



# Enhancing patient care and service delivery with clinical streaming in an ‘at home’ program



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## BACKGROUND

Monash at Home is a bed-substitution model that supports patients across rehabilitation, gerontology, and acute care. A key issue was the lack of a structures system to determine a patient's clinical stream at the point of admission. Additionally, there were limited guidelines to support Allied Health (AH) professional in making informed decisions for patients with varied and complex needs.

To address these gaps, a streaming initiative was introduced with the following objectives:

- to improve the **timeliness** of AH interventions;
- to increase the **amount** of AH services delivered to patients; and
- to **standardise** AH practices and overall model of care.

## METHODS

Two streams were determined for purpose of this study. A “rehabilitation” stream, comprising of patients including post-orthopaedic surgery and stroke. And a “general” stream, including general medicine and geriatric evaluation and management (GEM) patients.

A **pre-post comparison design** was employed to evaluate the impact of the streaming initiative. A streaming tool and relevant guidelines for AH were integrated into the program. Key metrics assessed over a two three-month periods pre- and post-implementation included:



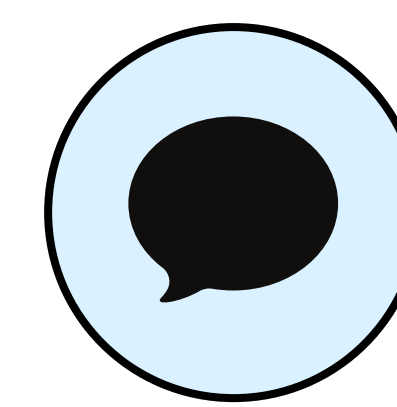
FIM efficiency



Occasions of service (OOS) provided by AH



Timeliness of AH intervention



Consumer feedback

## RESULTS

### Number of patients during the streaming period

#### General Stream



241 (95%)

#### Rehabilitation Stream



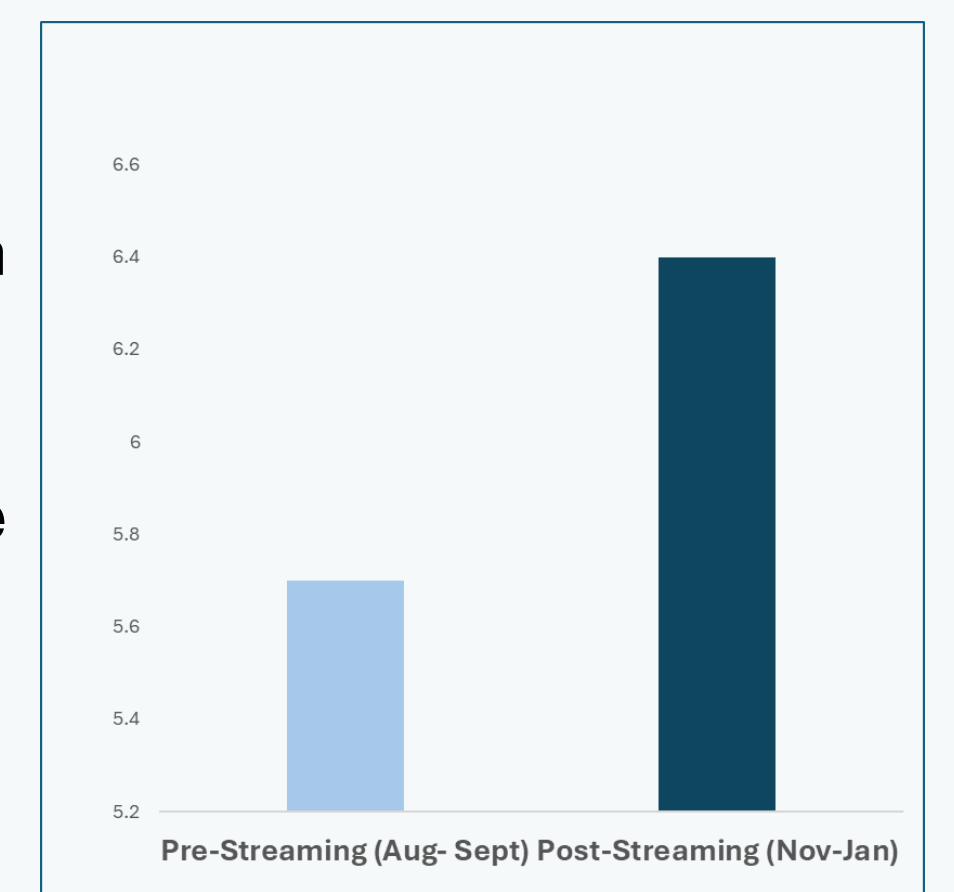
14 (5%)

### FIM efficiency

Evaluation found improvements in the program mean FIM efficiency score (0.57 to 0.64).

