Rehabilitation

Publicly funded, multi-disciplinary reablement services, delivered at the community level and targeted at older people experiencing functional decline, could become an important component of aged care services in the future, writes Keryn Curtis.

Rehabilitation

You do make someone better, then you get less money for them,” says Prof Poulos.

“There are funded services to support people who have diminished function but where is the funding to improve their function? To get them to a point where either they don’t need those services anymore or they need less of them?”

Prof Poulos says there is plenty of evidence demonstrating that much of the disablement that can be associated with ageing, is reversible.

“Through rehabilitation and exercise, older people can significantly increase their function. It’s called the training effect and it’s not just for sportspersons and athletes – older people get a training benefit too. That’s why most rehabilitation programs are based on a reasonably high component of exercise.

“The PC tightly says that plugging the gaps in functional decline isn’t enough. We need to provide services when people first start to have some decline.

“Some of the consequences of frailty, like mobility problems and falls and the subsequent hospital admissions, are potentially avoidable. If you can target interventions for people who are becoming frail, then you might be able to slow down the rate of decline and possibly avoid, or at least delay the likelihood of these consequences.”

A STRUCTURAL PROBLEM

Prof Poulos says that the proposed reform articulated by the PC – to introduce intensive time-limited reablement services in the community – would introduce a new level of the range of rehabilitation and reablement options available to older people.

“As you get older, disability often depends on a gradual basis as the effect of chronic disease and comorbidities intensifies,” he says, with the hippocampus and reserves and resilience. A lot of significant disability happens gradually, but there’s no sudden onset, like from a stroke, fall or an accident. These people don’t usually need to be admitted to hospital. If the person is living in the community and a DVA client [veteran] they’re also covered. In the general community, if the person has private health insurance, they can probably see a physio and maybe an OT – but there are not many FPs in private practice. Hospitals have limited resources, rehabilitation programs and these usually have long waiting lists. So generally, without a hospital admission, older people can’t get the services they need.

“There are people who may be getting [community care] packages or not, who are deteriorating at home, and we may well be able to intervene at that level to maintain their functional state through physical activity and other reablement interventions, to stave off functional decline, but there are few funded services at the moment to do it.”

“Community-based rehabilitation can also be a very cost effective alternative to inpatient rehabilitation programs but currently, if you can’t or don’t wish to receive ongoing care in the hospital setting, there is almost no provision of community-based rehabilitation programs because of this lack of funded programs.”

Prof Poulos says that, while there are isolated examples of community-based rehabilitation and reablement programs at the state level, there is a need for a model that can be more generalisable, and is publicly funded, to fill this gap.

A ROLE FOR AGED CARE

Prof Poulos explains that effective community-based rehabilitation services and other reforms like the National Disability Insurance Scheme, if well executed, will reduce the burden on other parts of the health and aged care sectors and will help ease the burden on hospitals.

And he believes there is a huge potential role for older people who are rehabilitation and reablement services.

“The person is a hospital inpatient, you can give them a program. If they are living in the community and a DVA client [veteran] they’re also covered. In the general community, if the person has private health insurance, they can probably see a physio and maybe an OT – but there are not many FPs in private practice. Hospitals have limited resources, rehabilitation programs and these usually have long waiting lists. So generally, without a hospital admission, older people can’t get the services they need.

“There are people who may be getting [community care] packages or not, who are deteriorating at home, and we may well be able to intervene at that level to maintain their functional state through physical activity and other reablement interventions, to stave off functional decline, but there are few funded services at the moment to do it.”

“Community-based rehabilitation can also be a very cost effective alternative to inpatient rehabilitation programs but currently, if you can’t or don’t wish to receive ongoing care in the hospital setting, there is almost no provision of community-based rehabilitation programs because of this lack of funded programs.”

Prof Poulos believes there is a largely untapped rehabilitation workforce available to work in the aged care space.

“Services follow funding to a large extent. There are a lot of allied health professionals in private practice and a lot of rehab doctors and geriatricians scattered around in community practice who could and would be playing a bigger role in the aged care space if there were the funded services.

“If there is no funding, for community-based rehabilitation then we will never establish a workforce for those services, but the workforce will appear if the funding is there.”

INTERNATIONAL COMPARISONS

According to Prof Poulos, this is an area where Australia is lagging behind other countries like the UK and parts of Europe and even the United States.

“To do this under the Medicare system you can get a home-based or centre-based (community) rehabilitation program as long as it has been approved

“Rehabilitation

“There are very few programs aimed at restoring function. If you do make someone better, then you get less money for them!”

“Rehabilitation

"There are very few programs aimed at restoring function. If you do make someone better, then you get less money for them!"

"Rehabilitation"
“If there is no funding for community-based rehabilitation then we won’t establish a workforce for those services; but the workforce will appear if the funding is there.”

