Community Rehabilitation Centre Implementation of a STAT Clinic (Specific Timely Appointments for Triage)

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CRC Program and Evidence

- CRC program and streams
- Complex client cohort

Neurological rehabilitation:

- Timely
- Goal directed
- Client centred
- Multidisciplinary and holistic
- Context specific
- Evidence based (National Stroke Foundation Guidelines¹)



1. Stroke Foundation (2022). Clinical Guidelines for Stroke Management. Melbourne Australia.

The Problem

- Growing waiting list in 2021
- Long wait times to commencing within program
- Suboptimal client outcomes once intervention commenced because of time elapsed
- Reduced understanding of specific client needs
- Overall long episode of care length



Planning

- Amalgamation of previous program quality improvement work
- STAT clinic model
- Development of generic consistent multidisciplinary initial clinical assessment
- Team leader and program manager engagement
- Program change

STAT Clinic²

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Specific Timely Appointments for Triage (STAT)

Clinicians create specified number of appointments for assessments and triage, calculated according to average number of referrals received



Patient assessed by clinician and treatment plan designed within context of existing service demand. For example:

- Immediate commencement of treatment
- Immediate advice and deferred treatment
- · Brief intervention and discharge

Patient waiting time

Traditional Model: Waitlist and Triage



Triaged to one of multiple protocol-based triage categories

Patient placed on waiting list New places become available when other patients are discharged

Next patient selected from waiting list

Appointment booked, assessment & treatment commenced

Patient waiting time

2. K. E. Harding, A. K. Lewis, D. A. Snowdon, N. F. Taylor & the STAT Research Group. (2018) Specific and Timely Appointments for Triage.

Aims

The overall program aim was to implement the STAT model.

Objectives

- Definitive client needs identified
- Improved program flow/reduced waiting time
- Minimise number of within episode of care referrals
- Supervision and clinical support
- Potential for referral closure following STAT clinic involvement for some clients

Method

- Commenced mid 2021
- 10 hour a week position
- 4 clinical outpatient slots
- 1-1.5 hours in length
- Priority client cohort identified

Within appointment:

- Completion of MDT initial assessment
- Goal identification
- Commencing intervention provided

STAT clinic patient data recorded and tracked- 5 month collection period

Results

- 37 clients seen for STAT clinic face to face appointment
- 1-3 appointments
- 40% did not require any further CRC intervention → referral closed
- 1 within episode of care referral generated

Waiting list length reduced

- CRC OT → 71% waiting list reduction
- Other influencing factors

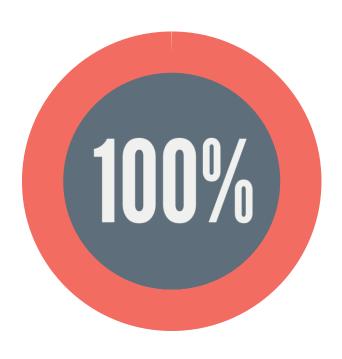
Results

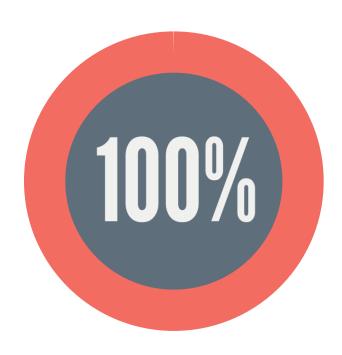
Satisfaction

Needs identified

Intervention satisfaction







Results

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Patient Comments

"The exercise program I was given for my arm was really helpful. It gave me a good starting point whilst I waited to be seen by the therapists."

"Great to have an appointment in person."

"It was good to know that fatigue following a stroke is normal and that I hadn't caused it"

"The staff member"
I saw made me
feel very
comfortable and
was
knowledgeable
about stroke"

"Access to the fatigue and sleep modules was very helpful."





Discussion/Conclusion



Positive client and program outcomes for our service



Sustained implementation



Upskilling for broader team members

Grampians Health

Thank You

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