

An overview on the elephants of acute, adult neuro-rehabilitation in the private sector

**Corina Botha
Unit Manager: Therapy
Pasteur Hospital**



Focus of Presentation

**Complexity of disability
limitations in national and
international systems
neuro rehabilitation in private
healthcare
operational “elephants”**



Neuro-rehabilitation

Initially the rehabilitation of CVA and TBI

Umbrella term for the management of disabling conditions

Disabling condition: Any condition that

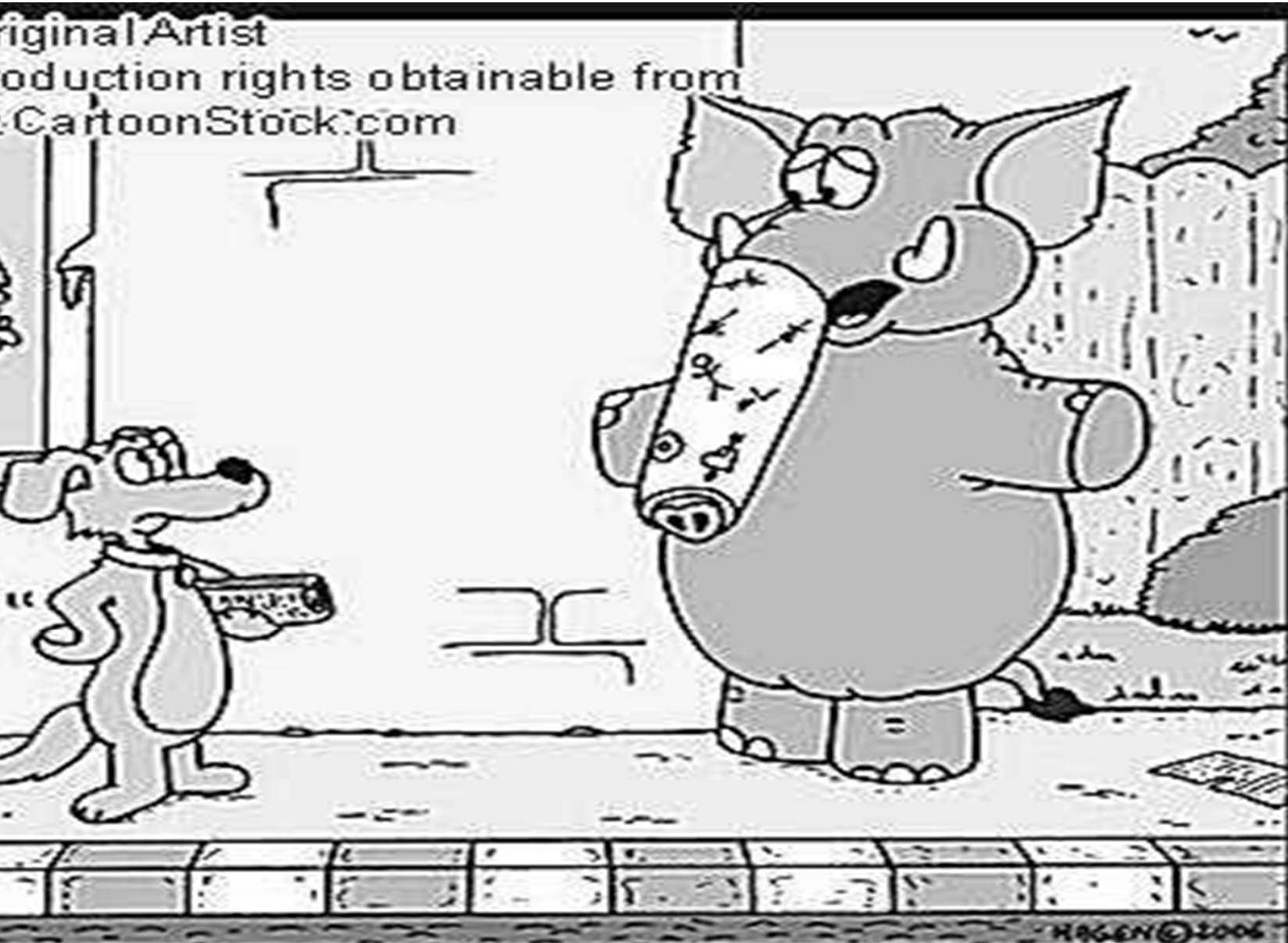
cause a restriction or lack of ability to

