



# Community Rehabilitation: 'Home vs Centre', guidelines for determining the optimal treatment location

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# Eastern Health



- Melbourne's Eastern Region
- 2800km<sup>2</sup>
- 800,000 population
- 7 major facilities
- Over 40 community located facilities





# Angliss Health Independence Programs

- Ambulatory Rehabilitation and Chronic Disease Management
- Opening of Community Rehab Centre in September 2006







# Systematic Review

- Final Library of 7 articles
  - Baskett, et al (1999). Shared Responsibility for ongoing rehabilitation: a new approach to home-based therapy after stroke. *Clin Rhab*, (1), 23-33
  - Bjorkdahl, et al (2007). Can rehabilitation in the home setting reduce the burden of care for the next-of-kin of stroke victims? *JRehabMed*, 39(1), 27-32
  - Crotty, et al (2008). Home versus day rehabilitation: a randomised controlled trial. *Age and Ageing* 37(6), 628-633
  - Roderick, et al (2001). Stroke rehabilitation after hospital discharge: a randomized trial comparing domiciliary and day hospital care. *Age and Ageing*, (4), 303-310
  - Gladman, et al (1993). A randomised controlled trial of domiciliary and hospital based rehabilitation for stroke patients after discharge from hospital. *Journal of Neurology, Neurosurgery & Psychiatry*, 56(9), 960 -966
  - J Gladman, Whynes & Lincoln (1994). Cost comparison of domiciliary and hospital-based stroke rehabilitation. DOMINO study group. *Age and Ageing* (3) 241 - 245
  - JR Gladman & Lincoln (1994). Follow-up of a controlled trial of domiciliary stroke rehabilitation (DOMINO study). *Age and Ageing*, 23(1), 9 -13



# Systematic Review - Results

- Strong Evidence
  - No difference in Physical Impairment Outcomes
- Moderate Evidence
  - No difference in Psychological Impairment
  - No difference in QOL Outcomes
  - HB Intervention = longer episode
  - CB Intervention = greater risk of readmission
- Limited Evidence
  - HB intervention = higher costs
  - CB intervention = higher carer burden
- Conflicting Evidence
  - Effects of intervention on Activity Outcomes



# The Vision



- A new model of care
  - “Flexible model of service delivery”
    - Location for individual treatment sessions to vary according to client/ therapist factors
- Question: What factors need to be considered in determining the most appropriate location for a treatment session?



# Method

- Concept Mapping technique
  - Tochrin W, Kane M. Concept Mapping: An introduction to conceptualization in health care. *J Healthcare Qual* 17.3, 187-191
- Key Stakeholders
  - Health Professionals
  - Consumers (Client and/or Carers)



# Participants

## Health Professionals Group

- N = 12
- Range of disciplines
  - PT, SP, OT, SW, Rehab Consultant, NP, DT, Nursing
- Range of experience levels
  - minimum 3 years
- Worked in Community Rehabilitation
  - centre-based,
  - home-based or
  - combination

## Consumers Group

- N = 7
- Range of diagnostic Groups
  - Ortho, CVA, other
- Active admission in EH CR
- Demonstrates
  - Receptive and Expressive English language skills
  - Ability to read and write short statements in English
  - Absence of severe cognitive impairment



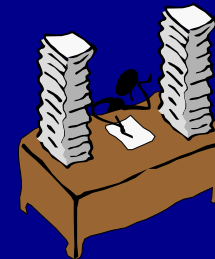
# The Forums – 6 steps

## Step 1 - Brainstorming

“Thinking as broadly as possible, generate statements about what characteristics of individuals, their circumstances and needs affect whether it is better for people to have rehabilitation sessions in their home or in a centre”



