

EARLY DISCHARGE AND REHABILITATION SERVICE (EDARS)

NURSING FROUM

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Hannah Zuhir



Waitemata
District Health Board

Best Care for Everyone

BACKGROUND

- **National Institute for Health and Care Excellence (2010)**- home based rehab enables more targeted interventions that meet patient needs – at the same intensity & expertise
- **Cochrane Collaboration (2012)**- ESD reduces hospital length of stay & patients living at home at 6 months post discharge compared to conventional care
- **National Stroke Guidelines (2010)**- rehab should facilitate resumption or development of meaningful life roles & reintegration to community
- **WDHB Health Services Plan 2015 – 2025**- current health system is unsustainable – we need patient & whanau driven health system



EDARS

- The Early Supported Discharge and Rehabilitation Service (EDARS) commenced on 26 May 2016 to provide an integrated home-based rehabilitation service.
- Deliver rehab that is not less than the current AT & R wards
- Reducing delays in the system so that rehabilitation starts sooner and deconditioning is prevented
- Providing better patient & whanau experience by delivering rehabilitation in the patient's own home



EDARS

- **Comprehensive, time limited, intensive** home based rehab
- **Alternative** to inpatient rehabilitation
- **meaningful, patient centred goals**
- Engages with **home based support provider/external agencies**
- Delivers IDT model of care



OUR TEAM

- Dietitian
- Geriatricians
- Occupational Therapists
- Physiotherapists
- Registered Nurse
- Social Worker
- Speech & Language Therapist
- Therapy assistants



REFERRAL CRITERIA

- ✓ Medically stable
- ✓ Consent to referral to EDARS
- ✓ Care needs can be met at home
- ✓ Registered with a local GP
- ✓ Insight & motivation to tolerate intensive rehabilitation
- ✓ Able to identify goals (with support if needed)
- ✓ SW screen / NASC assessment complete
- ✓ Meeting nutritional requirements
- ✓ Able to transfer safely with assistance of able bodied carer or independently if living alone



PROCESS

- EDARS key clinician meets the patient in hospital prior to discharge
- Introduces the service and give the welcome folder
- Liaises with inpatient teams to track discharge plans
- First home visit within 1-2 days of hospital discharge



GOAL SETTING

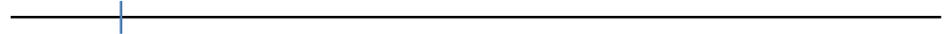
- Schedule for evaluation of Individual Quality of Life(SEIQoI)
- Nominate the areas of life that are most important to them
- Rate their level of satisfaction with each area
- Indicate the relative importance of each to their overall quality of life
- Patient generated data on their quality of life



GOAL SETTING

Cue 1:	Socialising
Cue 2:	Mealtimes
Cue 3:	Leisure
Cue 4:	Health
Cue 5:	Money

Worst possible Best possible



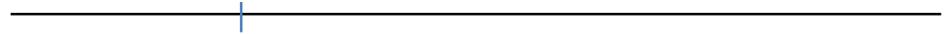
Worst possible Best possible



Worst possible Best possible



Worst possible Best possible



Worst possible Best possible



GOAL SETTING



KEY PERFORMANCE INDICATORS

		2016										2017	
Measure_Group	Measure	5	6	7	8	9	10	11	12	1	2		
Activity	Referrals to EDARS	3	12	11	10	15	27	22	15	18	26		
	Referrals accepted by EDARS	3	11	7	10	12	25	19	8	13	19		
	EDARS discharges		1	11	5	12	13	21	22	11	9		
	Average Days in EDARS		29	31	45	50	38	32	35	38	26		
	DN Contacts	3	24	28	35	26	21	11	7	7	15		
	DT Contacts	2	5	1	3	6	4	3	2	4	4		
	OT Contacts	5	98	107	123	118	178	157	129	68	121		
	PT Contacts	5	147	163	188	192	217	312	189	137	210		
	SLT Contacts	2	40	42	41	59	72	59	15	26	55		
	SW Contacts	1	5	7	12	9	16	13	5	8	7		
Efficiency	Avg Days from Hosp Admission to EDARS Referral	21	12	14	14	10	13	20	21	16	27		
	First contact within 3 days of Hosp Discharge	100%	100%	100%	100%	100%	73%	79%	90%	89%	100%		
	Total	46	385	423	487	510	624.7	669.8	448.9	346.889	520		



PATIENT EXPERIENCE

- In depth interviews were conducted, with the first 20 EDARS patients invited to participate (18 accepted)
- Questions such as the following were asked:
 - What are the things that matter to you most in regards to your healthcare?
 - What has been good about the EDARS?
 - What do we need to change?
 - How has rehabilitation at home impacted your recovery?