perform an activity in the manner or within

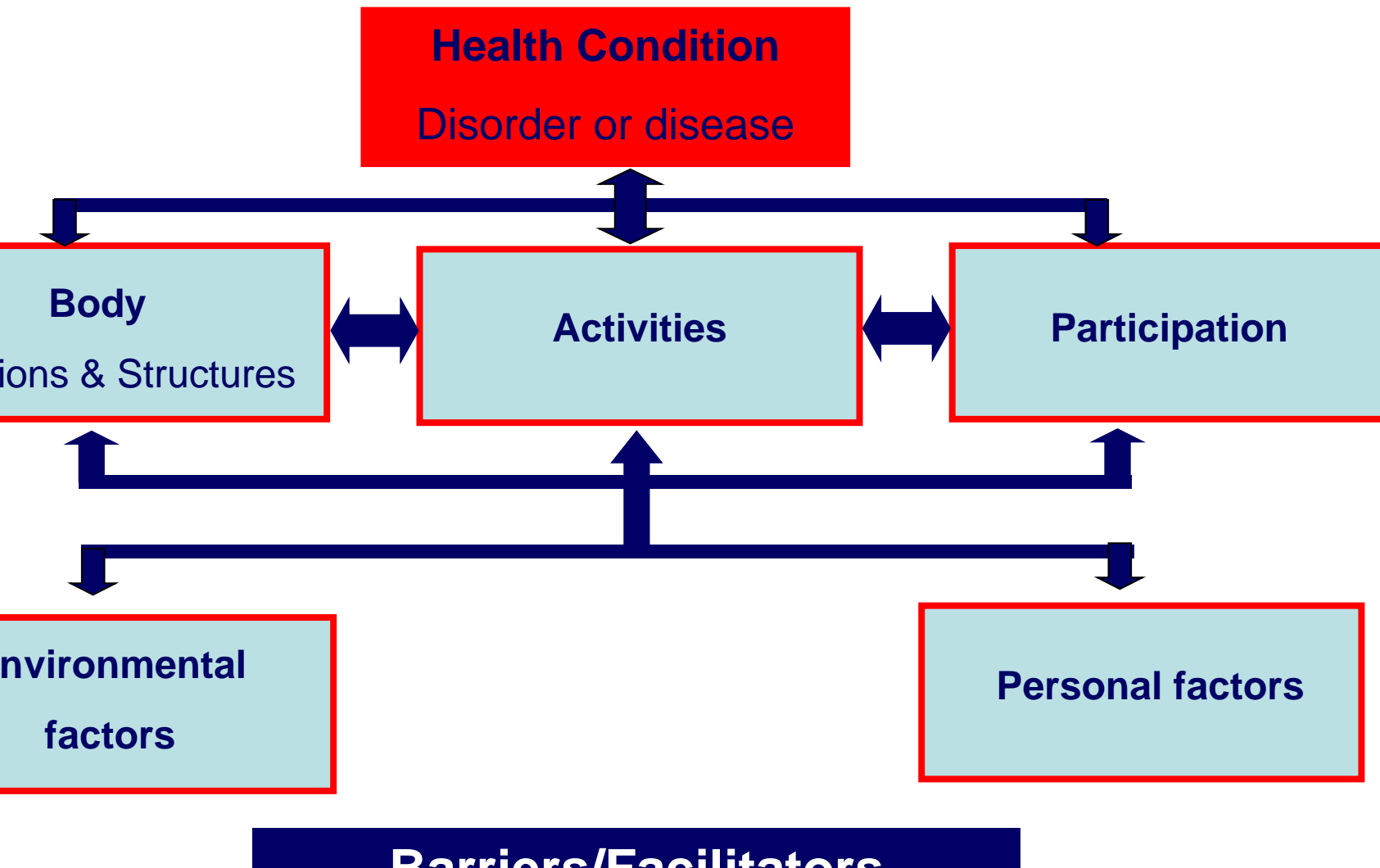
the range considered normal for a person of

the same age, culture and education.

Original Artist
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CartoonStock.com



ICF Model



**“.... A primary objective of any health care intervention is the enhancement of quality of life....
Indeed, for those individuals diagnosed with a chronic condition where cure is not attainable and (treatment) may be prolonged, quality of life is likely to be the essential outcome”**

Berzon, 2000

Health Related Quality of Life (HRQOL)

**Patients' appraisals of
their own level of
functioning and
satisfaction with it,
compared to what they
perceive to be the ideal**



Case Study 1:

Mrs. Venter

Years old
ays with 78 year old
usband
steo-arthritis left hip
evere pain
otal hip -replacement
ospitalized for 7 days
ut-patient therapy

Mr. Thabane

- 36 year old architect
- Very successful , talented
- Happily married to a teacher
- 8 year old daughter
- Family in MVA
- Wife passed away
- Mr. Thabane C4 incomplete tetraplegia- ASIA B

Disability

Sudden onset / unexpected outcome

Irreversible consequences

Cure – prolonged/ unattainable

Permanent life-style change

Prone to co-morbidities and co-disabilities

Effects all areas of life

Activity & participation limitations

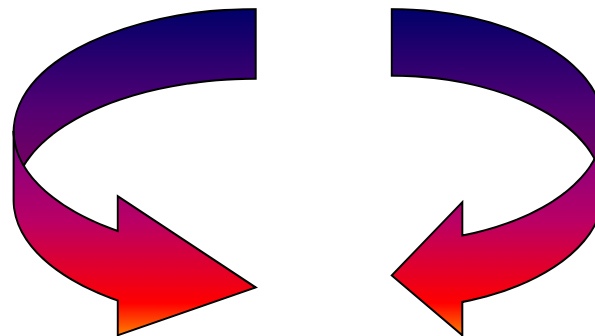
Questions quality and purpose of life

Neuro-rehab population

Stroke (CVA)
Complex medical
conditions
Traumatic brain injuries
Spinal cord injuries
Amputations
Multi-trauma
Degenerative disorders
Other

Internal

External



COMBINATION

High Acuity:

Most patients have complex combinations of motor, sensory, cognitive and functional impairments. Results from database indicate:

Significant communication problems-30%

Impaired mobility 88%

Confused, disorientated: 42%

Pusher syndrome/ Apraxia-9%

Incontinent-80%

Neglect -23%



Complications:

Painful shoulders
Pressure Sores
Infections (UTI, Pulmonary, etc.)
Neuro-pathic & musculo skeletal pain
Muscle shortening & contractures
Malnutrition
Dysphagia & Aspiration
Depression
Postural deformities
Fractures due to falling



Independence



vs.