## Step 2 - Grouping or Sorting

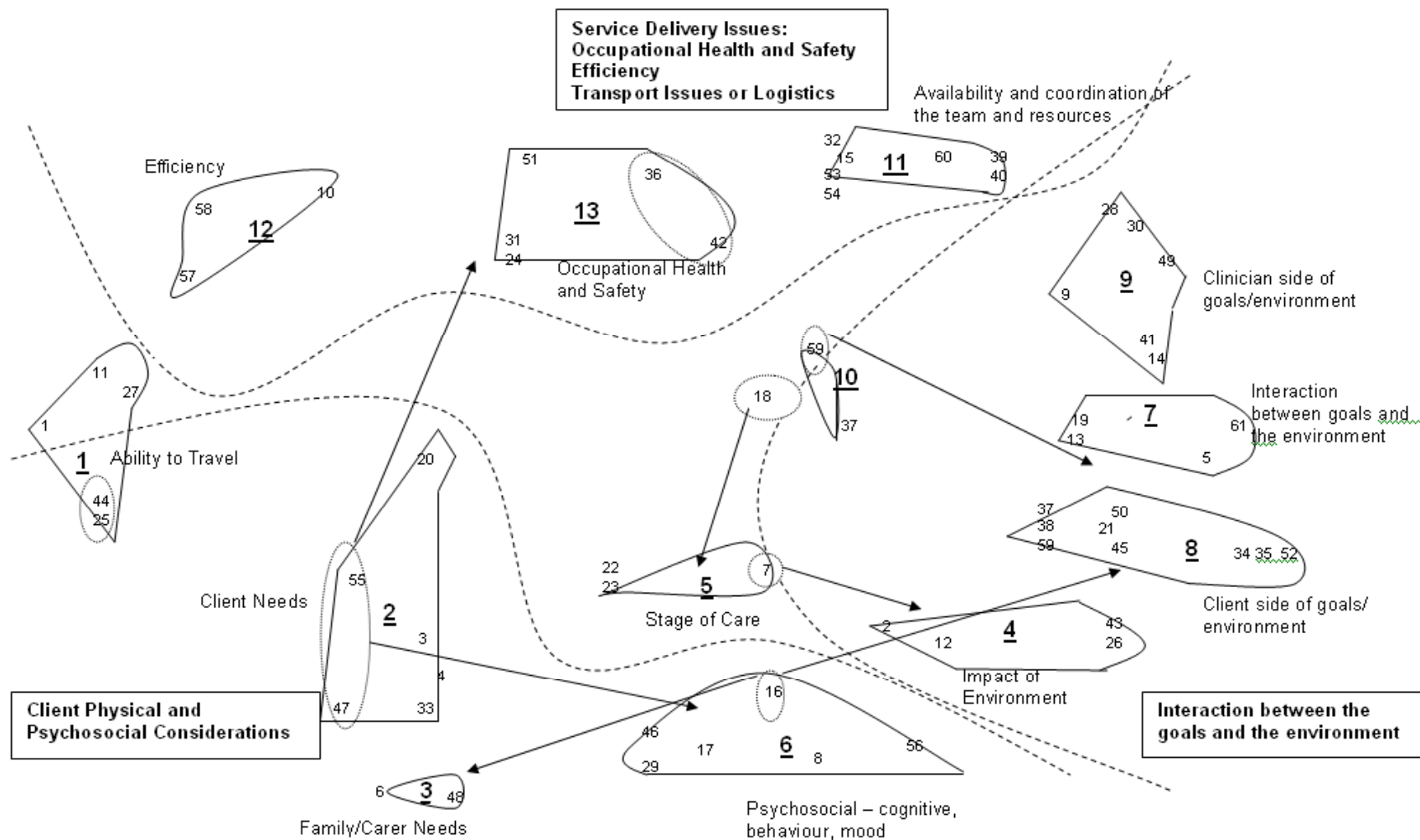


## Step 3 - Concept Mapping



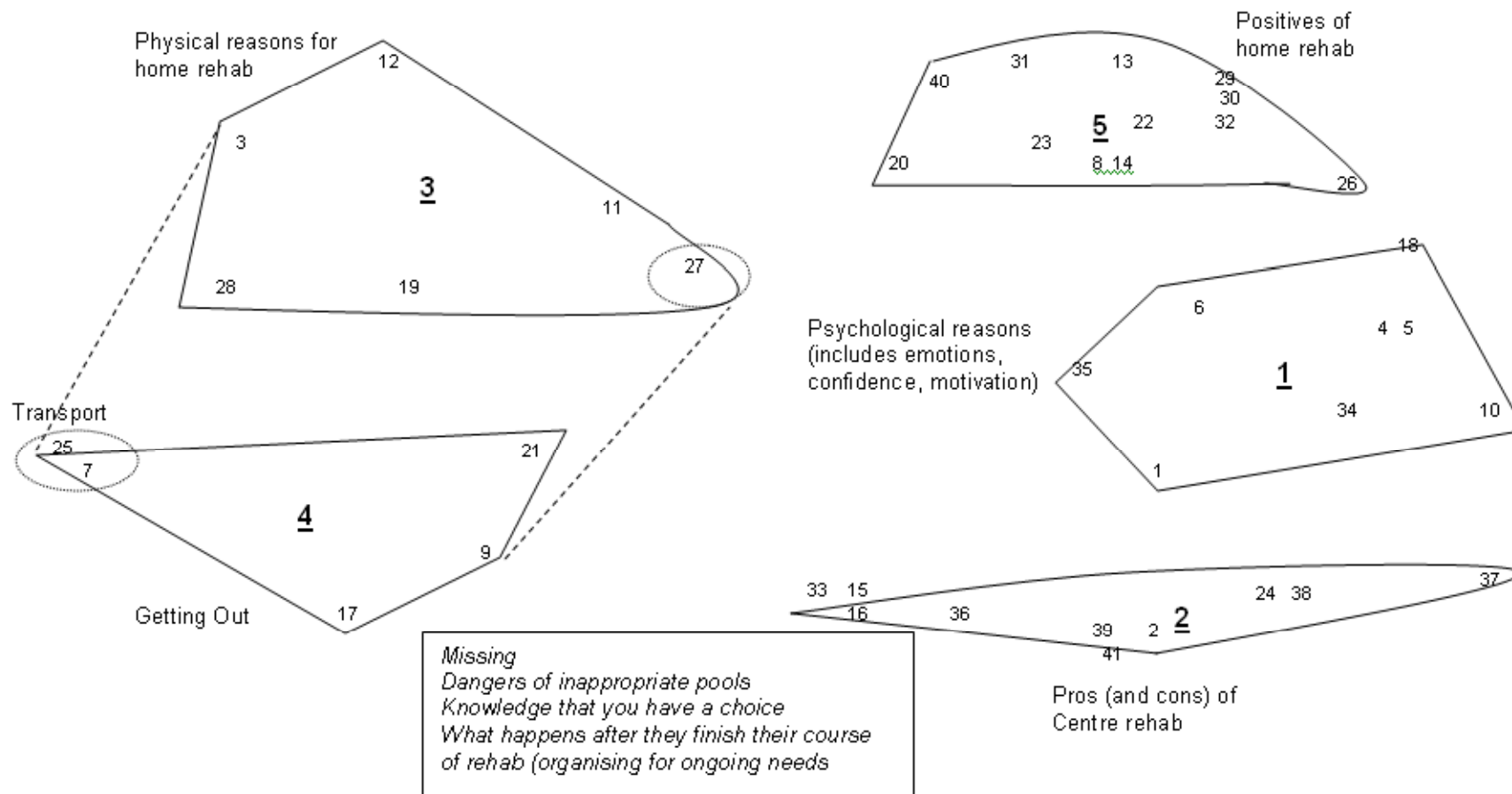


# Health Professional Concept Map





# Consumer Concept Map





# The Forums

- Step 6 – Rating of Statement
  - Rating 1 – Does the item tend to make HB or CB rehab more appropriate
    - 1 = strongly favours HB
    - 2 = somewhat favours HB
    - 3 = doesn't favour either (or could favour either)
    - 4 = somewhat favours CB
    - 5 = strongly favours CB
  - Rating 2 – How important is it to consider this statement in choosing HB or CB rehab sessions
    - 1 = unimportant (would have little or no influence)
    - 2 = a little important
    - 3 = moderately important
    - 4 = very important
    - 5 = essential (could well be the deciding factor)



