



SACU....Take Two

Townsville Hospital & Health Service
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HRT 1617 Sub-acute Improvement group
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Brisbane



Key Problems

- Teething Issues
 - New 43 bed Subacute Facility opened after extended period of development with multiple changes in model of care
- Identity Crisis
 - Rehabilitation and GEM units in same facility
 - 2 similar but different models of care causing confusion amongst team regarding model of care for different specialties
 - Perception of what sub-acute care is
- Stagnation
 - Significant numbers of maintenance patients
 - Reduced rates of discharge
 - Reduced rates of admission
 - Reduced referrals

SACU Take 2-The Aims

- Set up a clear Model of Care for each Discipline in SACU
- Improve Access to Rehabilitation/GEM for patients from a broader acute referral base
- Improve patient flow while maintaining standards of patient outcomes
- Improve Co-ordination with other Subacute and Community services.

SACU Take 2-The Changes

- Better define patient types for GEM and Rehabilitation
 - Inclusive Diagnosis list
 - Aims for potential functional improvement
- Remove Barriers for Patients to Access SACU
 - Logistics
 - Involve main hospital
 - Encourage Professional Development
 - Permission to trial
- Improved Co-ordination
 - Referrals-Single Point of referral
 - Admissions
 - Flexibility of staffing

Outcomes so far

- A Work in Progress
 - 12 months to obtain good data
 - Admissions up 35% (August to November)
 - Significant reduction GEM Length of Stay.

