CONFERECE ABSTRACT


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Introduction: Electronic Assistive Technology (EAT) including communication devices, environmental control systems and personal computers have always been seen an important component of patients’ rehabilitation. At the National Rehabilitation Hospital (NRH) this inclusion of EAT had been largely unsystematic and challenging due to limited EAT knowledge and skill. In addition inefficiencies in trialing equipment without technical support had prevented timely access to EAT. This paper describes a developing integrated EAT service.

Context: The Electronic Assistive Technology (EAT) Clinic is a joint Occupational Therapy (OT) & Speech and Language Therapy (SLT) service. Referrals are received from speech & language therapists or occupational therapists. The clinic offers assessment, trial, loan and support services for electronic assistive devices for inpatients across all NRH Programs (Brain Injury, Spinal Cord Injury, Prosthetic and Orthotic Rehabilitation and Pediatrics).

Key Objectives of the EAT clinic: To deliver an effective and efficient EAT service to meet the needs of the population of inpatients within the NRH.

Develop systems to ensure that clinic staff are continuously up-skilled in the rapidly developing area of EAT in order to ensure highest quality service provision for patients

To provide access to technology that can enable independence for patients and create efficiencies in providing the most appropriate EAT solution.

Provide EAT recommendations and/or solutions to patients upon discharge.

Outcomes of the Project to date: The EAT clinic has progressed through investment in stock, securing a physical clinic space, upskilling key staff, allocation of protected staff time and the approval of a therapy assistant. This pilot has resulted in onsite delivery of individualised EAT solutions for inpatients by Occupational Therapy (OT) and Speech and Language Therapy (SLT) Departments.

There have been significant cost savings in terms of staff time as well as a reduction in the number of inappropriate devices being purchased. Service users now have the opportunity to engage in assessment with an EAT team and trial one or more EAT solutions during their
rehabilitation. In addition the clinic provides education for less experienced clinicians, patients and their families.

Future Plans: Global increasing digital literacy demands that EAT be seamlessly integrated into rehabilitation settings. This EAT Clinic plays an important role in the promotion and adoption of mainstream technology devices and specialised assistive technology devices to improve patient outcomes. The continued aim of the EAT Clinic is to provide service-users with the opportunity to experience electronic assistive technologies during their rehabilitation while being supported by skilled therapists. A business plan has been composed to support contingency planning for the service into the future as well as identifying opportunities for continuing professional development and developing specialisations in the area of EAT.

Keywords: neuro-rehabilitation; assistive technology; integrated pilot project; communication devices; computer access