Minor reductions in average length of stay were also seen during the streaming period.

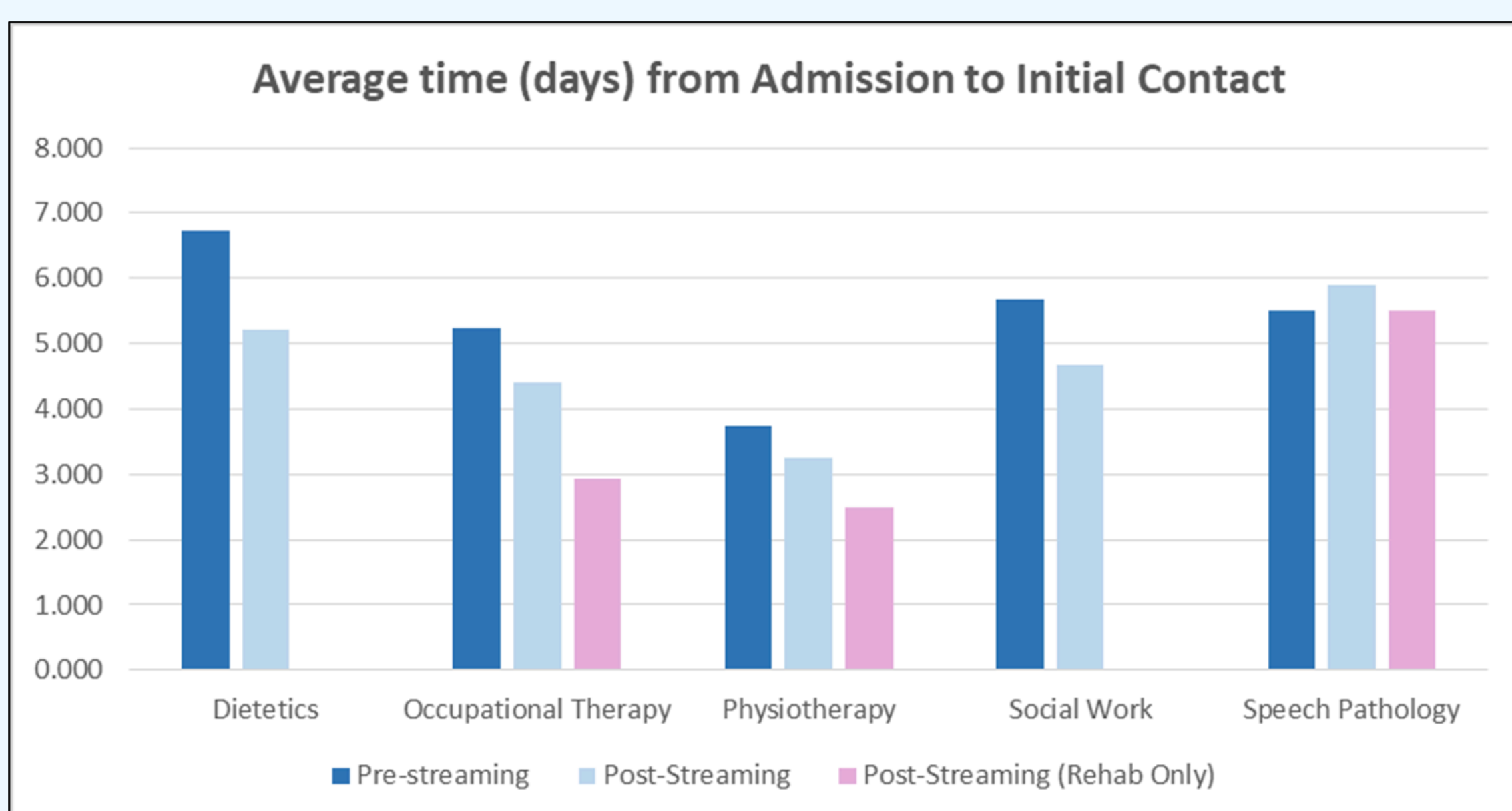
Figure 1 (Right): FIM efficiency pre- and post streaming



### Timeliness of AH intervention

An average improvement in timeliness of AH intervention from admission to initial contact was observed in both ‘general’ and ‘rehabilitation’ streams post the implementation of streaming.

