The changing landscape of public rehabilitation services-the case of Chris Hani Baragwanath Academic Hospital

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Chris Hani Baragwanath Academic Hospital (CHBAH)

- Classified as a Central Hospital
  - Highly specialised services
  - Highly skilled and scarce personnel
  - Expensive technologies
  - Platform for conducting research
  - Training of health workers
  - Receive referrals from tertiary level

**HOWEVER**

- CHBAH
  - All levels of care
  - Human resource challenges
  - Inadequate budget allocation
  - Limited sites for down referral (Rehabilitation)
### Human Resources

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- 3 vacant posts in PT
- No vacant posts in STA & OT
- Length of stay is about 3 years
- No joint appointments with universities
So what have we done to keep our staff happy?

- Regular Team Building
  - Departmental & MDT
  - Self-funded
- Staff awards
- Celebrating milestones
- Buddy system, “Toko” system
- Debriefing sessions
- Mentoring system
- Hospital employee wellness programme
Continued professional development

– **Departmental**
  - Monthly CPD
  - Skills building (practical)
  - Case discussions
  - Journal discussions
  - Attendance & presentation at congresses, courses

– **MDT**
  - Case presentations
  - Ward rounds
  - Journal discussions

– **Students**
  - Scholars
  - Medical students
  - OT/PT/ST/A students
  - Electives
– Conducting training for therapists in Gauteng:
  • Paediatric dysphagia
  • Autism
  • Hands course
  • Cerebral palsy
  • Pressure garment course
  • Women’s Health
  • Seating course
  • Strapping

• Research
  – All 3 departments are engaged in research
• Strategic plans
• Operational plans
  – Hospital
  – Departmental
  – Team
  – Individual (work plan)
• Biannual planning and evaluation
• Monthly reports from each clinical team
• Departmental monthly reports
• Clinical manager submits quarterly reports to hospital management
• Development of clinical protocols
  • PMDS
• Clinical audits
  – Within teams
• Team Audits (Peer review)
  – Team leader
  – Team dynamics
  – Team communication
• Provincial audits
  – Manager
  – Customer care
• National Core Standards
  – Challenging for Rehab departments
Clinical trends

• Decreased severity of CP due to therapeutic hyperthermia (cooling) of babies

• Significant increase in the number of neonates seen within the hospital

• High risk indicators for paediatric patients include:
  – Prematurity
  – Respiratory disorders
  – Neonatal jaundice
  – Birth asphyxia

• Children with developmental delays being referred earlier for intervention

• Increase in early diagnosis of autism
• Increase in violence related injuries (MVA, assaults etc.)
• CVA & TBI remain the two top diagnosis in the adult wards
• Increase in number of oro-pharyngeal head & neck cancer patients
• Increase in HIV/TB related secondary complication (TB spine, TB joints, Arthritis secondary to HIV)
• Increased number of patient with MND
• Increased involvement of rehab team with burns patients
• Significant increase in adult patients with ototoxic hearing loss as a result of TB medication (30% of patients in Cochlear Implant service)
• Most adult patients seen in our audiology service present with pathologies which could have been prevented - middle ear pathologies-reaching surgery, MDR-TB, long term noise exposure.
Service Development

• **Speech therapy**
  – Voice banking for MND patients
  – Voice assessment clinic
  – Collaboration with other tertiary hospital to provide prophylactic dysphagia management for patients undergoing chemoradiation therapy
  – Aligning services to ICF framework

  – Specific packages of care have been developed:
    • End-of life patients (palliative care)
    • Advanced RVD/TB
    • Patients with oro-pharyngeal structural problems
    • Tracheostomatised patients
    • Neonatal weaning protocol for premature babies to transition to oral feeds
    • Children with developmental delays (<3 years)
This child’s primary caregiver is her great grandmother. She was sold off for child trafficking by her mother, who has since not reentered her life at all. The great grandmother with the police were able to get her back. The great grandmother also cares for her husband who has a colostomy bag, her 40-something year old son who has a severe intellectual impairment, as well as other grandchildren where the great grandmother's priority for them is to get a higher education. One grandchild has qualified in HR management, another is in nursing college and her other grandson is studying Engineering at Pretoria University. This is all being achieved through this wonderful lady’s self sacrifice (when needing to fetch medication from the hospital for someone she will walk from Lehae (30 min by car) to Bara in order to save on taxi fare as just one small example). The AAC device has helped the child to be able to communicate within the home environment with her family.
• **Audiology**
  - 47 cochlear implants since our program started
    - 21 < 6 years
    - 26 > 6 years
  - Increase referrals into learnerships for adults with hearing loss in order to facilitate access to employment
  - Support groups for patients
  - Improved collaboration with GDE
    - providing FM systems for learners
    - appropriate school placement of learners with hearing loss
  - Triage service, the first of its kind started to address large caseload
  - Sedation electrophysiology clinic conducted with Anesthesiology department
  - Hearing Screening of high-risk babies
    - Only getting to < 5% of babies born at CHBAH
• **Occupational Therapy**
  – Paediatric wheelchair seating clinic
  – Vocational assessments (Coffee Shop)
  – Treatment in the following specialised units/clinics:
    • Burns
    • Hands
    • Rheumatology
  – Fabrication of dynamic splints
  – Cognitive rehabilitation groups in psychiatry
  – Weekly rehabilitation groups to educate and support patients with spinal injuries
• **Physiotherapy**
  
