
 - North Ward – Stroke, TBI & neuro other.
- We benchmark using FIM / AROC data. Our typical patients have low FIM score on admission and are complex in nature.

About the RPC Team



- The RPC Multidisciplinary team is frequently sought by other teams across the district for advise and support in relation to rehabilitation and management of complex patients.
- RPC consistently perform well in National Stroke audits in relation to implementing best practice.
- RPC leadership team has a strong focus on excellence, evidence based practice and quality improvement. Creativity and innovation is encouraged and supported.



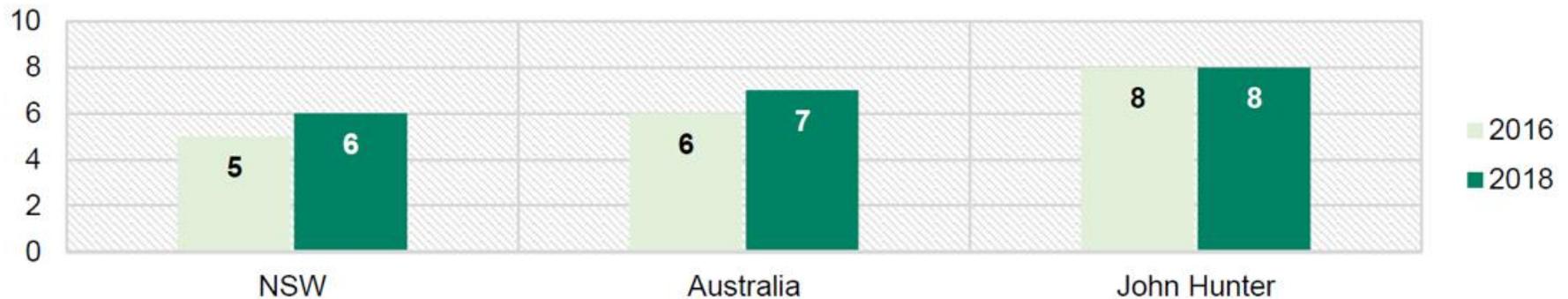
RPC is performing well in relation to translating knowledge into practice



Organisational Survey – adherence to National Rehabilitation Stroke Services Framework

The *Framework* provides recommendations for important aspects of stroke rehabilitation in Australia. The Organisational Survey reports adherence on the ten essential elements outlined in the *Framework*. A bundled approach is used when calculating adherence to most elements in the *Framework* i.e. 1-3 answers to specific audit questions are required to met each element.

Median / total number of Framework elements met (2016 - 2018)



National stroke audit



Goal Setting

RPC – 98%

Achievable benchmark 98%

NSW 94%

Australia 93%

Patient education

RPC – 98%

Achievable benchmark 94%

Australia 62%

NSW 54%



Sexuality support - Patient offered the opportunity to discuss issues relating to sexuality /provided with written information

RPC – 57% / 70%

Australia 17% / 20%

NSW 13% / 15%



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Translating knowledge into practice



- The RPC team are passionate about translating knowledge into practice to enhance patient outcomes, not only for RPC patients but for patients across the district.
 - Research consistently highlights some of the main barriers to evidence uptake in everyday clinical practice
 - Clinician's knowledge and skills
 - Clinician's attitude and behaviour
- (McCluskey, Vratisistas-Curto & Schurr, 2013; Lang, Wyer & Haynes, 2007; .

The Rankin Park Centre multidisciplinary team identified that there was little opportunity for rehabilitation clinicians to attend education that extended their rehabilitation knowledge and practical skills, which is also inexpensive and accessible.

The process



- A multidisciplinary team working party was established to design a rehabilitation education and skills program to meet clinician's needs.
- A survey was developed and disseminated to nursing, medicine and allied health clinicians to ascertain their specific learning needs. The identified learning needs and feedback were used to develop the Rehab in Focus program.



Aims of Rehab in Focus



- Provide evidence based education and knowledge translation strategies to meet the needs of multidisciplinary clinicians working in rehabilitation.
- Provide a networking opportunity for clinicians and a forum for sharing of rehabilitation practices.
- Deliver high quality education that is affordable and accessible, inclusive of both private and public sectors.



Choosing the Method of delivery



- Consideration was made as to how best deliver this education to clinicians. The key rationale for the face to face delivery method was evidence indicating that not only is lack of knowledge a barrier to knowledge translation but “clinician motivation” has also been identified as a key barrier.
- Singh, 2018 highlight at effective education involves a combination of **head** (Knowledge) , **hands** (skills) and **heart** (attitude). Whilst the head and the hands can be trained via online modules, the heart often requires the “human factor”. Most of our learning in health is online, which can at times can devalue the learning and can impact on the motivation and enthusiasm for the topic .
- Face to face education has the capacity to create enthusiasm for the topic, motivating clinicians to engage in the change process. The topics are delivered by clinical specialist in each area who have a strong passion and interest in the topic. A face to face delivery allows participants to have direct dialogue with the presenter, to build relationships and network. The benefit of face to face in promoting this clinician motivation to facilitate change is reflected in comments from participants such as
“passionate speaker, has given me lots of ideas to take back to my service ” “ knowledgeable speaker” “ I am excited to share this with my team”.