Risk





**How well are we
managing disabling
conditions**



Prevention Is Still Better Than Cure!!

Macro:

Political stability
Socio-economical stability
and resource
management
Legislation- traffic control,
legislation
Healthcare systems and
infrastructures
Education systems
Ethics and morality

Micro:

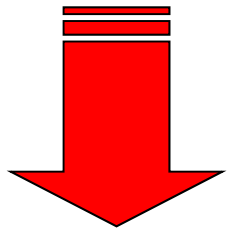
- Risk management:
 - Unmodifiable risks
 - Lifestyle choices
 - Medication control
- Avoid dangerous environments and activities
- Choice, commitment and taking responsibility for our actions & satisfaction with life

South African Context...

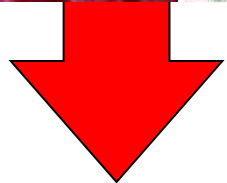
Can you believe
it...
the airport has
lost my trunk
again!



Prevention



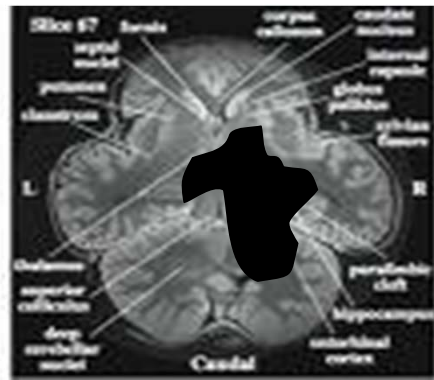
Cure???



Rehabilitation



Risk Management
Maintenance
Monitor & Control



Etiology
Classify
Risk Profiling
Limit mortalities disability & co-morbidity



Risk Management
Functional Solutions
Education & lifestyle change

REHABILITATION PROCESS

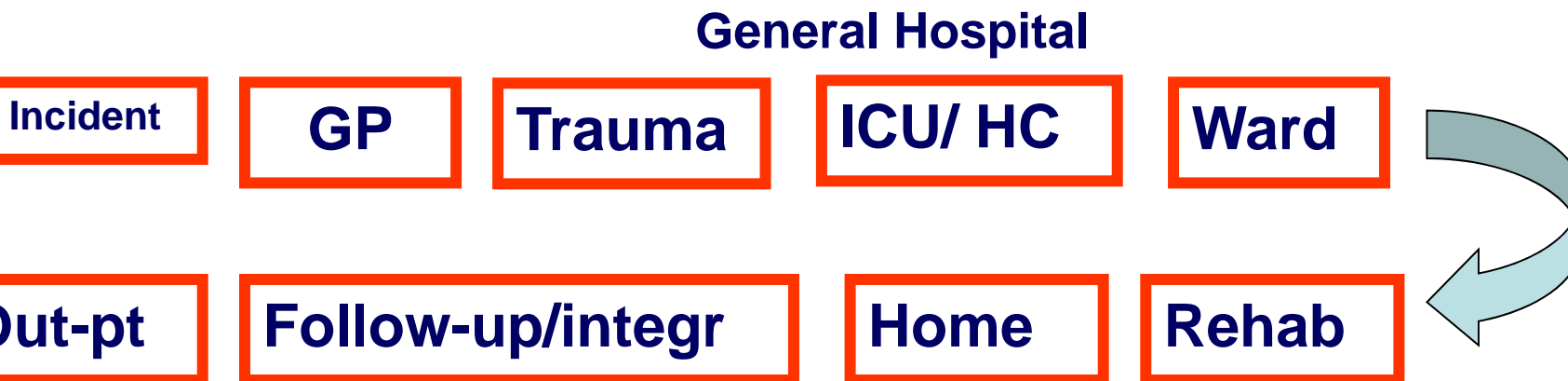
Community re-integration & long term care

