

# Older Persons and Rehabilitation Services

Project launch  
5<sup>th</sup> August 2010.



## Welcome and introduction

- Purpose of presentation
- Speakers:
  - Craig Climo, CEO Waikato DHB
  - Ian Wolstencroft, Building Programme Office and David Pugh, architect
  - Jeff Bennett, Group Manager: Mental Health and Addictions Service
  - John Strachan, Clinical Director, Mental Health Services for Older People
  - Phil Wood, Clinical Services Leader for Older Persons and Rehabilitation Service
  - Barbara Garbutt, Group Manager: Older Persons and Rehabilitation Service, Project Executive.

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## Integrated Services for the Elderly

- Where elderly with high and complex conditions receive seamless services appropriate for their physical, mental, social and cultural needs.

## Guidelines for specialist health services for older people.

- States that “An Integrated approach to the provision of Geriatric and Psychiatric services is dependent on the following:
  - Ensuring funding does not create an unintended barrier to good clinical practice
  - Geriatric and psychiatry working together to provide integrated services for people with complex conditions requiring input from both specialties
  - Continuity of care between inpatient and community services.

## Co-located Geriatric and Psychiatric Services for the Elderly

- "The structure of MHSOP will not change significantly with the move to the new facility but the opportunities for joint assessment and management of both inpatient and outpatient, will be greatly enhanced." - **Hub business case to Ministry of Health**
- Where population size is large enough to support separate geriatric and psychiatry of old age teams the ideal service model is one in which there are separate, but colocated, services for people who are (a) physically frail, (b) have a mental illness and (c) have challenging behaviour associated with dementia or other cognitive impairment - **Victorian Government Department of Health and Community Services 1996, Shah and Ames 1994, Craig et al 2000 level 3).**
- This model allows for each service to develop its own distinct therapeutic environment. At the same time, close proximity enables the services to develop close working relationships by enabling cross-fertilisation of ideas and approaches, and joint clinical management of people with physical, cognitive and/or psychiatric conditions - **Victorian Government Department of Health and Community Services 1996, Shah and Ames 1994.**

