Rehab Matters

Exploring the “Rehabilitation Potential” in older people living with complex health and social care needs.

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Session Plan

• Background
• What is rehabilitation potential
• How do we know it when we see it?
• Clinical challenges and implications
Minor illness (eg, urinary tract infection)

Functional abilities

Independent

Dependent
Rehabilitation or no rehabilitation potential: that is the question
Physiological and psychological possibilities of a person to restore, maintain an optimal level of function.

If the individual or assessor thinks they are capable of increased independence.

Change in FIM after rehabilitation.

Potential for restoration.

Prognostic indicator of how well a patient performs in rehab.
Slow Stream Rehabilitation: A New Model of Post-Acute Care

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THREE DIFFERENT OUTCOMES IN OLDER COMMUNITY-DWELLING PATIENTS RECEIVING INTERMEDIATE CARE IN NURSING HOME AFTER ACUTE HOSPITALIZATION

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Abstract: Objectives: To evaluate the recovery and outcome of older community-dwelling patients admitted to intermediate care (IC) in nursing homes after acute hospitalization, and to compare patients who were able and unable to return directly to their own homes. Design: Prospective, observational, cohort study conducted between June 2011 and 2014. Setting: A 19-bed IC unit in a nursing home with increased multidisciplinary staffing. Participants: A total of 961 community-dwelling patients, ≥70 years of age, considered to have a rehabilitation potential and no major cognitive impairment or delirium, transferred from internal medicine, cardiac, pulmonary and orthopedic hospital departments. Measurements: Demographic data, clinical information, manpower
What is Rehabilitation Potential?

“It something that lies in the future and in the past but is not now.”

Geriatrichian 4

“Might it work...the balance of the benefit you get and the efforts or side effects to get there. Is it available... in terms of what resources are available. Is it wanted? The person has to want to be signed up to it.”

Geriatrichian 1
What is Rehabilitation Potential?

- Complex decision making process
- Judgement on an individuals ability to benefit from and participate in targeted rehabilitation programmes
- Understanding previous and current abilities and prognosticating on likely benefit with acute health events and co-morbidities
- Incorporating individuals needs and wants
Individualised
Individualised

“It’s very much about the person and what they want to achieve and not what we want as therapists.”

OT 3

“I think it’s one size glove fits all or a tick box, it isn’t individualised and so things can drop through. My eyesight was missed and its never been picked up since.”

Member of Public 3
Individualised
“They’ve had this acute event and have been in bed for a week because they’ve had really bad pneumonia and they are already teetering on the edge of not doing much because they are used to other people [in hospital] doing it for them. “

Physiotherapist 4
Pre-morbid abilities predict likely outcome?
“I think you cannot assess someone’s potential in one ten minute session.”

Physiotherapist 7

“I look at the response or non-response from therapy...from my assessment and experience and from others who have been involved in rehab before.”

Physiotherapist 1
Time
Who is Involved?

“I have an MDT approach, talking to each other, sharing information and therefore a more holistic approach.”

Nurse 1

“We are the people going into that person’s home multiple times a day, day after day... see realistically what is achievable”

Social Worker 1

“Getting an idea from their family or care home, what their mind-set is like, have they got that get up and go?”

Geriatrician 3
But there is an important distinction

Who is involved in the assessment

V

Who is making the decision
Are you experienced?
“As a junior therapist you are asked to make an assessment of whether someone has potential to benefit and you don’t know. You should be saying I don’t know.”

Geriatrician 2

“Most [patients] have only ever known one person with their condition so they would not have experience of what can realistically be achieved by rehab.”

Physiotherapist 1
Where does the assessment take place?
Where does the assessment take place?

“My mother went into hospital and the hospital were adamant they weren’t going to let her out until she could walk. She was adamant she wasn’t going to walk and we tried to tell the hospital that she would walk at home...they were quite insistent but they sent her home and she got out the ambulance and walked.”

Member of Public 5
How is rehabilitation potential assessed?
How is rehabilitation potential assessed?

MDT
Individualised
Iterative
Holistic domains
• Medical/physical
• Function
• Psychological
• Social
• Planning for the future
• Environment
Implications for clinical practice

• It’s not yes or no, now or never
• Assessments to take into account fluctuating abilities, motivation and needs/wants
• Limitations of assessment in acute setting (environment, recovery)
Ask Yourself...

• Is it wanted?
• Is it available?
• Will it work? (evidence)

What is a “good outcome” from rehabilitation?
What is a good outcome?

“What rehabilitation is the optimisation of function and therefore rehabilitation potential is the potential to regain optimal function through.”

Geriatrician 6

“What maybe not to achieve anything in particular but just to help them manage and maintain what they can.”

OT 2
What is a good outcome?

“Supporting narrowing horizons….planning for future decline. A lot of physio’s like to make people better and we aren’t good at managing decline.”

Physiotherapist 1

“Even at end stages there are still things you can achieve in rehab. Solution focussed approach is needed.”

OT 1
Implications for clinical practice
“In understanding [RP], some of it is about what we are prepared to invest in... so if we say everybody can make some improvement in their life but how much energy are we as services going to put into the person or are we only bothered if it is going to save some other resource in either health or social care?”

OT 4

“It’s difficult, its not infinite resources and we’ve got to use them wisely, where is the money best spent, where are the efforts going to be best used?”

OT 5
Implications for clinical practice

• Need MDT input to ensure we don’t just consider medical needs and system flow

• Be more cognisant of factors which influence your decision making!
How do we know it’s the right decision?
Implications for service users

Get it wrong

• Denied access to beneficial services
• Increased dependence, isolation, poor outcomes

Get it right

• Health, well-being, quality of life
• Carer & family support
• Control
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