ute, functional out-patient rehabilitation

ute, functional in-patient Rehabilitation

ute medical management & early intervention

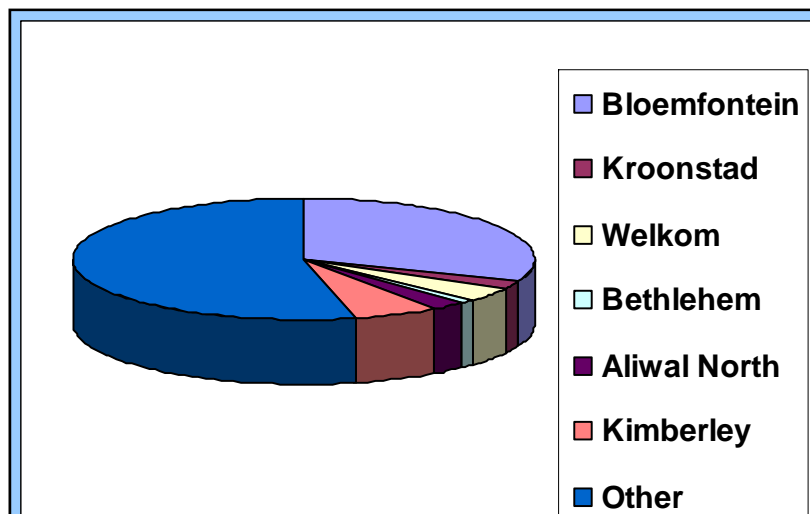
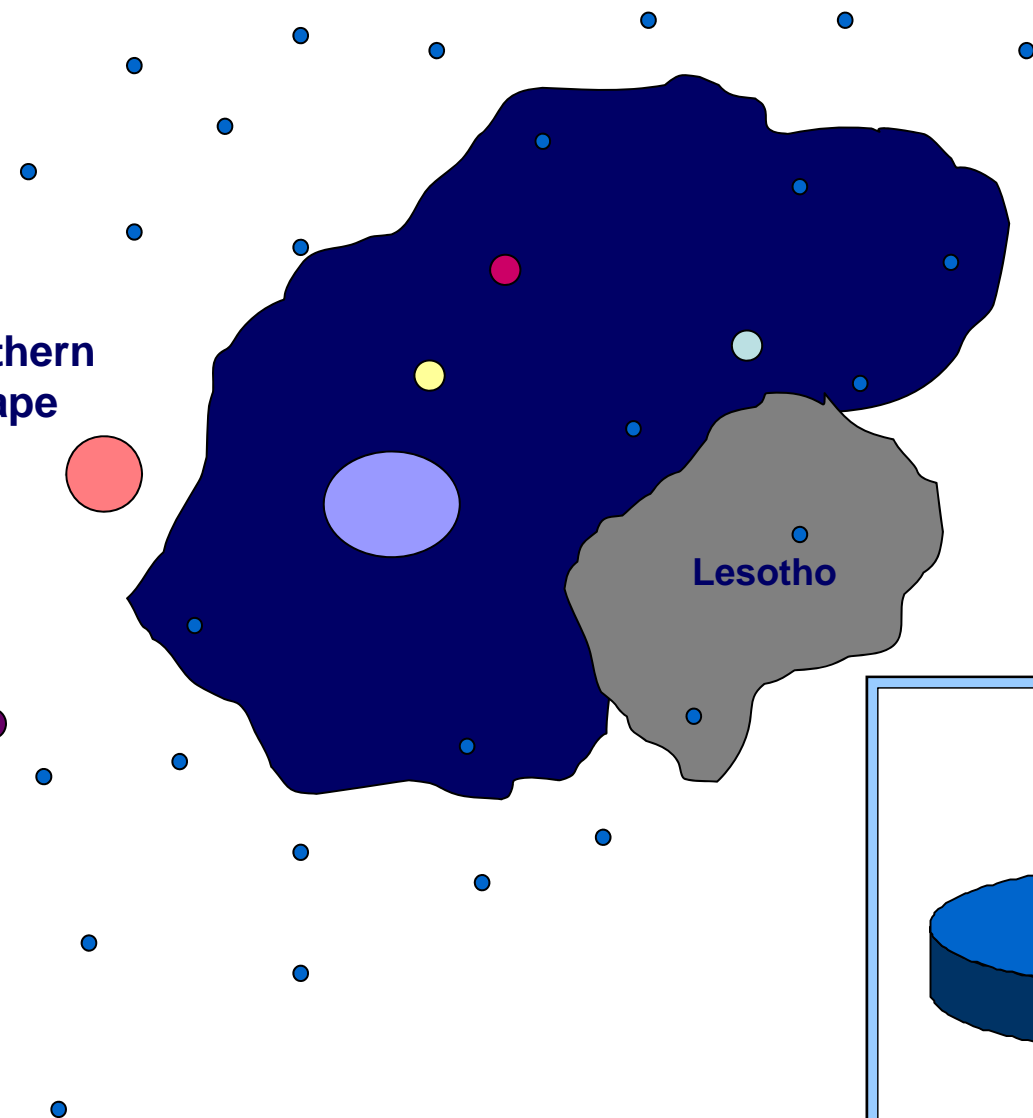
Prevention: Macro & Micro



Model 1: National



Model 2: International



Rehabilitation- Universally costly

specialised medical procedures & special investigations

high burden of care

co-morbidity and risk management

special diets and supplements

teams of experts-special training & experience

specialised equipment

safe, accessible environments

requires additional customer care and quality initiatives

prolonged length of stay



Acute, outcomes based in-patient rehabilitation

Recently introduced in the SA Private Health Care System
Public sector, Mining industry and Military Hospitals
Small, “foreign” service in the bigger healthcare sector
Compliments various services e.g. orthopaedic, neuro-surgery, internal medicine, etc.





