Assessment and Rehabilitation of Young People in Residential Aged Care

Young People in Aged Care: “Time to Act” Seminar
31 August 2018

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Chair: Vic/Tas Branches  AFRM and  RMSANZ

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES
Title

• What
• When
• Who - needs
  - does it
• Why
• Where
Disability
Handicap
• National Disability Insurance Scheme Participation
Rehabilitation Medicine is that part of the science of medicine involved with the prevention and reduction of functional loss, activity limitation and participation restriction arising from impairments, the management of disability in physical, psychosocial and vocational dimensions, and improvement of function.

Medical rehabilitation in its broadest sense is part of all patient care. It is the function of every practising doctor and involves the prevention, assessment, management and medical supervision of a person with disability until that person has attained an adequate and appropriate level of performance.
A rehabilitation medicine service aims to assist people with loss of function or ability due to injury or disease to attain the highest possible level of independence (physically, psychologically, socially and economically) following that incident or illness. This is achieved through a combined and co-ordinated use of medical, nursing and allied health professional skills. The process involves individual assessment, treatment, regular review, discharge planning, community integration and follow-up of people referred to that service.
Characteristics of a Rehabilitation Service

• Interdisciplinary
• Patient centred goal orientated program
• Regular case review and planning
• Standardised assessment and outcome measures
• Time Limited - but should it be?
Neuroplasticity!!

Early Rehab
High Dose
Extended period
Constraint Induced Therapy

Robotics

Transcranial Stimulation

Lots of therapists!
Rehab Team Members (Formal)

- Physician (Rehab Physician Geriatrician)
- Physiotherapist
- Occupational Therapist
- Nurse (Rehab Continence Diabetic Educator)
- Social Worker
- Dietitian
- Speech Pathologist
- Orthotist/Prosthetist
- Neuropsychologist
- Clinical Psychologist
- Mental Health Clinicians
- Podiatrist
- Exercise Physiologist
- Allied health Assistant
- Sexual Health Counsellor
Rehab Team Members (informal)

- Family
- Carers
- Friends
- Facility staff
Where is rehab provided and who by?

State Funded Services

- Acute hospital wards
- Sub-acute inpatient services
- Home based services
  - Rehab in the home
  - Stroke rehab at home
- Community Rehabilitation Centres

These services are often restricted to a particular catchment

- Case management / State wide Rehab services
  - ABI Service
  - ARBIAS
Private Rehab Funding

- Private Health Funds - limited!

- Compensable agencies
  TAC WorkCover Comcare DVA

Services are provided by private hospitals (eg Epworth), private rehabilitation groups and individual practitioners
Commonwealth funded services

• Community Health Centres

• Individual practitioners via EPC program

• Nationwide advisory/consultancy services (DBMAS)

• My Aged Care

• Residential Facility Allied Health

• NDIS  “rehab/health vs maintenance”

Critical Gap’ for Young People With Disability In Nursing Homes Under NDIS

Pb NewsTuesday, 12th June 2018

• A bewildering number of potential service providers to cater for the needs of young people in RCFs.

• Who will take on case management?
Comprehensive Rehabilitation Assessment

• Medical
  Seizures
  Spasticity
  Pain
  Musculoskeletal conditions
  Cardiovascular disorders
  Diabetes
  Specific medical conditions
    Autonomic Hyperreflexia
    Heterotopic Ossification
  Age related conditions
    Alzheimer's in Down’s Syndrome
    Spinal canal stenosis in dystonic CP
    Overused upper limb syndrome

• Skin Care - requires a coordinated approach
Comprehensive Rehabilitation Assessment

- **Nutrition**
  - under nutrition - including specific deficiencies
  - over nutrition

- **Continence**
  - long term renal surveillance
  - long term bowel dysfunction

- **Communication**
  - augmentative techniques devices
  - education of patient/family/carers

- **Swallowing**
  - (aspiration common cause of death in RCF)
  - thorough assessment (SP Videoflouroscopy FEES Acoustic)
  - clearly documented management plan
  - swallowing can change (rapidly)
**Comprehensive Rehabilitation Assessment**

- **Cognition**
  - Capacity
  - Latent/unrecognised capability

- **Behaviour Management**

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### Felix's Completed Behavior Plan

**Behavioral Intervention Plan Summary**

<table>
<thead>
<tr>
<th>Interventions components</th>
<th>What strategies will be used based on the hypothesis?</th>
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<tbody>
<tr>
<td>Preventive Risk: What are those interventions that can be used to rectify the individual’s self-care in order to improve the risk?</td>
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</table>
Behavioral plan in the intervention area is addressing case-based strategies, case-based planning, and case-based education. Prevention strategies include structured, case-based learning, and case-based education. |
| Educational Risk: What are those interventions that can be used to improve the individual’s self-care in order to improve the risk? | 
Behavioral plan in the intervention area is addressing case-based strategies, case-based planning, and case-based education. Prevention strategies include structured, case-based learning, and case-based education. |
| Physical Risk: What are those interventions that can be used to rectify the individual’s self-care in order to improve the risk? | 
Behavioral plan in the intervention area is addressing case-based strategies, case-based planning, and case-based education. Prevention strategies include structured, case-based learning, and case-based education. |

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**Crisis Management:** Are there management procedures needed to ensure safety and the resolution of the student’s behavioral emergencies in situations?

- YES
- NO
Comprehensive Rehabilitation Assessment

- Mobility
- Functional/Activities of Daily Living
- Psychological/Mood
- Sexuality
- Social
  - Advocacy
  - Guardianship
  - Advanced Care Planning
- Spirituality
Barriers
State: Victoria

Acute Health
Sub-Acute Services

SWEP
VALP

Slow to Recover Program
ISP

Supported Residential Facilities

Federal

Aged Care Facilities

NDIS
-carers
-equipment
-transport
-housing
-
• Comprehensive Assessment
• Regular review
• Detailed Practical Management Plans
• Education and Support
  Patient, Family support network
  Carers
  Medical (GP), Nursing, Allied Health
• Case Management
Ms PB

49 yo with Primary Progressive MS  Dx 1995

Lived at home until 2016  - Individual Support Package
-MS Society support worker

Chose to move into ACRF when transfers required hoist due to LL and UL weakness and spasticity

Obturator nerve blocks at Spasticity Clinic
Review at CRC
Ms PB

Admitted to Rehab ward at SVH recently
- Work up for treatment with ocrelizumab: Pap smear, skin check
- Assessment of spasticity: Trial of Intrathecal baclofen
- Review of seating and skin care
- Review of adaptive equipment: Wheelchair modifications
- Swallowing and Nutrition