Figure 3 (Below): Timeliness of AH intervention from admission

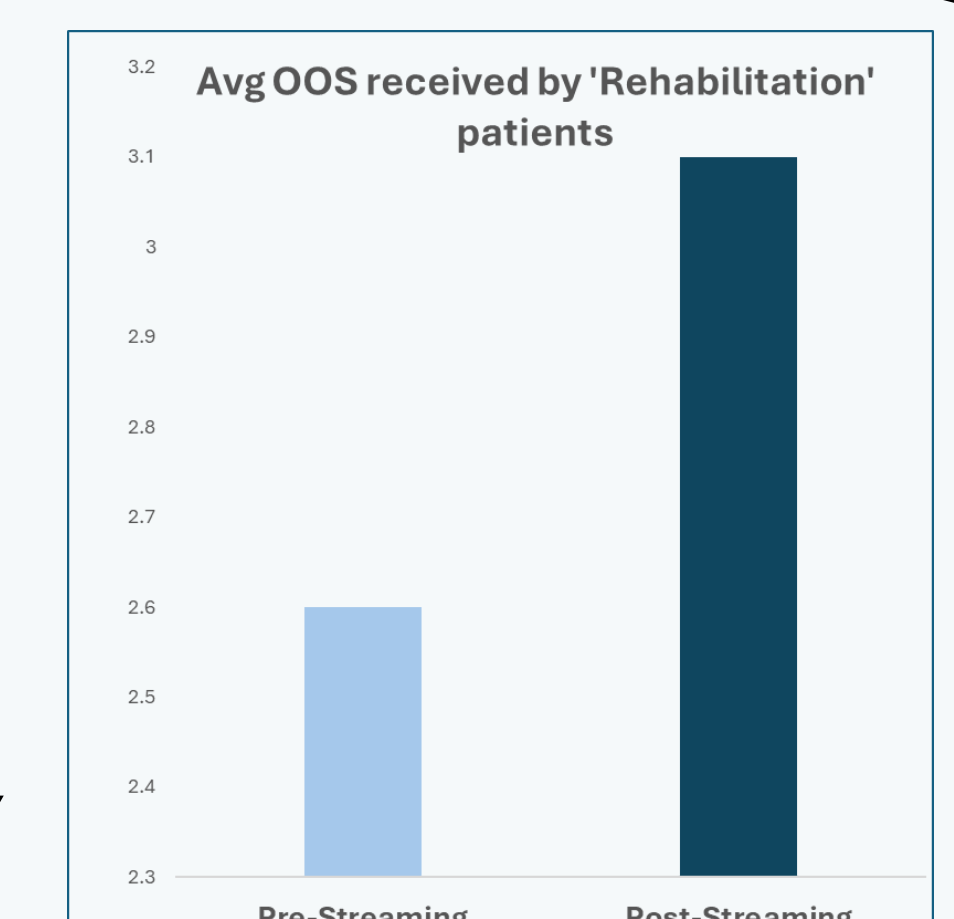


### Amount of AH input

There was an overall improvement in the mean amount of AH input, with a **53% increase in physiotherapy intervention**, for rehabilitation patients.

Despite the increase on ‘rehabilitation’ OOS received, there did not appear to be a reduction in OOS received by the ‘general’ stream patients.

Figure 2 (Right): Average OOS received by ‘Rehabilitation’ patients



### Consumer Feedback

Surveys were conducted in relation to amount of AH intervention received following the streaming period. 85% of consumers surveyed reported the amount of AH input received was “just right”.

85%

“..extremely efficient and very friendly staff”

“The attention I received was excellent”

## DISCUSSION

The initiative demonstrates that streaming patients within bed-substitution models can enhance the timeliness and amount of AH input for rehabilitation in “at home” programs and may positively impact ALOS and FIM efficiency. Future studies should explore scalability and the ability of such models to support patients with higher AH needs.

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