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Clinic
Management

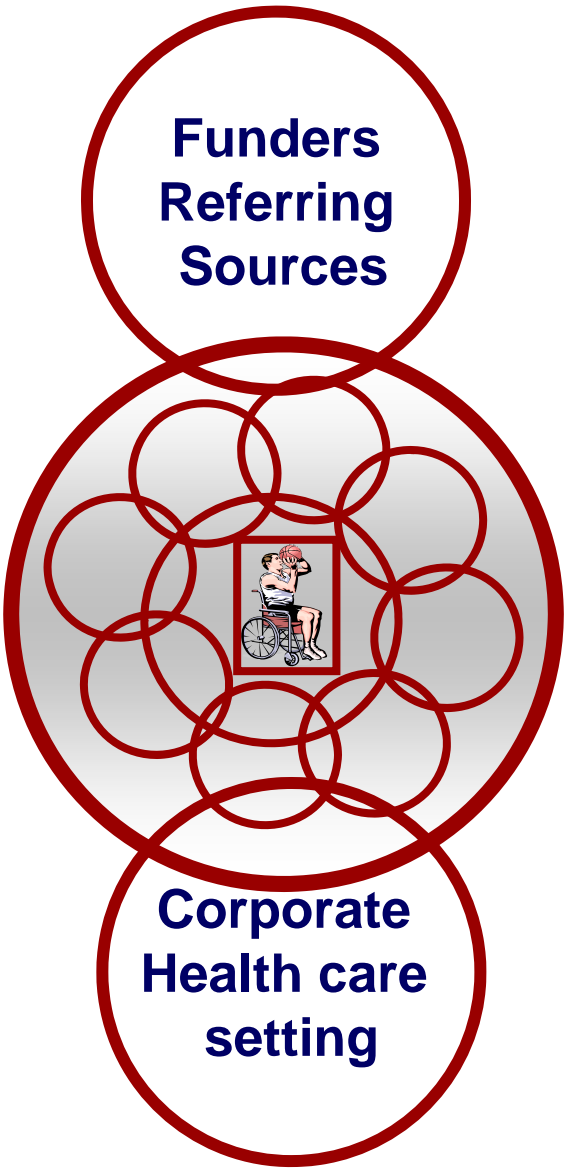
Nursing Staff



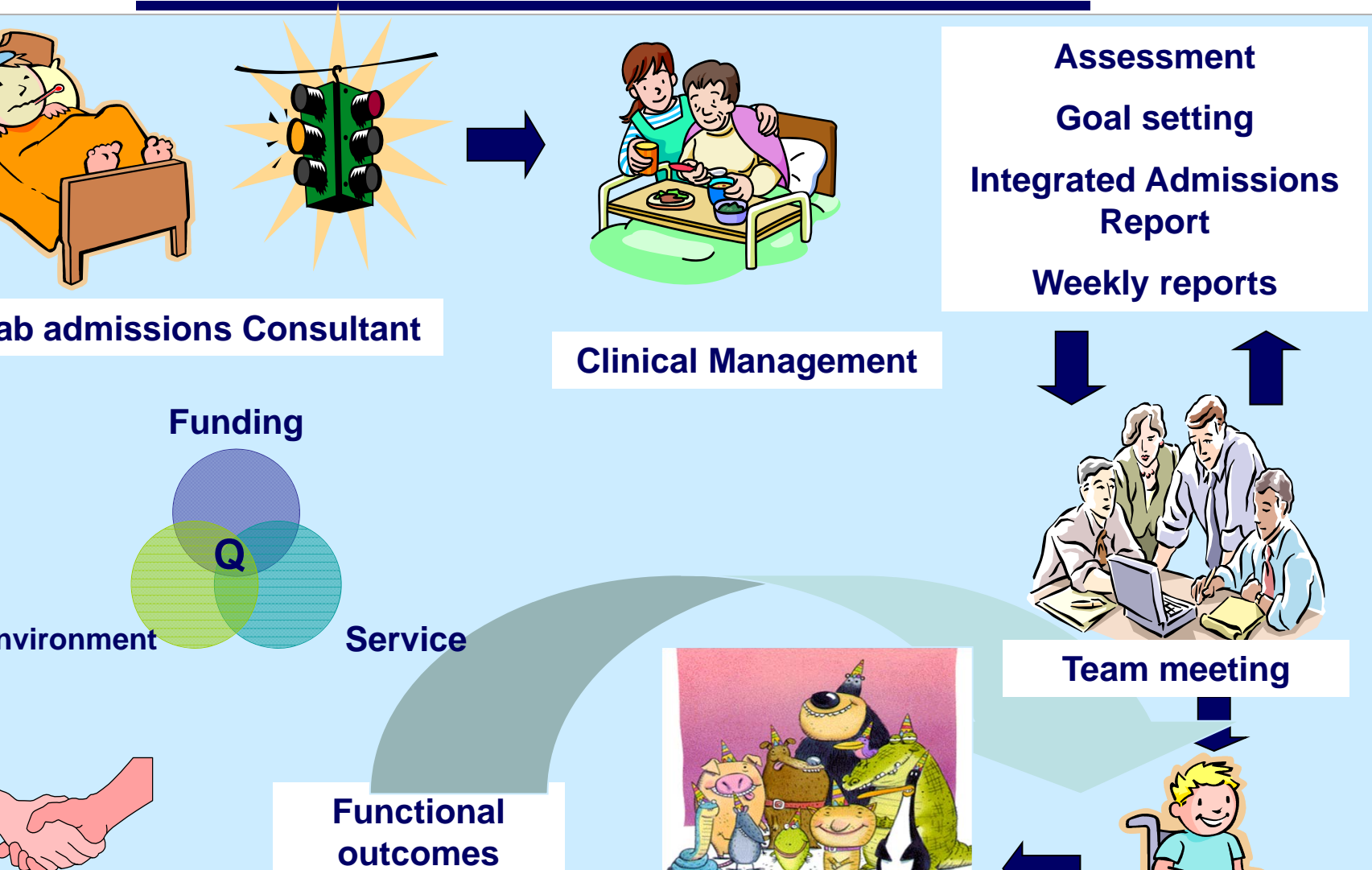
General Ward

Funders
Referring
Sources

FEE FOR SERVICE



Rehabilitation Process:



FUNDER:

