



ROYAL HOBART HOSPITAL

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Michael Ferguson MP
Minister for Health
Level 1, 53 St Johns Street
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Dear Minister,

Please find enclosed the Rehabilitation Medicine Service profile. Currently Rehabilitation Medicine in Tasmania has a tenuous footing and only exists at Royal Hobart Hospital with a single staff specialist. Tasmania, like the rest of the country, should have 1.5/100,000 Rehabilitation Physicians. However, we have 0.25/100,000 Rehabilitation Physicians. There is a beds deficit state-wide, based on our population size, there should be 65 beds for Tasmania, unfortunately there are only 18 in the public system.

At present there is no state-wide clinical network for patients to seamlessly move from one component of the system to another. In fact, there is no state-wide system. It is very clunky and requires a great deal of work to make it more useful for our population. It is not just about spending money – obviously this needs to be done, but clever construction of community teams, outreach clinics and supplementation of the units in Hobart and Launceston would result in a much more cost effective rehabilitation system, as well as provide the standard of care which Tasmanians should have access to.

It may very well mean that there may be no unit in the North West or a slow-stream unit with technical support from Hobart or Launceston.

I have spoken to Professor Michael Ashby and Dr Frank Nichlason about the formation of a Clinical Advisory Group involving Rehabilitation Medicine, Geriatrics and Palliative Care. This group will be able to do the heavy lifting necessary and provide the expert technical advice needed to make a better system for the people of Tasmania.

Clinical Associate Professor Mark A. Slatyer
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B.Med Sci (Hons) B.Med, PhD (Medicine), FAFPHM, FAFRM (RACP)



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Professor Mark Slatyer – Staff Specialists (Rehabilitation)

Response to Green Paper

Professor Slatyer is pleased to have this opportunity to provide this response to the Government's Green Paper.

Service Overview

South

The Royal Hobart Hospital (RHH) Acute Rehabilitation Unit (ARU) functions as a Level 5-6 facility however, is not adequately supported.

The ARU and the Community Rehabilitation Unit (CRU) function as a statewide service but do not have adequate funding or formal recognition of the service provided.

Patients travel to the ARU and CRU for complex inpatient and outpatient services, in particular for Brain Injury, Spinal and Amputee Services that are only provided at the RHH.

Currently, there is no statewide co-ordination of Rehabilitation Medicine services within Tasmania. This lack of co-ordination contributes to a considerable waste of scarce resources, particularly in the North and North-West.

An example of this is the Rehabilitation Ward at the NWRH. It has a hydrotherapy pool but no specialist staff to run it. It is currently not utilised due to the lack of appropriately trained staff, despite funding being present. This results in patients not receiving appropriate care due to lack of specialist input, resulting in longer lengths of stay and reduced patient outcomes.

At present, transfer of a patient from the inpatient ARU to the Launceston General Hospital (LGH) or North West Regional Hospital (NWRH) is co-ordinated through a General Physician. This results in the patient being transferred to a general medical bed and being reviewed by a clinician with no training in Rehabilitation Medicine. The patient is then referred to a rehabilitation facility (Level 1-3) without Rehabilitation Medicine Physician (RMP) supervision and input.

North/North-West

LGH has some geriatric services. There is no Rehabilitation Medicine Physician based in Launceston and therefore no rehabilitation services provided. Target groups such as those patients with complex disability, traumatic brain and acquired brain injury, spinal cord injury and amputees do not have access to rehabilitation services and have to come to Hobart. So effectively not even a Level 1 service is provided.

The NWRH has a Rehabilitation Unit but is currently providing a Level 1 or 2 service.

The Mersey Community Hospital (MCH) functions as a Level 1 facility. The outcome of the MCH negotiations will determine where rehabilitation services will be provided in the future for the north of the State. Due to the population catchment, the North and North-West require access to a single Level 3-4 service that could be based at either LGH or MCH.

Rehabilitation Medicine Beds

Tasmania currently has only 18 designated Rehabilitation Medicine supervised beds in public hospital system based at the RHH. Based on the national standards, beds at LGH and NWRH would not receive accreditation as designated Rehabilitation Medicine beds. There are 44 beds in the private sector.

According to the national standard Tasmania should have an additional 65 rehabilitation beds across the state within the public system. This does not include aged care/geriatric beds.

There are no Rehabilitation Medicine (RM) step-down or 'slow-stream' beds in the state for patients who still require specialised rehabilitation supervision but do not require to be admitted to an acute rehabilitation unit. There are no other RM supervised facilities in the public health care system.

There is the issue of succession planning for the future and there have been 6 registrars trained in Tasmania and none of them have obtained jobs within the state.

Current Rehabilitation Medicine Staffing in Tasmania

There is one Rehabilitation Medicine Consultant in the public hospital system for the whole of Tasmania.

Based on a Tasmanian population of 507,626 (2010 ABS) the calculation for requirements for Rehabilitation Physicians based on The Royal Australasian College of Physician numbers are 1.5 per 100,000 population. Tasmania has a figure of 0.25 per 100,000, significantly lower than the national standard.