NEW MODELS
Prof Poulos is currently developing new models for community-based rehabilitation and reablement service provision. “Programs need to be time limited and targeted to those people who are likely to benefit; and we also need to make sure that the outcomes are measured so we know what works,” he says.

“We need to trial and evaluate some innovative service models across a number of sites, including regional and rural areas. The models need to explore not only how best to provide the rehabilitation care, but also how much it costs and how we can bring the workforce together. The aim is to develop a robust, sustainable mainstream model of community-based reablement and rehabilitation where the outcomes can be demonstrated to be worthwhile for both the consumer and the health and aged care system.”

Dr Brissy Dow, director of the health promotion division of NARI – National Ageing Research Institute – has had a long-standing interest in this area and has studied and published on the benefits of different home-based rehabilitation models. With a social work background, she ran a successful state government funded, community-based rehabilitation program for older people in the Ballarat Health Service, in the late 1990s working with the innovative pioneers, the geriatrician, Dr John Hurley and physiotherapist, the late Donene Baurers. She says, while it was most common for people to enter the program following an event such as a hip replacement or a stroke, a hospital admission wasn’t a precondition for receiving the service.

“It was a bit different to other ‘rehab in the home’ programs because a person could be referred to the service without having experienced a major health incident - just because it was noticed that they were deteriorating and needed some assistance. “A GP could refer someone directly to the program and we would bring in the interdisciplinary team and assess them in their home and look at what assistance they might need to prevent further decline or make them safer in their daily activities or whatever they needed, all within a short, sharp period of about four to six weeks.”

CASE IN POINT
Dr Dow says a good example of the program was an elderly male client who was referred to them by the GP who was concerned about his lack of family support and his deteriorating state.

“He looked at his home and his health problems and the things he was doing day to day where he was at most risk,” she says. “He wasn’t cooking meals for himself any more and he was going down to the pub for lunch each day. But he was having some mobility difficulties and the journey was quite unsafe.

“So we get someone to walk down to the pub with him and work out the problem areas and how he could negotiate them. And we gave him a walking stick and showed him how to use it to help him to get there safely.

“Another thing we identified was that his shoes were unsafe, so we helped him to buy new shoes that were a better fit and more comfortable. There were also some problems with the way he was putting the rubbish bin out each week and the real risk that next week or the week after, the thing would come crashing down on him.”

Dr Dow says they were able to arrange for a neighbour to take the bin out for him each week and they introduced some strength training exercises and a personal safety alarm that he could use if he needed help.

“The approach involved social work, physio, OT podiatry and an allied health assistant who would work with each client around completing specific functional tasks or orientation tasks that were important to that client.

“A lot of it was aimed at just preventing problems from arising. Older people can get very frightened of going to hospital, and worry that they’ll end up in a nursing home. That man had refused to go to hospital, and didn’t have to go at all. And as far as I know, he never needed to!”

Complete hygiene made easy
HiCare™ Bath wipes and Waterless Shampoo are an effective, no mess solution for bathing recipients in bed. Developed in our Sydney lab, this advanced product range is custom made for high dependency use. HiCare™ provide excellent value for money and significant benefits for those who: display resistive behaviour in the shower, are frail, pose a manual handling risk, are immobile, suffer hyperalgesia, or are in need of palliative care.

HiCare™ Bath
• 4 cloth partial bath  
• 6 cloth full bath packs  
• Bacteria resistant, prevents skin tears  
• Budget wipes available for volume based contract sales

HiCare™ Waterless Shampoo
• No water or mess  
• 2 sizes available 60ml or 150ml  
• Shampoo in bed – no water, no mess

HiCare™ Waterless Shampoo*  
• Contains Keratin  
• 2 sizes available 60ml or 150ml  
• Shampoo in bed – no water, no mess

Inquiries: Human Technologies (Aust) P/L  www.humantechnologies.net.au  
†Backed by independent evidence-based studies (reports available).  *For use with HiCare™ Shampoo or Shampoo in bed – no water, no mess

invacare's new range of Patient Lifters is now available with a new intelligent monitoring system.

The system is able to monitor maintenance intervals, much like a service warning in a vehicle. This will help ensure compliance to Australian Standards that require a lifter to be serviced at least once every 12 months. It is now possible to know exactly how much the lift has been used – based on factual data, helping to maximise the use of the lifter within a facility.

The system is equipped to monitor the use of the actuator providing information to undertake preventative maintenance and help to reduce lifter downtime.

The new intelligent monitoring system on Invacare’s latest range of patient lifters will help you take the guesswork out of lifter servicing.

To find out how we can help, contact our Customer Services team on 1800 460 460 or visit www.invacare.com.au

Making life’s experiences possible