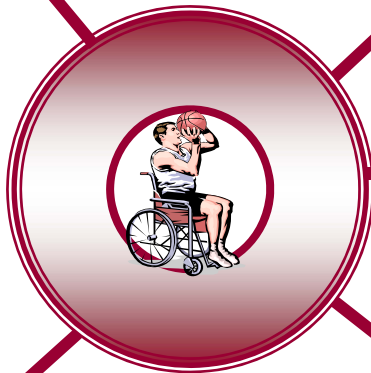
Quality care at
an affordable
price

Corporate support

Standards

Policies

Business values



Admission Case
management

Financial Management

Communicate with
funder

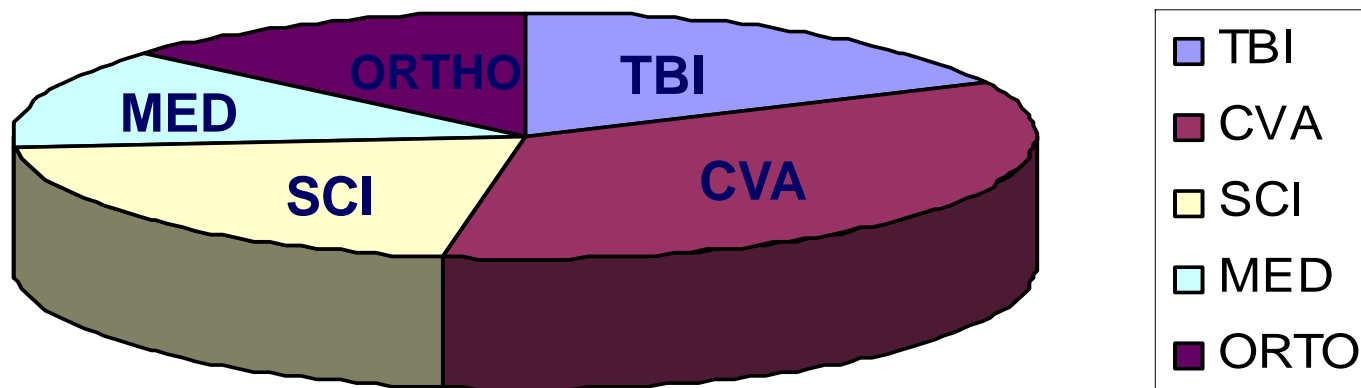
Clinical
management

Enhance
functional
independence

Management of
recourses

TQM

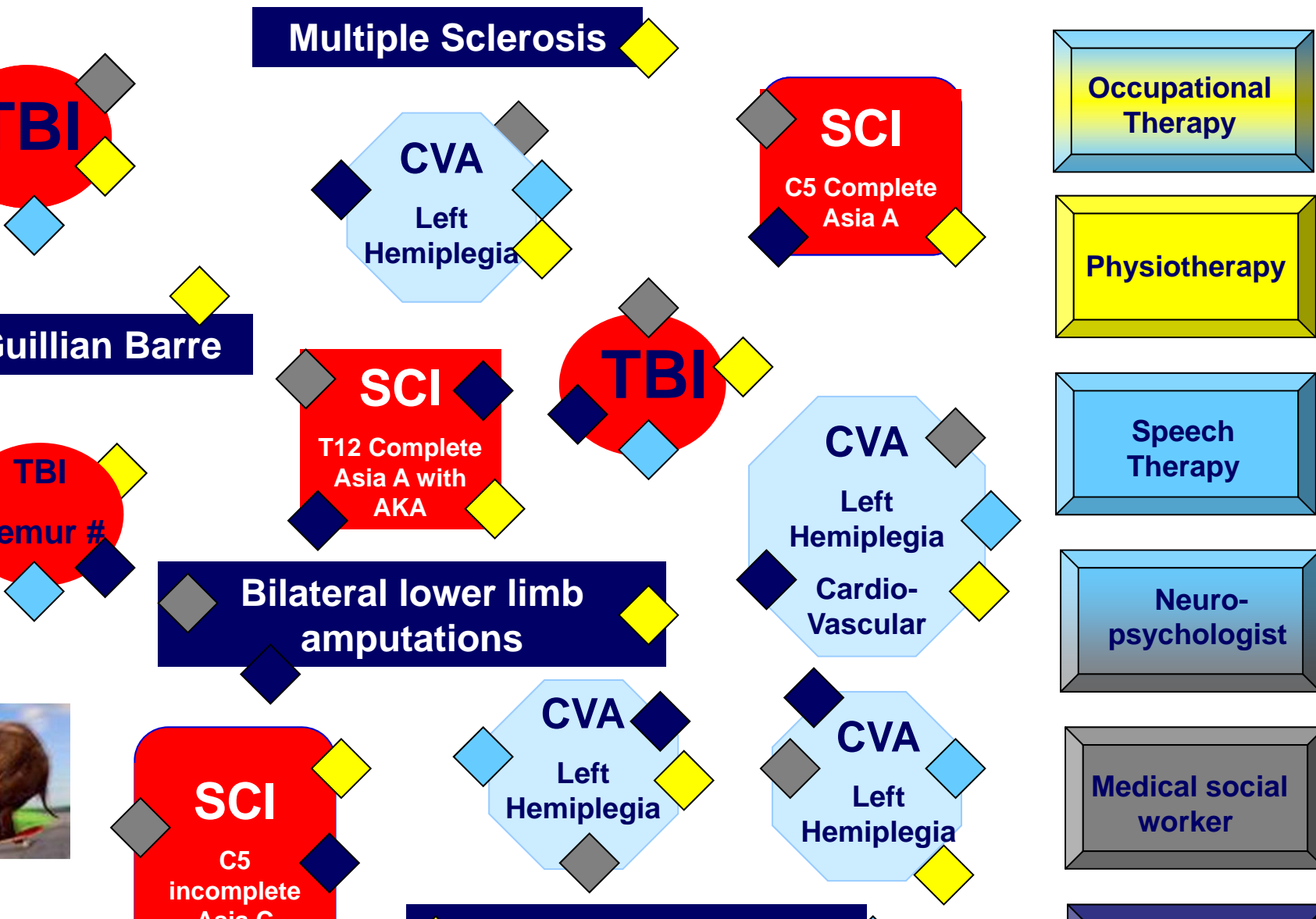
REHABILITATION POPULATION: TRENDS LIFE PASTEUR



Clinical consideration 1:

