

What Price Rehabilitation?

By Don Aitkin

A few years ago the NRMA-ACT Road Safety Trust put some \$800,000 into the establishment of what has become known as the Rehabilitation Independent Living Unit. The then Department of Health and Community Care sought the funds to provide a home-like environment that would provide transitional living and community re-entry programs for people who had suffered acquired brain injury or comparable.

Many of these people had been injured in road accidents, and that is why the Trust was strongly supportive of the RILU initiative. RILU is the Australian pace-setter in this domain, and is one of four Landmark projects funded by the Trust, three of them connected with brain injury and road trauma. About 100 to 120 people pass through the Unit each year, and its 'graduates' are loud in their acclaim for the treatment they received there.

They learn how to cope for themselves in an environment very similar to what they will experience when they return home — the awkwardness of narrow corridors and sharp turns, the traps of a domestic bathroom, the need to re-site their washers and dryers so they can be operated from a wheelchair, and so on. RILU provides a bridge from hospital to home, and it has no real comparison anywhere else.

The Trust, and indeed the whole of Canberra, has learned that ACT Health proposes to deal with the problem of available beds in Canberra's hospitals by closing RILU. It plans to convert it to a transitional care service for people assessed as eligible for nursing home admission, so that they can return home or find lower-level residential aged care.

ACT Health believes that this can be achieved with no reduction of rehabilitation services in the ACT, by transferring the service at RILU to the Rehabilitation Ward at The Canberra Hospital and expanding the day program and home-based rehabilitation program.

There are a couple of snags in this proposal. One is that the Trust and the original Department signed an Agreement when RILU was established. The Agreement specifies that the Department must apply the grant it received in accordance with the Agreement and the Application that sought the funds.

The Agreement does allow either party to propose a review of the Agreement after five years, and five years have elapsed. In June, prompted by an enquiry from the Trust about letters to the press and news bulletins involving some change to the Unit, ACT Health gave one month's notice of its intention to initiate such a review.

The outcome of that review, if indeed there is one, has not been provided to the Trustees and there has been no discussion with them. On the face of it, the current proposal would not be in accordance with the Agreement and is unlikely to be agreed to. The Trust's agreement is necessary if change is to occur.

The second snag is that the Legislative Assembly voted by majority that ACT Health should not proceed with its proposal. While this vote is not binding on the ACT Government, it is a clear indication that people in the Assembly are not convinced that abolishing RILU is the right way forward.

And indeed it is not. As I understand the current proposal, it will see a reduction in bed places for rehabilitation from 30 to 20, and mean the end of a bridging facility that helps people with these injuries adjust to the return to a domestic environment. The RILU building itself would require extensive change once again to serve the new purpose (it was originally a residence for doctors at the hospital). There is another building close at hand that would serve the same purpose without impeding the work of RILU.

Nonetheless, I understand that the proposal continues to be a live one, and that is demoralising to the staff and most worrying to the patients. As Chairman of the Board of the Trust I continue to await ACT Health's submission to the review that it has initiated, and remain perplexed that ACT Health appears to see the Trust's agreement with whatever is proposed as a foregone conclusion or worse, unnecessary.

The Trust recognises that health care in the ACT, as elsewhere in Australia, is under great pressure. Somewhere, somehow and soon, an Australian government might recognise that it has to start with the way hospitals and health care are organised, give nurses their proper role in the scheme of things and pay them properly. They might then stay in the system.

For it is the shortage of nurses that prevents the building of more hospital wards. There is no point building them if there are no nurses to staff them. Between 1995 and 2001 (the latest figures available), and despite an injection of something like 30,000 new nurses from the universities, the proportion of nurses under 35 in the Australian system declined from 33 per cent to 25 per cent. The new nurses are leaving in droves.

Closing RILU and transferring the patients back to hospital sounds like a ludicrously short-term measure. It will do nothing to deal with the long-term problem, but do so at the expense of seriously injured people.

The Trust is doing what it can to safeguard their welfare.

(Professor Don Aitkin is the Chairman of the NRMA-ACT Road Safety Trust)