# Rating of Statements – Health Professionals

Cluster no.	Cluster Name	Mean CB/HB	Mean Imp
3	Family/carer needs	1.75	3.75
1	Ability to travel, transport logistics	1.93	4.03
2a	Client factors - physical needs	2.00	3.83
6	Psychosocial - cognitive, behaviour, mood	2.18	3.74
7	Inter action between goals and <u>enviro</u>	2.69	4.02
8	Client side of goals/ <u>enviro</u>	2.86	3.79
12	Efficiency	2.92	2.97
4	Impact of environment	3.30	3.67
5	Stage of care	3.33	2.78
2b	Client factors - motivational issues	3.75	3.64
9	Clinician side of <u>goals/enviro</u>	3.81	4.36
11	Availability and coordination of the team and resources	4.23	3.86
13	Occupational health and safety	4.33	3.82

Favours HBCR

Depends on specifics

Favours CBCR



# Rating of Statements – Consumers

Cluster no	Cluster Name	Mean CB/HB	Mean imp	
5	Positives of home rehab - build confidence	1.64	3.75	↑ Favours HBCR
4b	Transport	1.88	3.13	
3	Physical reasons for home rehab	2.25	3.04	
4a	Getting out	2.33	3.63	
1	Psychological reasons (emotions, motivation, confidence)	2.55	3.36	Depends on specifics
2	Pros (and cons) of centre based rehab	4.14	3.90	↓ Favours CBCR



## Themes

1. Service Delivery Issues: OH&S
2. Interaction between goals & environment
3. Physical & psychosocial considerations
4. Service Delivery Issues: Efficiency
5. Service Delivery Issues: Transport issues/logistics



# Indicators and Guidelines

	Home	Centre
1. Is the home environment safe for staff to visit (refer to home visit safety checklist)?	Yes	No Yes
2. Does the client have contraindications to travel?	Yes No	No

## Guidelines:

1. If home environment not safe for staff to visit, client **ALWAYS** seen in centre. If home environment safe, client may be seen at home or centre.
2. If the client has contraindications to travel, and the home environment is safe for staff, client **ALWAYS** seen at home. If no contraindications to travel, and home environment safe client may be seen at home or centre.



# Indicators and Guidelines

<p>3. Does the therapy session require equipment, resources and /or conditions that are available only in the centre to meet the goals of the session?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>a. Non transportable specialist equipment (high low couch, treadmill etc)</li> <li>b. Distraction free environment,</li> <li>c. Multiple therapist treatment session (interpreters)</li> <li>d. Confidentiality from family</li> <li>e. Skill transfer into unfamiliar environment</li> <li>f. Group work</li> </ul>	No	Yes
<p>4. Does the therapy session require a familiar environment, equipment or conditions to meet the goals of the session?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>a. Unable to skill transfer and thus require familiar</li> <li>b. Specific home set up or equipment required, eg kitchen, bathroom, stairs</li> <li>c. Community integration</li> <li>d. Viewing of interactions with family supports</li> <li>e. Training of family as carers</li> <li>f. Confidence with program independence - empowerment</li> </ul>	Yes	No
<p>5. Are there client-specific or psychosocial reasons to bring the client into the centre?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>a. Very low level of disability</li> <li>b. Behavioural issues (client and carers) in familiar environment</li> <li>c. To facilitate Peer Support and socialisation</li> <li>d. To facilitate motivation and competition with peers</li> <li>e. Needs of Carer (incidental respite)</li> </ul>	No	Yes
<p>6. Are there client-specific or psychosocial reasons for home-based rehabilitation?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>a. Fatigue</li> <li>b. Lack of confidence in unfamiliar or social environment</li> <li>c. Body Image issues</li> <li>d. Behaviour in unfamiliar environment (client and carers)</li> <li>e. Cognition effected in unfamiliar</li> <li>f. Anxiety in unfamiliar</li> <li>g. Other commitments or social responsibilities of carer and/or client</li> </ul>	Yes	No



# Indicators and Guidelines

3. If the answer to indicators 3 through 6 is NO, then to further decide on the optimal treatment location consider the efficiency for client and staff/service
  - i. Examples
    1. Client with appointment already on same day, where is this appointment planned (home or centre)
    2. Overall staff caseload requirements
4. If indicators 1 through 6 indicate the need for CBCR then all transport options and their cost to clients should be considered. (Transport options include self, family/friends, volunteer transport and taxi vouchers (see team leader for approval).). If there is no transport available then client should be seen at home.