METHOD cont.

- Participants included a diverse range of people in terms of socio-demographic and -economic status, family and other support and with varying degrees of physical and mental health. Patients were domiciled in both the North Shore and West Auckland.
- An 'In Our Shoes' session was also held with the EDARS team to understand their experience of working in the service.



RESPONSES

- The response was overwhelmingly positive and four common themes quickly emerged:
 1. Recovery at Home
 2. Holistic Care
 3. Staff Behaviour
 4. Knowledge
- Many participants would recommend the EDARS to others
 - *“Whatever you do, don’t let them get rid of this EDARS thing.”*



1. Being at home

- Being able to leave hospital early and recover at home was the single most important thing to the patients interviewed.
 - *“‘Early discharge’ was like a gold card, it meant a lot to me, I thought I would have had to stay longer.”*
 - *“First thing you long for is your soft comfortable bed.”*
- Many participants described the hospital environment as being “institutionalised” and not “real life.” Being able to rehabilitate in their own surroundings with practical exercises and activities that they would normally do was crucial to their sense of recovery.



2. Holistic care

- Rehabilitation programmes were personalised to people's needs and the team worked with patients to develop goals. Goal setting was unanimously described as an important exercise to provide people with a sense of achievement and success in recovery.
 - “[It is] important to have goals...gives you something to work towards.”
 - “They were my goals”
 - “They worked with me rather than pushed me.”



3. Staff behaviour

- The attitudes and behaviours of the EDARS team stood out as being key to the success of the service. Every person interviewed was happy with the staff who visited them at home. Staff were commonly described as friendly, polite, punctual, reliable, professional and dedicated.
 - *“The majority of people you felt you could develop a friendship with.”*
 - *“I could chat about anything.”*
 - *“Every single visit I looked forward to; couldn’t wait for it actually.”*



4. Knowledge

- Patients expressed the importance of being listened to and staff communicating who they were and what they were there to do. Patients also appreciated the knowledge and expertise that the team brought with them.
 - *“People were well trained and had a handle on awkward old buggers like me.”*
 - *“He wants to know why you do it [exercises]...helped a lot to know that there were always reasons, quite crucial to know why you’re doing it.”*



Opportunities for improvement

- *“At first I thought it was a bit over the top, looking at it I thought, but it wasn’t”*
- *“The first week was a bit overwhelming”*
- *“I do fatigue very easily”*
- *“Translated leaflets would be good.”*
- *“Some pre-advice would be helpful, more about what ‘EDARS’ means.”*
- Every participant valued the EDARS and felt they had built good rapport with the team. They looked forward to the visits and felt “sad” when they came to an end.



Staff feedback(positives)

- 16/19 of the clinical team attended the “In our shoes” session
- Positives included:
 - *“[I] love working with the collaborative team...bouncing ideas and discussing patients in a more in depth manner.”*
 - *“I feel happy in my work because I am able to go to the client’s house, provide rehabilitation service and see progress along the way.”*
 - *“...a real privilege to watch and be involved in the journey with them.”*



Staff feedback (challenges)

- Things to work on:
 - *“Other colleagues [inpatient services] are communicating information which isn’t consistent with the patient’s notes and referral information. It makes me feel defensive.”*
 - *“All involved in IDT meetings which is good but sometimes they can go on without a solid conclusion.”*
 - *“Not enough time to actually go out and see patients.”*
 - *“Need a better referral trigger path.”*



Conclusions

- It is evident from the feedback from patients, their families, and staff that the EDARS truly provides the *Best Care for Everyone*. Patients' experience of the service has been overwhelmingly positive. Their collective view was that their health outcomes were much improved by rehabilitating at home.
- The model of care inherently ensured that *Everyone Matters*. Patients felt that the team genuinely cared about them and both staff and patients enjoyed working in partnership to create personalised, holistic care plans.



Conclusions cont.

- Being *Connected* was a clear strength of the service. Patients noticed the communication and partnership between team members, and felt well connected to the service themselves.
- Perhaps the most notable feature of the service was the success of the team in working *With Compassion*. They were able to quickly build therapeutic relationships of trust and support. Patients were encouraged to safely push themselves but were equally able to say if they were too tired. Patients felt genuinely cared for and this motivated them to keep trying.



Conclusions cont.

- The request to undertake this review is testament to the desire in the service for ongoing evaluation and continuous quality improvement: to be *Better, Best, Brilliant*. EDARS have achieved excellent results and are providing a brilliant service to the people they care for.
- Plan for a review in July 2017



THANK YOU

