

Rehabilitation: an essential component of the Care Continuum in Older adults

DR. MARIE O'CONNOR

CONSULTANT GERIATRICIAN

CENTRE FOR REHABILITATION, NOHC, DUBLIN 11

CONNOLLY HOSPITAL, DUBLIN 15

Overview

- ❖ What Rehabilitation is
- ❖ What rehabilitation is *not*
- ❖ Growing need for more Rehabilitation beds
- ❖ Challenges in delivering Rehabilitation in Ireland today

Rehabilitation: what is it?

- ❖ Progressive, dynamic goal orientated process which enables a person to maximise their potential and independence
- ❖ Coordinated Strategy led mostly but not exclusively by Consultant Geriatricians
- ❖ Appropriately staffed with skilled nursing and HSCP's
- ❖ Effective rehabilitation: improves quality of life for older adults
 - delays escalation of dependency in frail older adult
 - reduces hospital readmission rates
 - avoids premature admission to nursing home

What Rehab is not.....

Transitional Care

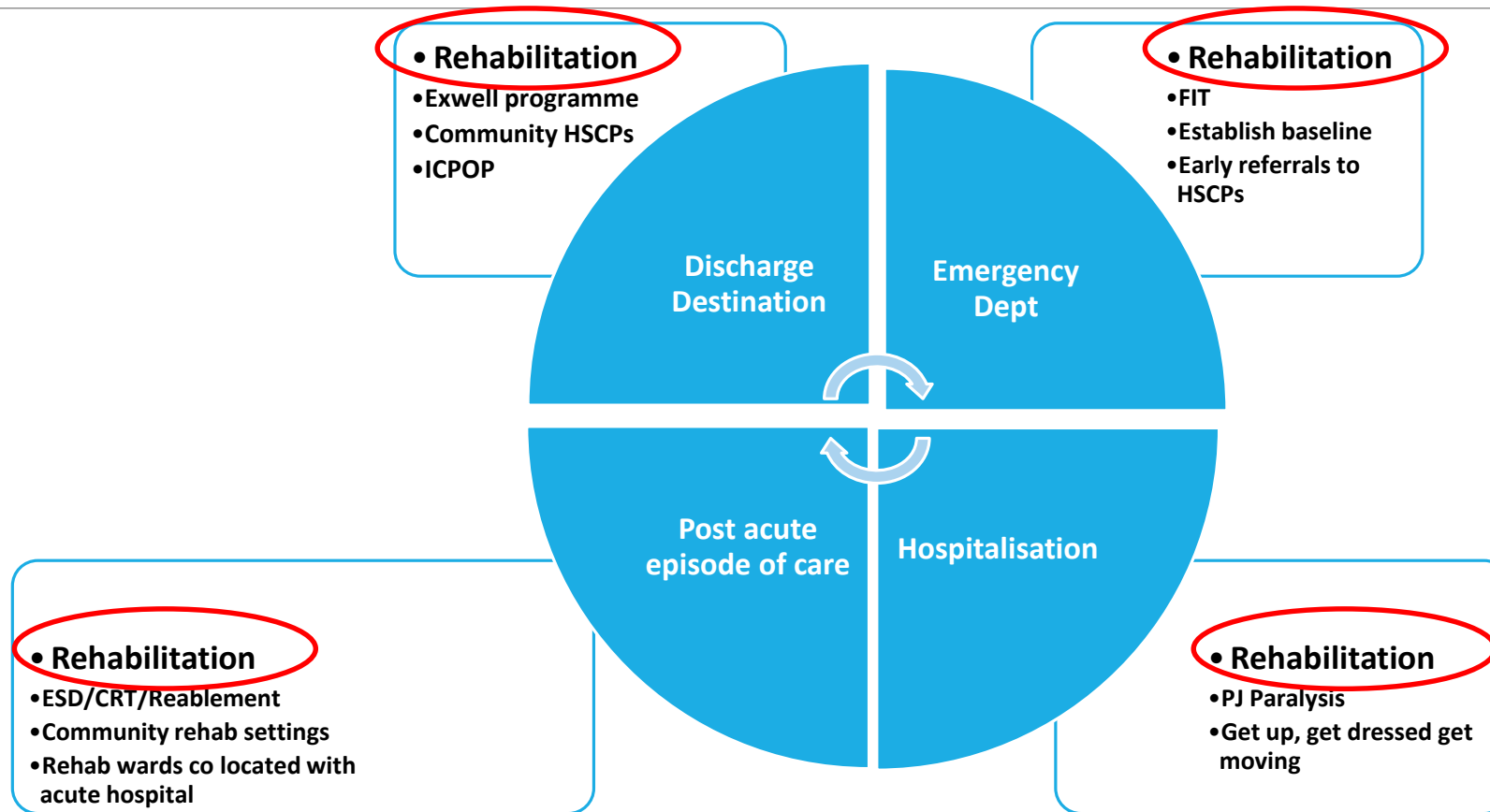
Convalescence

Step down

Respite

Private institutions

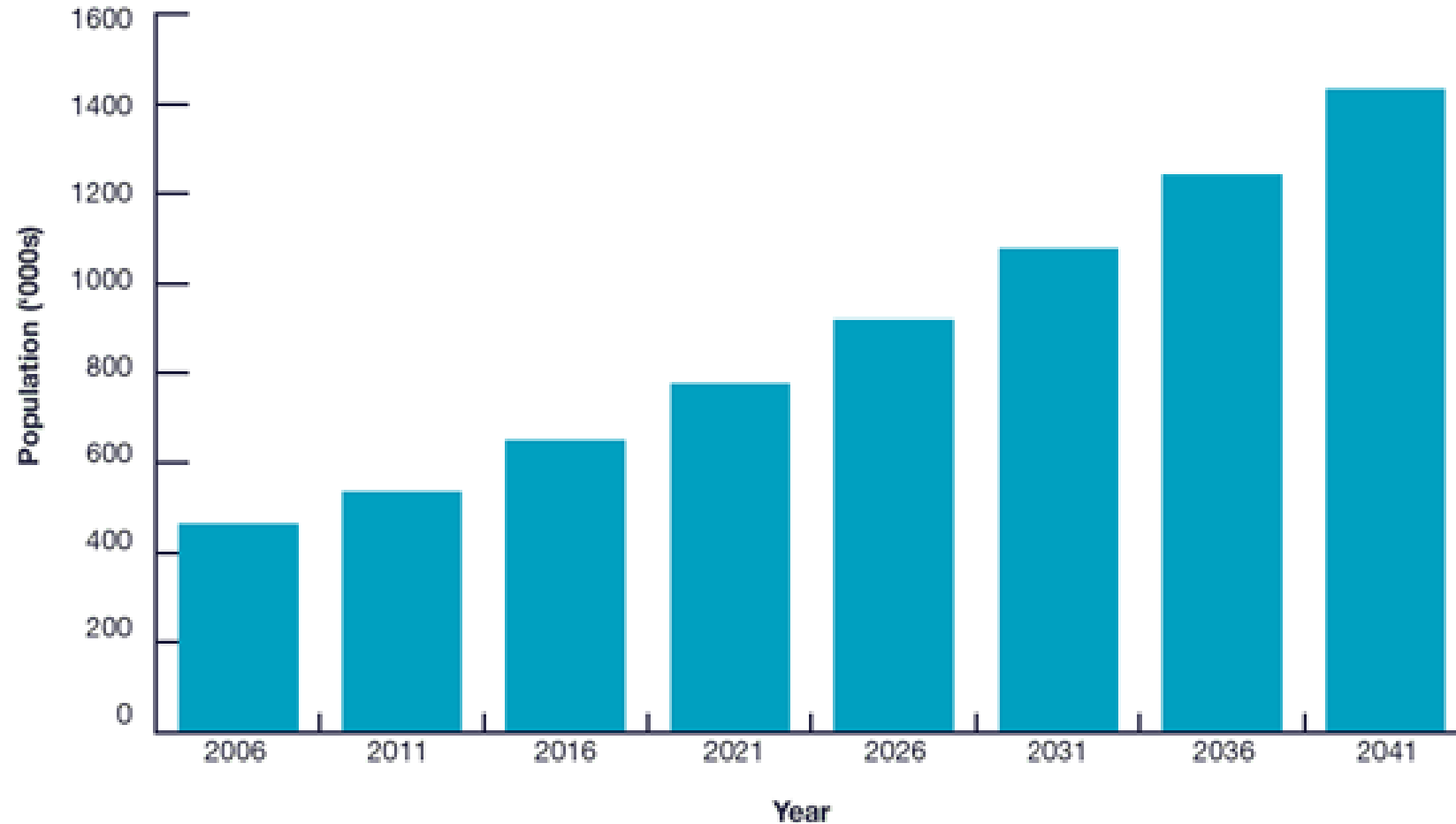
What I would like it to be...



