POSTER ABSTRACT

Integrated Care Pathway for Patients with Spinal Cord Injury in Ireland

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Introduction: Trauma and rehabilitation networks in Ireland are largely underdeveloped and there is significant variance in patient pathway within and across acute hospital services, specialist rehabilitation services and post-acute regional or community based rehabilitation services. Currently, in the absence of established clinical pathways across existing acute and rehabilitation services, patient pathway is convoluted. For patients with the most complex and severest injuries access to complex specialist rehabilitation services is compromised and outcomes such as discharge to community is poor. The vision for this project was to develop an all systems approach to support the patient journey for patients with Spinal Cord Injury from acute hospitals, post-acute rehabilitation services, disability services and long term care.

Short description of practice change implemented: The National Clinical Programme for Rehabilitation Medicine has developed a care pathway in collaboration with all key stakeholders which describe the ideal patient journey for all those with a spinal cord injury, including those who are ventilator dependent. This is the first time such a pathway has been developed and will promote a patient centred approach to the management of this cohort of patients while also giving clear parameters against which patient journey can be measured going forward.

Currently there is a cohort of patients in Ireland with high level spinal cord injury including some who remain in need of chronic ventilation who are unable to be served through within existing services. These patients are experiencing prolonged stays in acute hospital and some are unable to access complex specialist rehabilitation services.

Implementation of the pathway will see patients who are ventilator dependent being able to access specialist rehabilitation services in Ireland for the first time and will also see the possibility of a discharge home realised for many.

Aim and theory of change: The reduction in unnecessary variation in the care pathway of patients with spinal cord injury was felt to be achievable through the development of an ICP in collaboration with all key stakeholders.

Targeted population and stakeholders: The ICP for patients with spinal cord injuries spans numerous service delivery sites, as such, collaboration with a wide number of stakeholders including acute hospitals, critical care, rehabilitation services, disability and community services, patients and patient support groups was necessary.
Timeline: This project was identified as an area needing development in the 2016 workplan of the Rehabilitation Medicine Programme.

Highlights: The project is small in numbers but significant in terms of process changes. It requires services working together across organisational boundaries in a way that is not often seen within the Irish healthcare system. Implementation will see patients with complex disability being able to access services in Ireland which they previously would have had to travel overseas to access.

Comments on sustainability: The Principles supporting the care pathway are reflective of evidence based practice. The extensive consultation process undertaken by the programme has supported multi-agency collaboration and buy-in which will sustain this new way of working. The parameters set out in the patient pathway will afford us the opportunity to objectively measure patient journey and identify unnecessary variation in a way previously not possible.

Comments on transferability: While this pathway is for spinal cord injury, the underpinning principles should be consistent for all with a need for specialist rehabilitation service and thus applicable across other diagnostic groups.

Conclusions: The high level objectives for the project are:

Process Improvements:

- Improved access to both the National Spinal Unit (NSIU) and NRH for all patients requiring the tertiary level services they provide
- Allow access to post acute specialist rehabilitation services at the NRH, particularly for those who are ventilator dependent

Quality:

- Reduce the number of patients being discharged back to acute hospital setting post rehabilitation services
- Improve patient experience

Discussions: Quality care is care which is patient centred. To be truly patient centred, a move away from individual service priorities is required with a focus on aligning priorities to support the patient journey.

Lessons learned: The patient voice should be central to all health care planning

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Keywords: integrated care; patient focus; spinal cord injury