  – Pelvic dysfunction service include:
    
    Urinary & faecal incontinence, colorectal disturbance, constipation/haemorroids and chronic pelvic pain
    
    Initial results (after 1 year) show >80% resolution of condition after an average of 3 treatment sessions
    
  – Complex and Persistent Pain Clinic
  
  – Walk in OPD service in order to reduce post-operative complications developing due to long waiting times
  
  – Modular seating
  
  – Comprehensive Spinal Cord Rehabilitation, from acute stage to re-integration into community
  
  – Botox clinic – the successful use of Botox to reduce spasticity in CP’s is completely dependent on rehabilitation( Physio case manager for all children)
  
  – Haemophilia - the Physiotherapist acts as MDT case manager for all children admitted
  
  – SEMLS (single event multilevel surgery) and VDRO (varus derotation osteotomy) – rehabilitation pre- & post operative determines success of procedure
Thokozile's first trip outside the ICU while still on a ventilator accompanied by physios and an ICU doctor. She suffers from polymyositis and spent more than 100 days in ICU.

Relebogile who suffered from meningococcal sepsis and eventually had amputations on all 4 limbs. He spent months in hospital and is currently at home. He has a motorized wheelchair, but can walk very well on his stumps. Awaiting prosthetics.

Njabulo's first attempt at walking with the assistance of the body weight support treadmill after bilateral amputations. He is now able to walk independently.
## MDT

### ADULTS
- AAC consultative clinic (Paeds & Adults)
- MND clinic
- Vestibular services
- Hands Clinic
- Zamani clinic (Substance abuse & mental illness)
- Cochlear Implant Programme (Paeds & Adults)

**Videofluroscopy (Paeds & Adults)**

### Paeds
- Focus on ECI
- Neuro clinic
- Developmental care talks
- NNFUC
- ASD
- Head Injury groups
- Buggy clinic
- Tracheostomy clinic (SLT, Pulmonologist, ENT)
- PEG clinic (Surgeon, SLT, Dietitian, stoma sisters)
- MDT consultative clinic (TBI)
Challenges

• **Human resources**
  – No input with regards to community service placements
  – Inadequate staff establishment to cope with patient numbers
  – Limited support staff
  – No funding for congresses, courses, team building
  – No sign language interpreters

• **Down referral**
  – Limited sites with rehabilitation available
  – Clinics mainly staffed by CSTs
  – Community members still prefer coming to CHBAH instead of going to the clinics
  – Long waiting times

• **Equipment/Resources**
  – Inadequate budget allocation
  – Poor service from some companies
  – Cultural & linguistically appropriate assessment and intervention resources
• **Service delivery**

- Long waiting times
  - Outpatient appointments
  - For transfer to rehabilitation units
- Late referrals
  - Children with congenital hearing loss
  - Patients on TB medication
- Pressure sores frequently develop in SCI patients
- Increased number of patients who are illegally in SA (no access to grants & assistive devices)
- Increase in number of patients with poor food security
- 14% of paediatric in-patients seen by ST in 2015 were readmissions due to nutritional and respiratory disorders
- Limited participation opportunities for patients requiring employment, community services and long term rehabilitation
- Limited therapy services available for school aged children
Achievements

• Multidisciplinary team work
  – Inclusion in ward rounds & unit meetings as well as collaborative research projects
• Increase in self-referrals
• Improved access to assistive devices including AAC
• More patients are able to access disability grants
• Improved access to schooling (school for children with autism in Soweto)
• Improved communication, networking & support within region
• Increase referrals from wards
• Increase in contact with rehab team before discharge

• Parking!!!
THANK YOU