Rehab in Focus Topics– Main sessions



- Introduction to Rehabilitation
- Intensity of practice
- Goal Setting
- Mood and Mood Screening
- Parkinson Disease
- Neurocognitive techniques
- Capacity
- Brain and Imaging
- Sexuality (added to the 2019 program)
- The Impact and Importance of Good Nutrition in Rehabilitation
- You were saying? Insights into clients with Communication Impairments.



Concurrent sessions



- Parkinson's Disease: Practical Tips and Tricks
- Medication in Rehabilitation
- Exploring the Link Between Oral Hygiene and Dysphagia Post Stroke
- Bed to Stairs: Mobility basics in rehab
- Models of Care:
- Amputee Management
- Upper limb management
- Urinary Continence Assessment & Management
- Patient Education & Engagement
- Challenging Behaviours: Management & Strategies

Rehab in focus



- The RIF sessions focus on education and providing practical and transferable strategies to enhance Knowledge translations processes and to highlight how they have been successful and sustainable in a real clinical setting with limited resources.
- Evaluations indicate that the practical and transferable strategies are very beneficial “the examples of goal setting was very helpful” “great use of real patient examples” “ There are lots we can do in our team, thanks”
- Examples discussed include student volunteer project to enhance opportunities for practice, engagement of community volunteers for enrichment activities such as art group, music groups and pets as therapy and installation of practice stations, streamlining documentation processes, self directed therapy packages and enhanced group therapy.



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The success of RIF



Attended by 381 rehab clinicians in four years

The first two years had a waitlist requiring us to move it to a bigger venue.

2016: 79 (Waitlist=33)

2017= 101 (Waitlist =12)

2018 = 106

2019 = 95

- Cost of the 2 day seminar - \$200.



Multidisciplinary attendance



Nursing (153)

OT – (126)

Physio (62)

Social Workers (14)

Speech Pathologist (11)

AHA (6)

Job Capacity Assessor (5)

Dietitian (1)

Exercise Physiologist (3)

Doctor (2)



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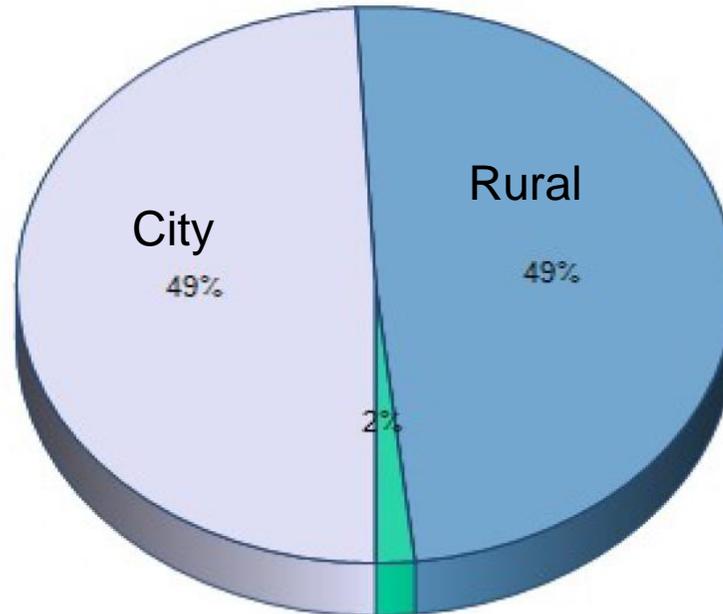
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Popular with Rural and Remote Clinicians



51% of participants were from a rural or remote location!

