RCSI HOSPITAL GROUP
GRÚPA OSPIDÉAL RCSI

3rd Annual Quality & Patient Safety Conference
Improving the Healthcare Journey for Patients & Staff

TITLE

Improving the Neurological Outcome of Patients in Connolly Hospital

SUBMITTED BY

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ABSTRACT

INTRODUCTION

Currently there is no outpatient therapy service for Connolly Hospital patients being discharged who require neurorehabilitation. Young patients have no / extremely limited access to meet their neurorehabilitation needs in the community. This contributes to a longer length of stay for patients who are otherwise medically fit for discharge, delayed or incomplete neurology recovery, reduced quality of life, increased care giver burden and a negative financial impact on society. Our Innovation Project identified the opportunity, using our limited resources, to establish an occupational therapy outpatient service to provide neurorehabilitation intervention within 2-4 weeks post discharge for patients under 65 years of age.

METHODOLOGY

We analysed HIPE data and incorporated client/carer feedback to modify/ improve each PDSA cycle.

AIM

To establish, by June 2021, an occupational therapy outpatient service to provide neurorehabilitation intervention within 2-4 weeks post-discharge for CHB patients presenting with neurological conditions to improve their neurological outcome.

CHANGE IMPLEMENTED

1. Our project aim was achieved
2. All patients were discharged sooner, received their therapy at home, demonstrated improvements in function and cognition and were very satisfied with a blended occupational therapy approach
3. Patient's / therapist's need to travel was reduced / eliminated

MEASUREMENT

We used:

- Quantitative Process Measures
- Quantitative and qualitative primary & secondary outcome measures (neurological outcome (cognitive/functional independence), quality of life, fatigue, anxiety, depression, and Patient/Family Satisfaction
- Quantitative balancing measures

RESULTS

The results of the pilot project are extremely positive with all four patients demonstrating improved neurological and cognitive outcomes. We:

1. Met our stated aim
2. Discharged 3 patients earlier from hospital
   - avoiding one being admitted to Long Term Care
   - facilitating one (with cognitive impairment) to return to care for her baby
   - facilitating another (with cognitive impairment) to return to paid employment
3. facilitating one to return to his study and subsequent paid employment
4. Improved patient / carer / staff satisfaction

VALUE

1. Earlier discharge from hospital
2. Client-centered care with patient preferences informing PDSAs cycles
3. Improved patient / carer / staff satisfaction
4. Coproduced our service with patient feedback
5. Data demonstrates that the saving generated from Client A alone, would fund an occupational therapy service for post-acute neurorehabilitation for 104 patients annually.
6. No readmissions
7. Supports Sláintecare principles

SUSTAINMENT

1. Long-term sustained improvement can be achieved with funding for a full MDT team.
2. Greater benefits for the clients and cost savings for the hospital would occur.
3. There were no readmissions
4. Telehealth reduced the carbon footprint by 33.6kg of CO_2.

ADDITIONAL INFORMATION

The opportunity to co-design with our patients was very impactful and encourages us to continue to promote ESD for them.