Differences between various diagnostic groups:

- Etiology**
- Risk profiles**
- Clinical pictures and functional profiles**
- Co-morbidities**
- Recovery process**
- Prognosis**



Clinical consideration 2:

Variability within diagnostic groups:

- Severity of condition
- Clinical and functional profile
- Recovery process and prognosis
- Risk profiles



Severe:

FIM/FAM levels 1-2
(Motor/ socio-
cognitive/ combined)

Complex
combinations of
problems

High risk to develop
comorbidities and
requires specialist
intervention with
focus on risk
management

Risk management
of functional
components

Moderate:

- FIM/FAM levels 3-5
(Motor/ socio-
cognitive/
combined)

- Risk needs to be
considered-
specialist
intervention not a
necessity

- Focus on
functional retraining

ACUITY

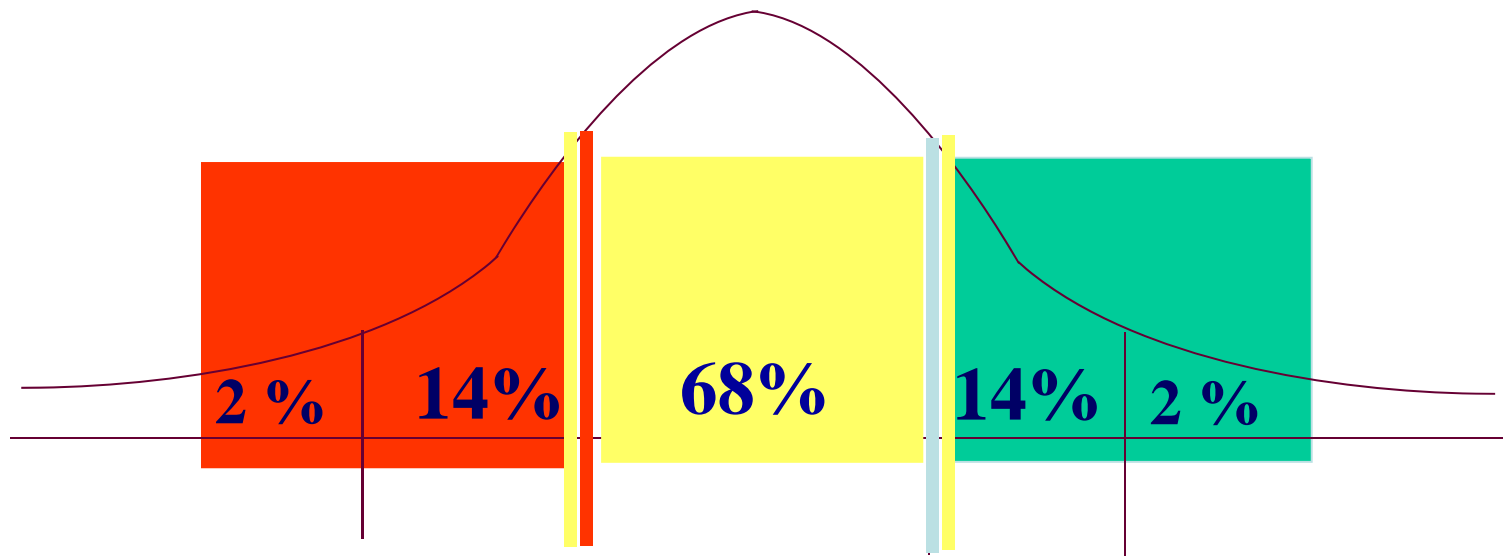
Mild:

- FIM/FAM levels 5-7
(Motor/ socio-
cognitive/
combined)

- Risk management
problematic due to
decreased higher
cognitive and
executive skills

- Basic functional
skills are in place
but patient still
requires structure
supervision and
guidance

Acutities



Complete Dependence: Severe – High risks – High burden of care. FIM/FAM- 1 to 3

Modified Dependence: Moderate burden of care: Similar to most people

Independence: Lower burden of care

FUNCTIONAL OUTCOMES IN CVA-

IRON-H. LAUBCHER



INTERNATIONAL

**NATIONAL-Private
sector**

Clinical consideration 3:

Similarities in functional and risk profiles across diagnostic borders

- Patients have combinations of problems**
- Similarities in the approaches required for different diagnostic groups**
- Variety of factors contribute to rehabilitation outcome**

Similarities between bio-mechanical and neurological deficits:

Core stability & postural control

Proximal stability

Stability vs. mobility

Dependent on sensory systems

Balance & control with regards to gravitational forces

- Prone to Co-morbidities
- Alignment
- Upper and lower limb control
- Endurance
- FUNCTIONAL IMPAIRMENTS
- Lifestyle adaptations

Current rehabilitation trends

Integration of Bio-mechanical & neurological issues/ problems

Discipline driven versus issue driven

Integration of models

Deconstruction and revival of previous models

Limitations in outcomes measures- Performance indicators for task components

Significant impact of the sensory systems

Rehabilitation is essentially about restoring different components of life

CASESTUDY 2: Mrs. AC

65 year old Widow from a farm in the Freestate
Her husband- farmer & GP- passed away about 2 years ago
Two grown-up children
Family from a higher socio-economic income group
Loves horses-accomplished rider.
Healthy, active individual prior to accident

- 16th of December 2004- injured in a MVA near her farm**
- CT brain: multiple heamorrhagic contusions in left fronto-parietal, left parietal & left temporal areas. Pelvis fracture, rib fractures & compression fracture L1.**
- 4 weeks in ICU- 4 weeks in HCU. Transferred for rehab 4 months later.**



Questions

How do you explain this patient's functional challenges?