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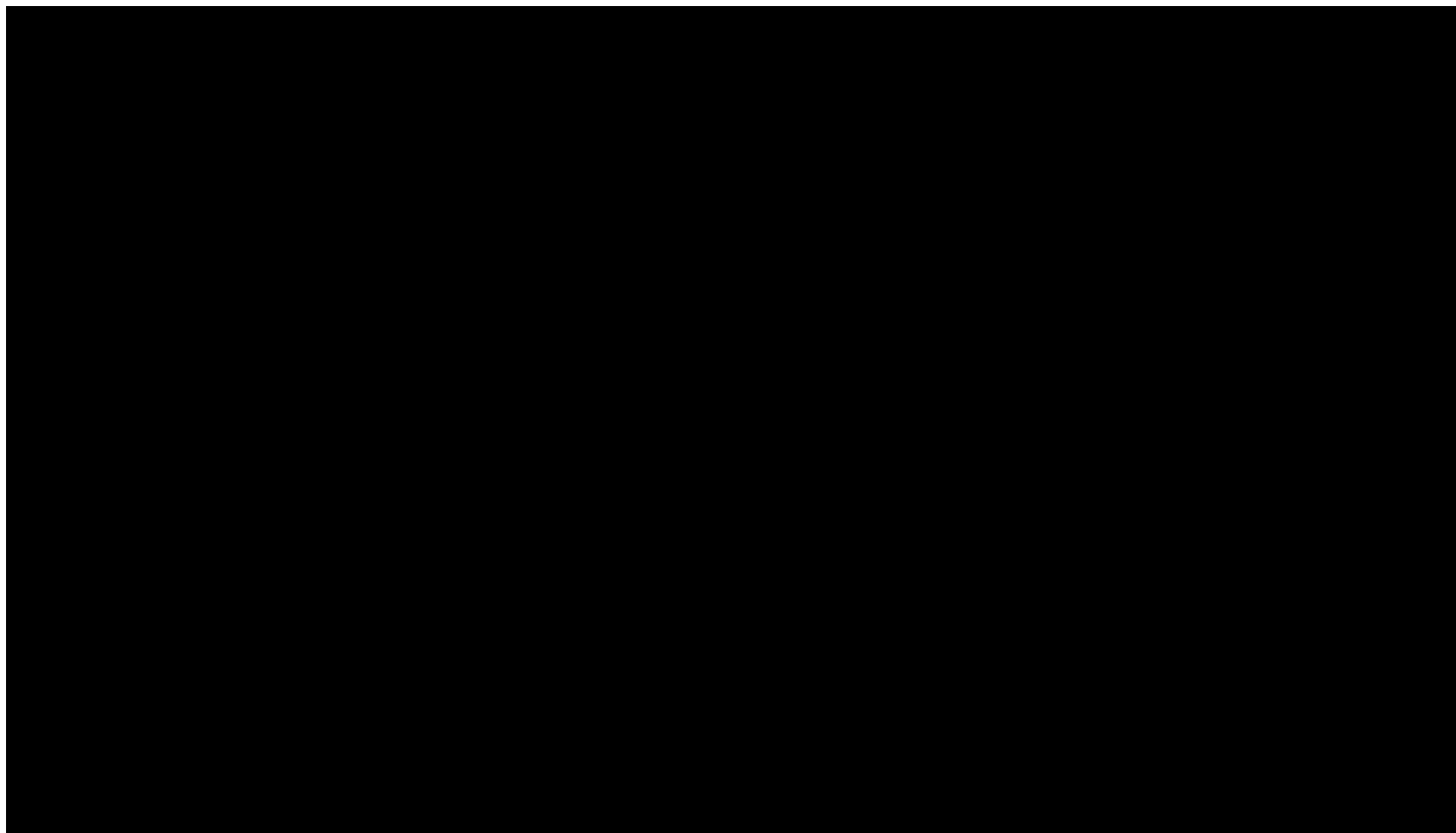
## Beware Opportunity Ahead

Bennett's "TION" Principle:

- PreparaTION  
Meetings of the minds
- AppreciaTION  
Understanding the differences and nuances
- CollaboraTION  
Architecture that supports provision of seamless services
- PerspiraTION  
Opportunity is often missed because it's dressed in overalls and looks like hard work



# Older Persons and Rehabilitation Service



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## The “Rehab Hub” (MHSOP and OP&RS)

- The new build is a container, not the product but it will make or service more efficient and effective
- Services for Older People will be more integrated between OP and RS / MHSOP
- Inpatient beds are a big part of the early focus but not the only part... Community outreach, admission avoidance and supported discharge teams will operate out of this Hub
- Collaboration relationships with primary care and community bases will need to be explored more thoroughly as we do not expect this to be just a recentralisation.

## The New Build

- Conceptually based around 4 domains already being expanded:-
  - **Mind** Mental Health Services and associated outpatients / community teams
  - **Brain** Organised Stroke Services and associated teams
  - **Body** AT&R services for general assessment and rehab for older people eg. post medical / surgical event, direct admission etc.
  - **Bones** Ortho-geriatric services

## Older Persons and Rehabilitation Service

- Demographic information tells us we need increased services for people over the age of 65
  - 78% increase by 2026 of people over the age of 65
  - 110% growth of those over the age of 85
- We are not well placed to meet this need currently
- And we can't lose sight of our under 65 population
- Approximately 25% of all people with first stroke in New Zealand are under the age of 65 (Tobias, 2007).

## Older Persons and Rehabilitation Service

- So we need to grow and develop our services
  - Integrated stroke services
  - Psychogeriatric services
  - Early transfer of surgical patients
  - Improved management of complex medical needs.
- We've started some of this work already.

## Older Persons and Rehabilitation Service

- What have we been working on?