There have been a number of attempts to attract Rehabilitation Physicians from interstate who have either been foreign medical graduates or local specialists without success.

Despite funds being available, these positions have not been filled.

Despite the presence of allied health staff in LGH, NWGH and MCH they are not organised and/or work as either an interdisciplinary or multi-disciplinary team.

It is possible to have regional teams if support is received from RMP. This could be achieved through allied health groups and nursing staff utilising telehealth to hold case

conferences and develop short and long-term goals with RMPs to effectively and efficiently treat complex core group patients.

However, the RMP would still need to physically review the patient in person.

Acute patients requiring input from numerous subspecialties need to have their initial rehabilitation at the RHH due to the presence of Neurosurgery and Neurology Services.

An example of this would be a young person involved in a motor cycle accident with multi-trauma who may need the following teams to regularly review the patient to ensure patient safety and quality – neurosurgery, neurology, orthopaedics, orthotics, plastic surgery, infectious diseases, haematology as well as Rehabilitation Medicine.

Proposed Rehabilitation System for Tasmania

A Rehabilitation system for Tasmania needs to work to produce the most quality product for the least possible cost. As noted above, current efforts are inefficient and ineffective. They fail to adequately service the needs of our population.

The formation of a state-wide service based at the RHH would allow for rehabilitation services to be coordinated and appropriate to individual patient needs. This can be achieved through the utilisation of case-conferencing via telehealth and Outreach Clinics.

The ARU should provide a Level 6 service for Brain Injury and a Level 5 service for spinal cord injury.

Program teams for the core RM patient groups such as Brain Injury, Spinal cord Injury and Amputee would form the basis for community support across the state.

This could be done with minimal additional expenditure as personnel existing for most of these at present.

Currently the RHH does not meet all the service requirements of a Level 6 service, in particular it does not provide 7 days a week therapy service, step-down units or have a rehabilitation engineer.

To provide a Level 5 spinal cord injury service would require an interstate partnership with a higher-level service to provide the initial rehabilitation for spinal cord injuries. Once established, spinal cord injury patients can be admitted back to the ARU.

A two-hub model of care is required for Tasmania – with a Level 5-6 Service based at RHH (outlined above) and a Level 3-4 Service in the North/North-West.

Due to the population catchment and demand, the North and North-West require access to a single Level 3-4 service which could be based at either LGH or MCH. The

demographics of this region has contributed to the inability of LGH attracting and retaining a Rehabilitation Physician.

It is recommended the unit of the NWRH be closed due to insufficient population, clinical requirement and demand. Further, the NWRH does not have insufficient support services to support a Rehabilitation Unit.

Outreach Clinics for the North/North-West should be provided on a regular basis by the RHH. Over time this could be expanded to include the east coast (Swansea), Huonville and Queenstown.

The use of telehealth with local medical staff and the use of outreach clinics would lead to a more cost-effective statewide service. This would reduce the need to fly patients from the North interstate for treatment.

Rehabilitation registrars trained in Tasmania should be offered jobs in the public system to expend the outreach service and be employed in the Northern unit.

Recommendation I

The Rehabilitation Ward at the NWRH be closed.

Tasmanian Role Delineation Framework (TRDF)

I have attached a revised copy of the Rehabilitation Medicine Service Profile to be included in the final version of the TRDF (Attachment A).

To fully reflect clinical services provided by Rehabilitation Services in Tasmania the TRDF Rehabilitation Service Profile needs to be retitled to read 'Rehabilitation Medicine Service Profile'.

Rehabilitation Medicine is a medical speciality in its own right and focuses on the diagnosis, treatment and management of people with disabling medical conditions. Rehabilitation medicine physicians work with people with disabilities to reduce the impact of their disease or disability on their daily life, to prevent avoidable complications and to minimise the effects of changing disability.

Rehabilitation medicine serves two main groups of people: those with neurological disabilities and those with limb loss and other musculoskeletal impairments. Some of the conditions covered are: spinal and head injuries, amputation, stroke, multiple sclerosis, motor neurone disease, Huntington's disease, and Parkinson's disease. In childhood these may also include cerebral palsy, spina bifida, congenital limb disorders and muscular dystrophies.

Please note that the support service ratings for Level 5 and 6 have been amended to Level 6 services.

Recommendation 2

The attached profile for Rehabilitation Medicine Service be included into the final version of the TRDF (Attachment A).

Clinical Advisory Group

Initial planning is currently being undertaken around the establishment of a CAG for the management of Chronic Conditions. The CAG will involve representatives from geriatrics, rehabilitation medicine and palliative care.

The scope of the CAG will include the review of current services models for the services listed above and how they intersect as Tasmania transitions to one health service.

Contemporary models of care will be explored for each of these services to ensure the needs of the Tasmanian population are appropriately met.

This will be progressed in the following weeks.