Drivers for change

- Primarily focus on the ‘patient journey’
- Embrace evidence-based practice
- Maintain reputation and market leadership
- Proposed alternate funding options for non-inpatient care - ‘Broader Health’ insurance cover
Review of ‘patient journey’ at the Mater

- Preoperative assessment, screening and education
- Peri operative and acute care education and practice
- Discharge and Rehabilitation options
Mater Day Therapy Centre

- Provide an integrated program to achieve the best outcome following hip and knee arthroplasty
- 1,600 joint replacements per year
- Alternative post-discharge option
- Enhance physical recovery
- Support social and psychological factors
- Return to work and recreation
- Efficient use of resources

Functional Outcomes

- Patient satisfaction
- FIM
- TUG
- Reduce extended inpatient rehabilitation
Clinical Measurement Outcomes

**VAS**
- Initial: 1
- Final: 2

**TUG**
- Initial: 8
- Final: 10

**Oxford**
- Initial: 20
- Final: 30
% of eligible hip and knee arthroplasty patients transferred to inpatient rehabilitation

Other Outcomes

Patient focused:
- Educational needs
- Value of group support
- Transport
- Ongoing clinical support

Hospital focused:
- alternative discharge options
- enhanced patient & staff education programs
Conclusion

Ambulatory rehabilitation is a viable alternative to inpatient rehabilitation with regards to
- Functional outcomes
- Patient satisfaction
- Cost containment
- and resource utilisation

Conclusion

Innovation in health care delivery is a process…
not a project