Growing our bed footprint

Ortho-geriatric rehabilitation service

Early supported discharge

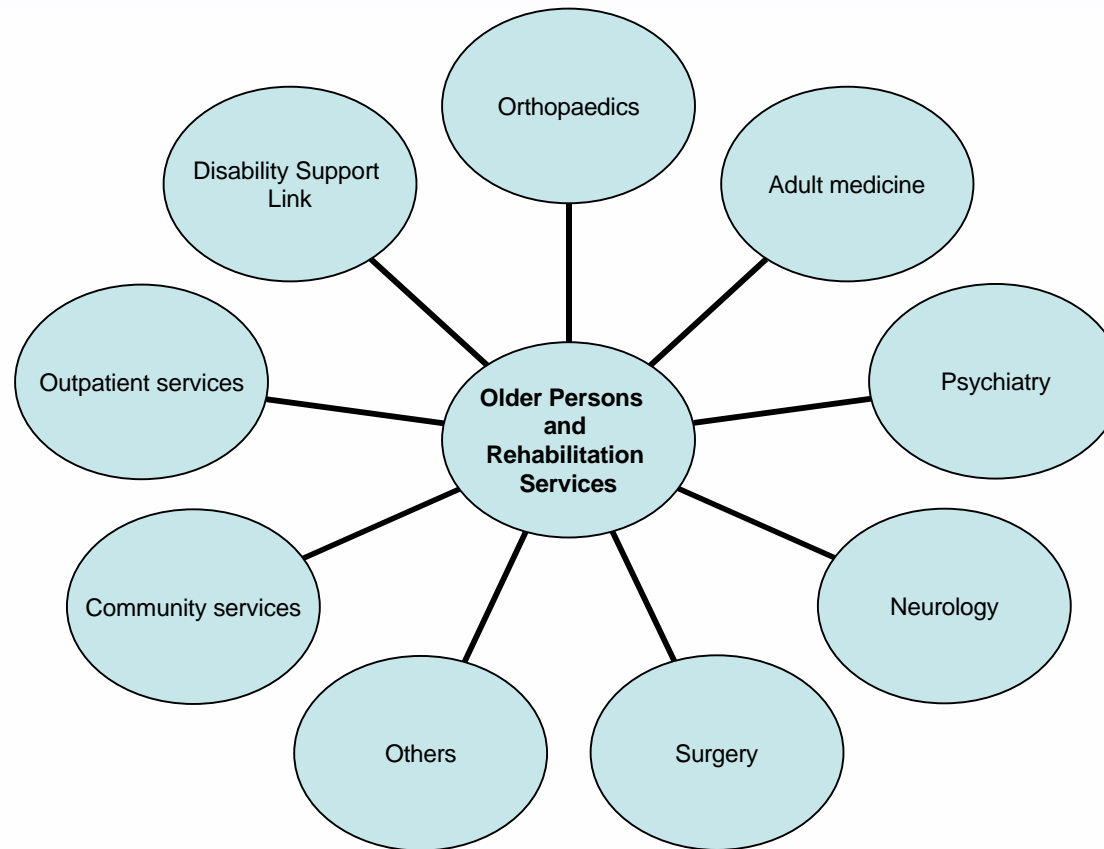
Integrated stroke service

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# Older Persons and Rehabilitation Service Inputs



Co-location  
Co-operation  
Culture of rehabilitation

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## Older Persons and Rehabilitation Service

- What will the benefits be?
  - Improved quality of patient care
  - Safe and therapeutic assessment, treatment and rehabilitation facilities our patients
  - Improved integration and continuity of care
  - Attracting and retaining staff, improving staff satisfaction and skills
  - Contribution to organisational efficiencies.
- Our primary concern is our patients and what we do, not where we do it.

## Where to from here?

- Business case sign off
- Site preparation
- Project board
- Project initiation document
- Clinical assurance group
- Clinical user groups
- Project page.

## Take home messages

- **Service collaboration**
  - to ensure service delivery is appropriate across the continuum
- **Service integration**
  - that achieves a value that the constituent services cannot achieve in isolation
- **Greater efficiency and efficacy of services**
- **Co-location**
  - to improve communication in the interests of patients and staff development