4. Geographical location



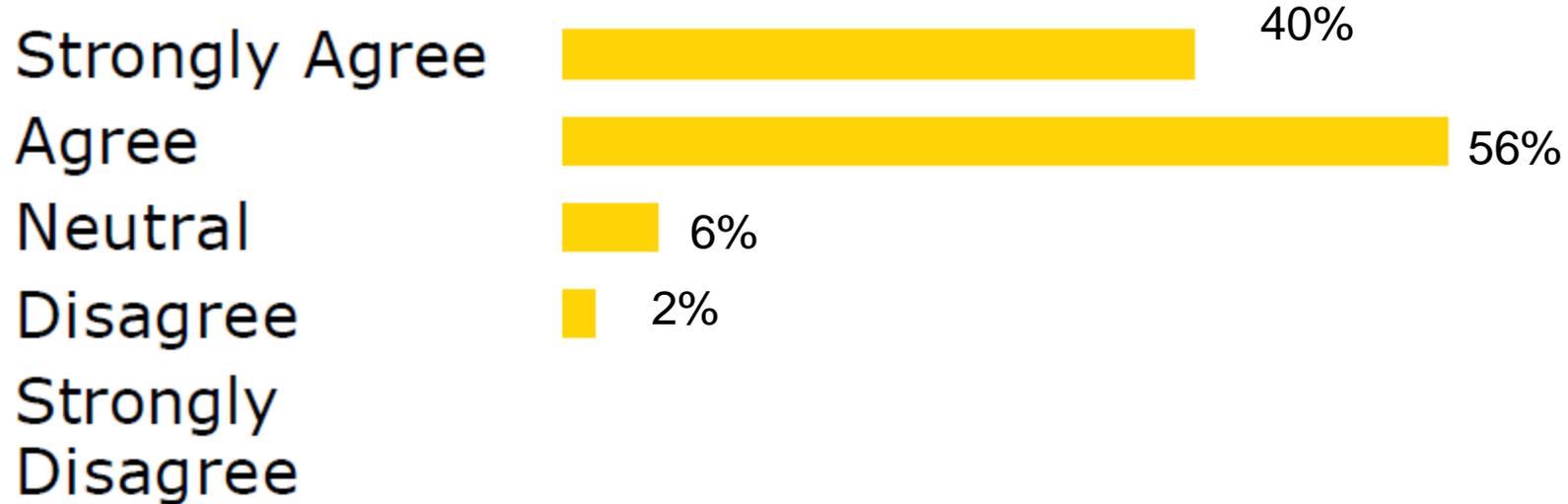
Remote



2019 – Evaluations



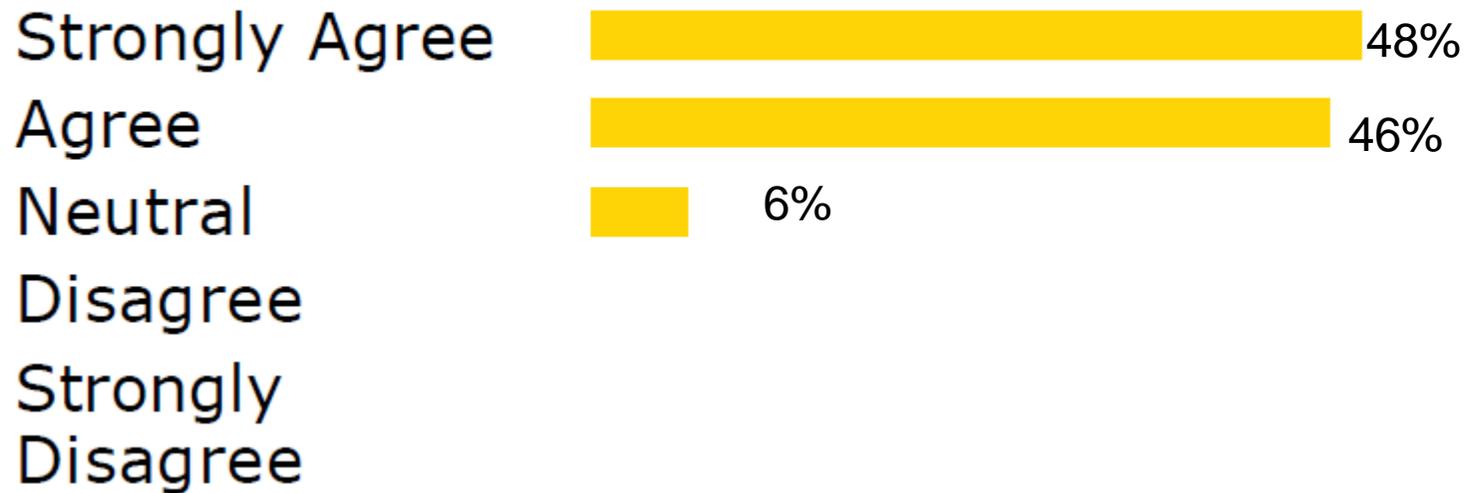
The material presented in the 2019 Rehab in Focus Forum was current and relevant - 96% agree or strongly agree