### **Subacute Ambulatory Care Services Optimal Treatment Location Indicators and Guidelines**

Optimal Treatment Location Indicators	Home	Centre
1. Is the home environment safe for staff to visit (refer to home visit safety checklist)?	Yes	No
2. Does the client have contraindications to travel?	Yes No	Yes No
3. Does the therapy session require equipment, resources and/or conditions that are available only in the centre to meet the goals of the session? Examples: <ul style="list-style-type: none"> <li>▪ Non transportable specialist equipment (high low couch, treadmill etc)</li> <li>▪ Distraction free environment,</li> <li>▪ Multiple therapist treatment session (interpreters)</li> <li>▪ Confidentiality from family</li> <li>▪ Skill transfer into unfamiliar environment</li> <li>▪ Group work</li> </ul>	No	Yes
4. Does the therapy session require a familiar environment, equipment or conditions to meet the goals of the session? Examples: <ul style="list-style-type: none"> <li>▪ Unable to skill transfer and thus require familiar</li> <li>▪ Specific home set up or equipment required, eg kitchen, bathroom, stairs</li> <li>▪ Community integration</li> <li>▪ Viewing of interactions with family supports</li> <li>▪ Training of family as carers</li> <li>▪ Confidence with program independence - empowerment</li> </ul>	Yes	No
5. Are there client-specific or psychosocial reasons to bring the client into the centre? Examples: <ul style="list-style-type: none"> <li>▪ Very low level of disability</li> <li>▪ Behavioural issues (client and carers) in familiar environment</li> <li>▪ To facilitate Peer Support and socialisation</li> <li>▪ To facilitate motivation and competition with peers</li> <li>▪ Needs of Carer (incidental respite)</li> </ul>	No	Yes
6. Are there client-specific or psychosocial reasons for home-based rehabilitation? Examples: <ul style="list-style-type: none"> <li>▪ Fatigue</li> <li>▪ Lack of confidence in unfamiliar or social environment</li> <li>▪ Body Image issues</li> <li>▪ Behaviour in unfamiliar environment (client and carers)</li> <li>▪ Cognition effected in unfamiliar</li> <li>▪ Anxiety in unfamiliar</li> <li>▪ Other commitments or social responsibilities of carer and/or client</li> </ul>	Yes	No
<b>Optimal Treatment Location Guidelines:</b> <ol style="list-style-type: none"> <li>1. If home environment not safe for staff to visit, client <b>ALWAYS</b> seen in centre. If home environment safe, client may be seen at home or centre.</li> <li>2. If the client has contraindications to travel, and the home environment is safe for staff, client <b>ALWAYS</b> seen at home. If no contraindications to travel, and home environment safe client may be seen at home or centre.</li> <li>3. If the answer to indicators 3 through 6 is NO, then to further decide on the optimal treatment location consider the <b>efficiency</b> for client and staff/service               <ol style="list-style-type: none"> <li>i. Examples                   <ol style="list-style-type: none"> <li>1. Client with appointment already on same day, where is this appointment planned (home or centre)</li> <li>2. Overall staff caseload requirements</li> </ol> </li> </ol> </li> <li>4. If indicators 1 through 6 indicate the need for CBCR then all <b>transport</b> options and their cost to clients should be considered. (Transport options include self, family/friends, volunteer transport and taxi vouchers (see team leader for approval)). If there is no transport available then client should be seen at home.</li> </ol>		



# Impact of Research

- Indicators and Guidelines
  - Access Unit at INI
  - Clinicians within flexible service delivery model
- Clients receiving therapy in optimal location
- Emphasis on staff & client safety issues
- Increase in centre-based activity
- Increased efficiencies



# Clients Outcomes???



Reference:

Von Koch L, Wottrich AW, Holmqvist LW (1998). Rehabilitation in the home versus the hospital: the importance of context. *Disabil Rehabil* 20(10), 367-72

# *Eastern Health*



# Thankyou

Pending Publication  
International Journal of  
Rehabilitation Research



Members of Eastern Health: Angliss Hospital, Box Hill Hospital, Healesville & District Hospital, Maroondah Hospital,  
Peter James Centre, Wantirna Health, Yarra Ranges Health and Yarra Valley Community Health Service