E-Poster

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In-Reach Rehabilitation is Feasible and Led to Functional Gains in Selected Heart and/or Lung Transplantation Recipients

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

In-reach rehabilitation is a relatively new model of care available in a small number of Australian public hospitals. These multidisciplinary teams deliver evidence-based structured rehabilitation to carefully selected patients during acute care. There are no published rehabilitation outcomes in heart and/or lung transplant recipients.

The rehabilitation outcomes of a cohort of heart and/or lung transplant recipients will be described.

Design: Retrospective cohort study

Setting: One metropolitan institution with the largest heart and lung transplant service in Australia

METHODS

Patients: Between 2014 and 2023, a total of 957 heart and/or lung transplants were performed at our institution.

Intervention: In-reach rehabilitation was delivered to selected patients during the 10 year period. However, from 2019 onwards, patients were proactively screened by the rehabilitation team for eligibility as well as accepting referrals from the acute transplant teams.

Main outcome measures: Functional Independence Measure (FIM) changes and percentage of patients going to inpatient rehabilitation after completion of acute care.

RESULTS

In-reach rehabilitation was received by 223 (24.3%) patients. With the exception of three patients (who died), the vast majority were able to complete an in-reach rehabilitation program and were discharged to the community (n = 98, 43.9%), inpatient rehabilitation (n = 119, 53.4%) or transferred to another hospital (n = 3, 1.3%), demonstrating feasibility. Across the cohort, the median admission and discharge FIM scores were 77.0 (IQR 60-94.8) and 100 (IQR 77-118), respectively, demonstrating significant functional improvements from start to finish of the in-reach rehabilitation program ($p < 0.001$). Over this period, the number of patients discharged to inpatient rehabilitation decreased as a proportion of the total number of transplants (25.7% in 2014, 47.8% in 2017, 34.7% in 2019, 26.2% in 2021, 8.0% in 2023). Proactive rehabilitation screening implemented from 2019 allowed for earlier and longer program delivery to more patients.

CONCLUSION

Early in-reach rehabilitation is feasible in acute care after heart and/or lung transplantation and was associated with functional improvements. The addition of proactive rehabilitation screening appeared to improve the effectiveness of the in-reach rehabilitation program.

Statement of Disclosures

None

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