Background
The aim of rehabilitation is to;
• Restore the patients functional ability following an injury or illness
• Develop functional ability to compensate for deficits that cannot be medically reversed.

Therapeutic activities for patients to improve functional ability include one-on-one therapy and group therapy. In addition, self management activities and supervised opportunities to practice techniques in a normal living program may promote functional gain.

Amount of time hospitalised rehabilitation patients spend inactive ranges between 24.2% to 98% (median 48%). 13% of time is spent engaged in therapeutic activities. In Australian rehabilitation inpatient facilities, average therapy minutes per treatment day for impairment are stroke 103 minutes, orthopaedic fractures 69 minutes, orthopaedic replacements 75 minutes and reconditioning 63 minutes.

Guidance on amount, timing and intensity of rehabilitation is limited. However, recommendations for amount of therapy following stroke should be a minimum of one hour active practice per day at least five days a week. Level of therapeutic activity correlates to improved physical and functional outcome and may reduce length of stay. Group activities are a suggested method to increase level of patient activity.

Aim Statement
Within six months, amount of therapeutic activity in Maclean Rehabilitation Unit will increase by 50%

Problem Identified
(1) No group activities offered
(2) Reduce amount of time patients spend inactive
(3) Further improve the rehabilitation model of care

Link to National Standards
Standard 1: Governance for Safety and Quality in Health Service Organisations,
Standard 2: Partnering with Consumers,
Standard 6: Clinical Handover

Solutions
• Weekly activity group
• Breakfast club
• Meet and greet session
• Compiled a patient leaflet
• Increased equipment / resources
• Formalised succession plan for leave
• Rehab shadowing program
• Weekly staff education session
• FIM workshops
• Improved team communication

Results
Increase in Therapeutic Activity Time

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<th>Minutes</th>
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Impairment LOS

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<th>Mean LOS Benchmark</th>
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<td>Recond</td>
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<tr>
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FIM Change by Impairment

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<th>FIM Change Benchmark</th>
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Delay in Admission to Rehab Unit

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Outcome of Project
• Within two months, amount of therapeutic activity in Maclean Rehabilitation Unit has increased by 46%
• Implemented group activities which met patient need
• Reduction in mean length of stay
• 52% staff attended Rehab Shadowing Program
• Increase in number of staff FIM accredited
• Increase in equipment / resources

Plans to Sustain Change
1. Weekly group activity timetable
2. Training for staff to facilitate group activities
3. Periodic self audit and AROC data reports
4. Amount and intensity of therapeutic activities as a standing agenda item at monthly Rehab Forum

Plans to Share Change
• Submission to ACI Innovation Exchange
• Presentation to Executive Team, Clarence Health Service
• Presentation to Northern NSW LHD Education Forum
• Submission to annual Essentials of Care Showcase 2017

Acknowledgement of Project Team

Guidance Team Members
Dan Madden Executive Office
Paul Schofield Director of Nursing

Project Team Members
Tara Chambers – Team Leader
Doctor Robin Mathews
Sue Boon – A Nursing Unit Manager
Brent Sahlqvist – Physiotherapist
Ben Walking – Occupational Therapist
Andrew Callander – Social Worker
Alison Marshall – Speech Pathologist
Lorraine Montgomery – A Discharge Planner

References
(1) Agency for Clinical Innovation, NSW Rehabilitation Model of Care. NSW Health Rehabilitation Redesign Project. Final Report. Version 1.5 Issued 06/01/15
(2) Australian Faculty of Rehabilitation Medicine Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals 2011
(3) Australian Rehabilitation Outcomes Centre. AROC All Impairments Report Inpatient – pathway 3 July 2015 – June 2016
(4) Australian Rehabilitation Outcomes Centre. AROC Intensity of Therapy Project 2013