Rehabilitation beds per 100,000 population per Health Region

	Health Area A	Health Area B	Health Area C	Health Area D	Health Area E	Health Area F	Total
HA Population	1,179,695	1,074,015	968,927	736,489	408,310	756,100	5,123,536
Total Rehab Beds *	31.36	20.39	28.89	22.12	20.57	14.28	1,224
Specialist Geriatric	14.33	9.03	13.93	1.63	5.63	0.26	861
Mixed Rehabilitation	6.95	4.38	10.42	14.64	13.47	12.30	486
Neuro-Rehabilitation	0	1.4	1.24	0	0	.53	131
Stroke Rehabilitation	1.53	1.12	2.06	1.36	1.47	1.19	95
Trauma & Orthopaedic	6.78	0	0	4.48	0	0	113
Orthogeriatrics Rehabilitation	0.42	0	1.24	0	0	0	17
Spinal Cord Injury	0.34	0	0	0	0	0	44
Brain Injury Rehabilitation	0.68	1.21	0	0	0	0	61
Amputee Rehabilitation	.34	0	0	0	0	0	16
Rheumatology Rehabilitation	0	0.93	0	0	0	0	10
Respiratory Rehabilitation	0	2.33	0	0	0	0	25
Acute Hospital	Beaumont Hospital Cavan/ Monaghan Connolly LouthCounty Dundalk Mater Navan Drogheda	Midland Mullingar Portlaoise Tulare Naas Tallaght St. James's St. Luke's	St Vincent's Tipperary Waterford Wexford	Bantry Cork Univ Mallow Mercy South Infirmary Kerry	Ennis Nenagh St. John's University Hospital Limerick	Galway Letterkenny Mayo Portiuncula Roscommon University Hospital Sligo	

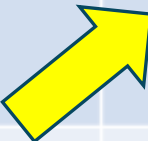
Projected population >65y Ireland 2006-2041



Population Projections and Healthcare Utilisation

HSE National Clinical Advisor for Acute Operations 2023

CSO	65+ pop	75+ pop	GP (TILDA) 3/year	NAS (Emer)	ED/ year 75+	Admit/ year 75+	Bed days (ALoS = 10 days)	Rehab (beds) 65+	NH
Current (2023)	800,000	351,000	1,053,000	500/day	200,000	100,000	1 million	2,400	35,000
2031	1 million	482,400	1,447,200	625/day	275,000	137,500	1.375 million	3,000	48,000
2041	1.3 million	660,000	1,980,000	810/day	375,000	187,500	1.875 million	3,900	66,000



Survey of Unmet Needs

HSE 2023

Not enough rehab beds

> 20% of patient occupying an acute hospital bed needed to be in a rehabilitation bed

This data not captured in DTOC figures

Rehab as a right not bonus territory

Scarcity of rehabilitation beds leads to restrictive access

Lack of capacity has led to a rationing of rehabilitation services to older adults with “rehab potential” or those deemed “fit for rehab”

ALL older adults have the potential to improve function and mobility through specialist rehabilitation .

All older adults have the right to rehab irrespective of their discharge destination

The need to scale up rehabilitation

- ❖ 2017 report
- ❖ Recognition of the heterogeneity in delivery of rehab services worldwide
- ❖ Recognition of the growing and urgent need to scale up rehabilitation to meet the needs of older adults with multimorbidity



- ❖ Report published May 2024
- ❖ Sets out what high quality rehab for frail older adults looks like
- ❖ Describes delivery of rehab across acute, post acute, ambulatory settings
- ❖ 12 key messages



Systems should invest in rehabilitation as a priority for more sustainable care. Rehabilitation for older people improves lives, delays escalation of dependency, reduces demand and costs for readmission to hospital and avoids premature long-term care.

Older people with acute illness decondition rapidly so need rehabilitation to start as soon as possible – healthcare professionals should not wait for a crisis to pass before providing rehabilitation at home, hospital or care home. Staff in care settings should prevent older people deconditioning by encouraging mobility and offering early active rehabilitation.

Rehabilitation is a multi-agency endeavour involving many health and social care disciplines, voluntary sector, volunteers, unpaid carers, housing and community leisure services. Systems should work with all partners to offer rehabilitation for older people as a key component of health and social care within age-friendly communities.

The business case for rehabilitation in older people is compelling. Future research should address the evidence gaps around older people who have been excluded from studies due to cognitive impairment or socio-economic or cultural inequalities.

Where to next?

- ❖ Older patients are now the core business of acute hospitals in the Western world.
- ❖ More Rehab beds to meet this need: time to Scale Up!
- ❖ Expensive to set up (lets be upfront about that) BUT WORTH IT
- ❖ Resource intensive : HSCP complement to match the casemix
- ❖ Should be developed on public sites/expansion of capacity with matched Medical and HSCP resource in current well performing Rehabilitation units.
- ❖ Reallocation /diverting of significant HSE budget currently funding transitional care/ step down units mostly in the private sector