Evaluation Results



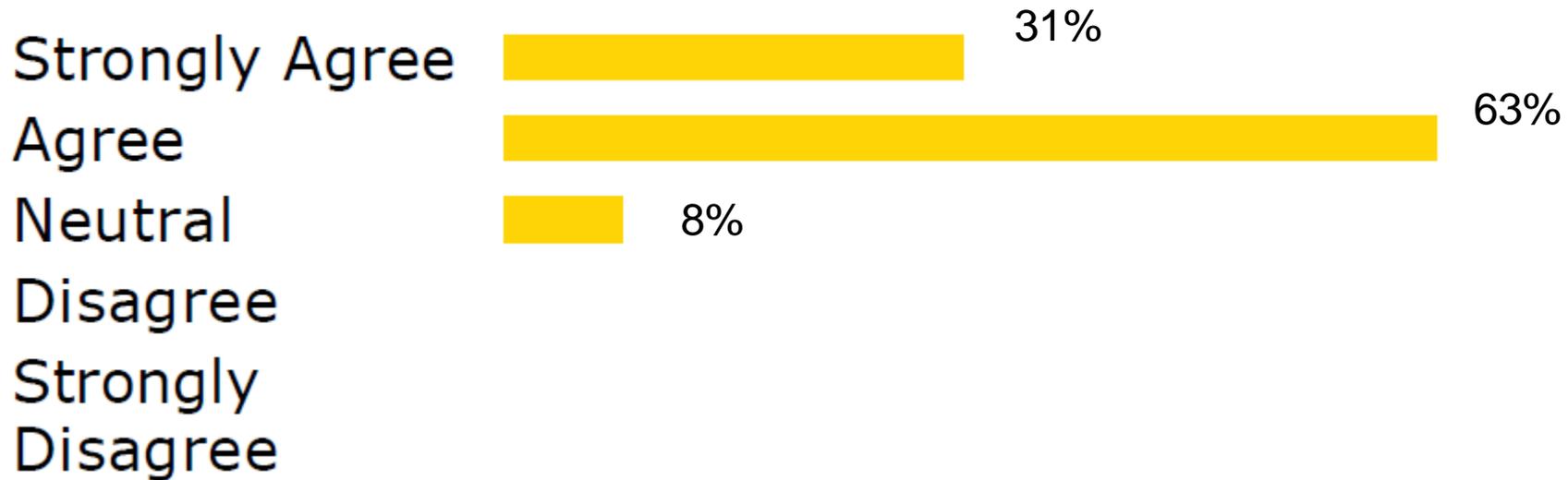
I will use the new skills and knowledge from Rehab in Focus in my workplace
– 94% agree or strongly agree



Evaluation Results



What I have learnt at Rehab in Focus will lead to better outcomes for my patients
- 94% agree or strongly agree



Sharing the knowledge



- All participants are provided with PDF copies of the presentation on a USB and are encouraged to share the information with their team.

Comments from clinicians



- *“Fantastic two day course I gained so much knowledge during the 2 days, all can be implemented in my daily case load”*
- *“This session was fantastic and has provided me with tools to take back to my workplace It has also provided valuable information for assessing the patient “*
- *“I feel inspired, thanks”*
- *“Video case studies were insightful and effective. I enjoyed the examples and discussion re specific strategies to use “*
- *“Love the practical aspect, so helpful”*
- *“Excellent rehab course highly recommend*
- *“Thank you I now clearly understand aphasia/ verbal dyspraxia etc and I will use these strategies*



Program review



- The program has been changed and adapted over the last four years in response to evaluation feedback, audit feedback and new evidence to ensure it continues to meet the needs of clinicians and provides the most up to date information.
- For example, due to the positive reviews of the of the initial session on Parkinson Disease (PD), a second PD focused session “ Tips and Tricks for PD” was included in subsequent forums. From comments on evaluations, participants were requesting more education on imaging. In response the “brain session” was expanded to cover imaging.
- In response to the results of the 2018 Stroke audit which demonstrated ongoing poor compliance to recommendation relating to the post stroke sexuality support, a session on post stroke sexuality was included as part of the 2019 program. Interestingly, in a show of hand, only 4 of 95 clinicians who attended RIF in April 2019 had ever had any training or education on post stroke sexuality prior to the forum. This session was very well received with very positive evaluations and comments:

“ So good to see sexuality discussed, definitely keep it on the program”;

“ Thanks for including sexuality, I knew very little and I learnt a lot”,

“ We don’t address this at all, and we should, thanks for giving us something to use to get started”.

Summary



- Overall the evaluations of the program indicate clinicians were very satisfied with the content and delivery methods of the program, feel the program provided skills and knowledge to enhance their clinical practice and that the education will lead to better patient outcomes.
- The Rehab in Focus program has proven to be very successful in meeting the varied learning needs of rehabilitation clinicians. The feedback indicated that the Rehab in Focus course is enhancing knowledge, skills and motivating clinicians to put evidence into practice. The high attendance rate and positive feedback each year provides ongoing support for the continual need of a multidisciplinary program focused on evidenced based skill development and knowledge translation.

