



Streamlining Geriatric Care: Enhancing Rehabilitation Pathways with an Alternative Workforce

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Take-Home Messages

- The RACL role reduced general medical workload by reducing need for teams to identify patient for referral and complete e-referral.
- The role enhanced communication between Medical and Allied Health teams, optimizing early patient identification, flow and location of patient care.
- The Advanced Skills Physiotherapist working closely with a Geriatrician reduced need for in person review in 30% of rehabilitation referrals.

Introduction

Armadale Health Service is a 271-bed general hospital in Perth, WA with a 40-bed rehabilitation ward (rehab). Funding was attained for an alternative workforce trial to reduce workload for medical practitioners. The 'Rehabilitation and Aged Care Liaison' (RACL) role under geriatrician governance was implemented and referral pathways for rehabilitation changed.

The traditional medical model relies on medical-to-medical referral for rehabilitation. This involves allied health identification, general medical staff decision-making and completion of e-referral for geriatrician review. Delays occur at each stage and patient selection relies on general medical teams.

The RACL role and pathway aimed to improve patient selection and flow through the inpatient journey and facilitate early geriatrician review and decision making.

Methodology

With commencement of the RACL role, clinical and flow data was collected on an excel spreadsheet. Data included demographic data, treating specialty, referral source, geriatrician involvement and referral outcome. Data for 9-months from July 2024 was analyzed using descriptive statistics. The role tasks and method of practice was developed in consultation with general medical teams and stakeholders.

Impact on staff was assessed using an anonymous survey sent to nursing and allied health staff through departmental heads using a microsoft form. Staff beliefs about the role, impact on workload, communication and patient care was surveyed. Medical consultants evaluation was by email request.

Typical day for Rehab & Aged Care Liaison role



- Attend general medical meetings (0800, 1130)
- Triaging ED and surgical lists for potential rehab referrals
- Communicate with rehab nursing managers on bed flow
- Assess bed status and flow needs for rehab ward
- Complete CGA and determine suitability of rehab
- Regular phone and in-person contact with rostered geriatrician
- Allied health mentorship and supported decision making

Results

During the 9-month period, 437 patients were referred for rehabilitation as an inpatient. The RACL role identified and self-referred 70% (306) of these patients with 24.5% (107) of referrals completed by general medical staff and 5.3% (23) from other sources. For referred patients the usual pathway of initial bedside geriatrician review was followed for 14% (61) of patients. Of the 86% (376) seen by the RACL role, 35% (131) were resolved following geriatrician phone consultation with 65% (244) reviewed at the bedside with or without the RACL scribing.

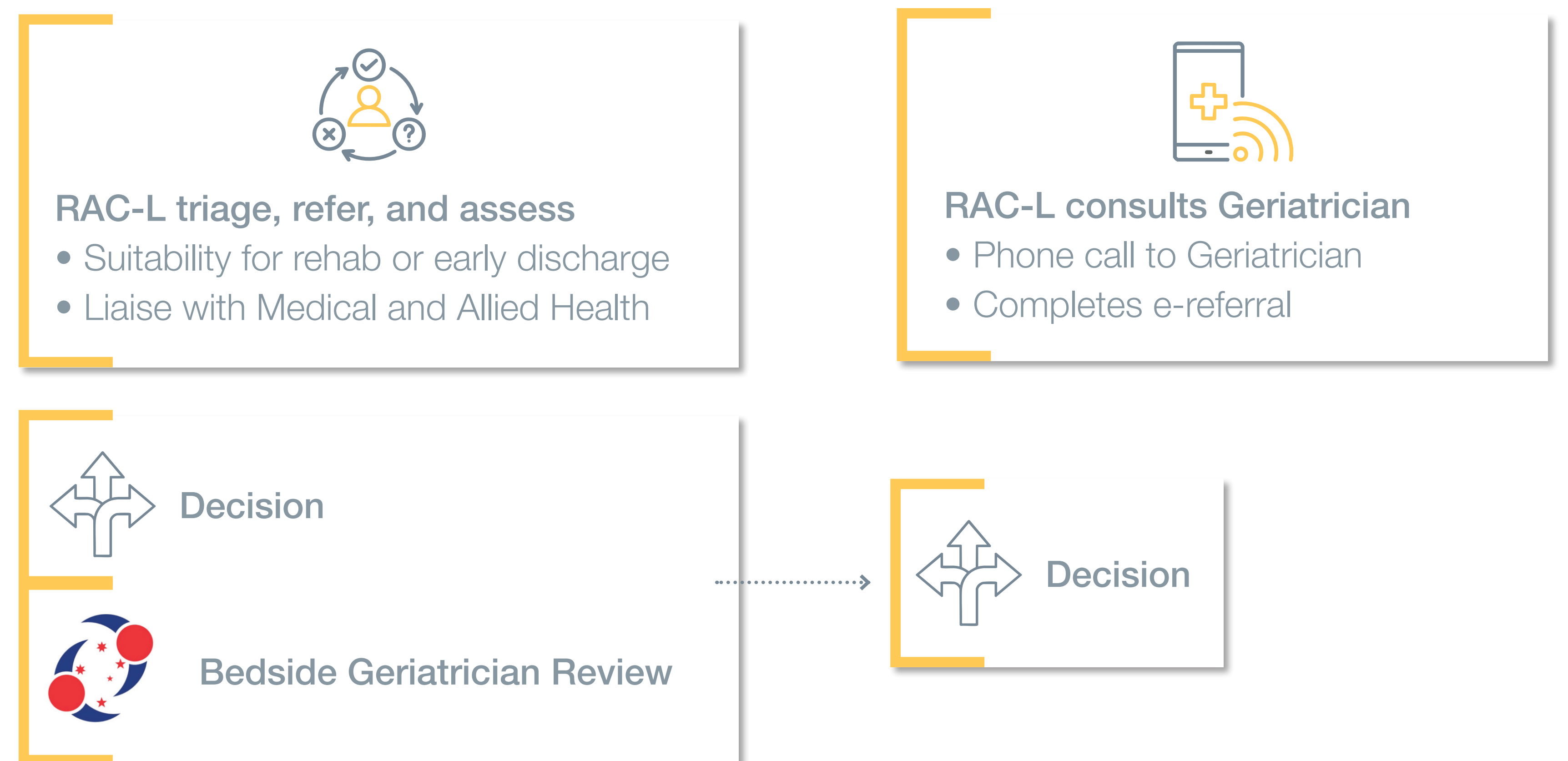
From the survey 22 staff responses were collected. Responses included 95% valuing earlier access to rehabilitation referrals, 91% identifying enhanced communication, 73% valuing improved patient care and supportive decision making. 45% identified a reduction in MDT workload. General medical consultant feedback was supportive and positive with the role well integrated into their team.

Streamlined pathway to Rehabilitation ward for older adults admitted to hospital

Traditional Medical Model



Alternative Workforce Model



Conclusion

The RACL role reduced medical workload by screening and assessing patients for rehabilitation and geriatrician review. The task for general medical staff for e-referral was reduced by 75%. The role significantly changed geriatrician workload, by leading flow, pre-assessing patients and reducing the need for in-person review for 30% of referrals for all rehabilitation.

Additional value was added through pro-active case finding and enhanced communication between medical and allied health staff and between services. The role was well received but remain dependent on the RACL roles advanced clinical skills in aged care.