Do you think other professionals would agree with you?

What would you do to facilitate a client-centred, integrated approach with regards to the management of this patient/

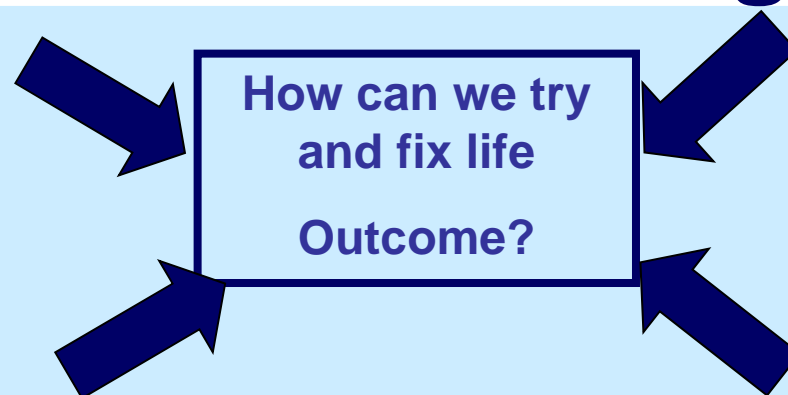
Challenges: Clinical reasoning



Who he was



Who he is now



REHABILITATION INVOLVES THE COMPLEXITY OF LIFE- All Spheres

Clinicians:

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terminology,
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works, etc.

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edge, skills,
ence, etc.



External factors:

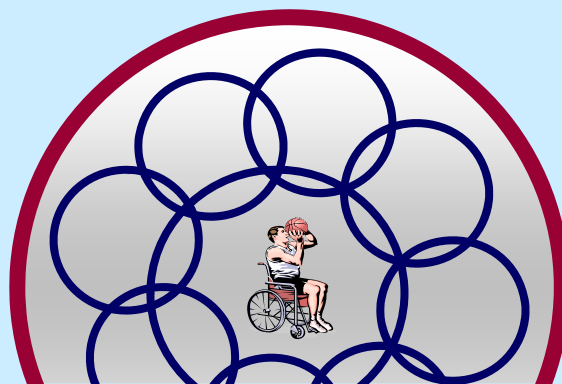
International
trends

Legislation

Recourses

HPCSA

Funding and service
delivery model model

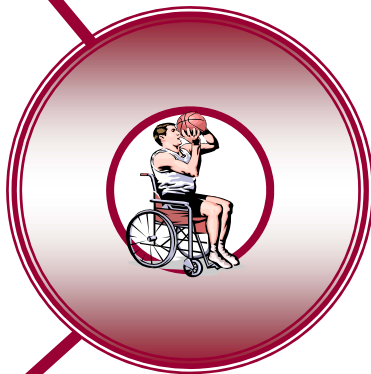


**FUNDER/
REFERRING
CLINICIAN:**

Quality care at an
affordable price
Entrusted pt in our
care

Families

Various back grounds
Limited pathology
knowledge
Emotional link
Focus: Restore quality
of life



Permanent staff

Nursing/Medical:

- Impairment driven
- Pressure sores
- Risk for falling
- Waterflow
- Medical risk

Therapy staff:

- Function driven
- Activity analyses
- FIM/FAM

**Agency staff
/Locums
/students:**

Pleasure / Reward/ Acceptance/Freedom

Character:

influenced
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skills
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CHARACTER

Temperament
Drive Motivation
Passion

Spirituality
and/or morality

Perceptions &
experiences

Attitudes,
Believes, Choices

Desires
Self regulation
Strategies

Balance

Content

Level of
Maturity and
Creative

Internal stressors/rewards

Eternality

Health/Life

Purpose
Self actualisation
Highest level of
creative
participation

External stressors/rewards

Current context

Death/disease

Body organ
structures &
functions

Basic capacities &
functions

Integrated functions

Complex functions

Developed and learned
capacities

Executive functions

Control - Self:

- Capacity to learn
- Voluntary vs. Sub-conscious
- Interdependency of structures
- Development vs. Deterioration
- Homeostasis: Internal vs., external
- Sustaining energy

Self regulation and energy Control

Occupation
Level of
independence

Personal independence

Recreation

Vocational

Family & community
involvement

Control –

Tasks/activities:

- Capacity to apply learning and perform
- Capacity to choose a lifestyle that fits talents, passion & environmental requirements
- Links person with environment
- Self regulatory skills and use of energy recourses

Participation
context /environment

Learning

Risk and recourses

Spatio-temporal

Structures

**Control –Physical
context**

Recourse management, Praxis, Manual

/ Reward/ Acceptance/Freedom

CHARACTER

temperament
drive
motivation
vision
creativity
and/or
rationality
emotions &
experiences

attitudes,
beliefs,
choices

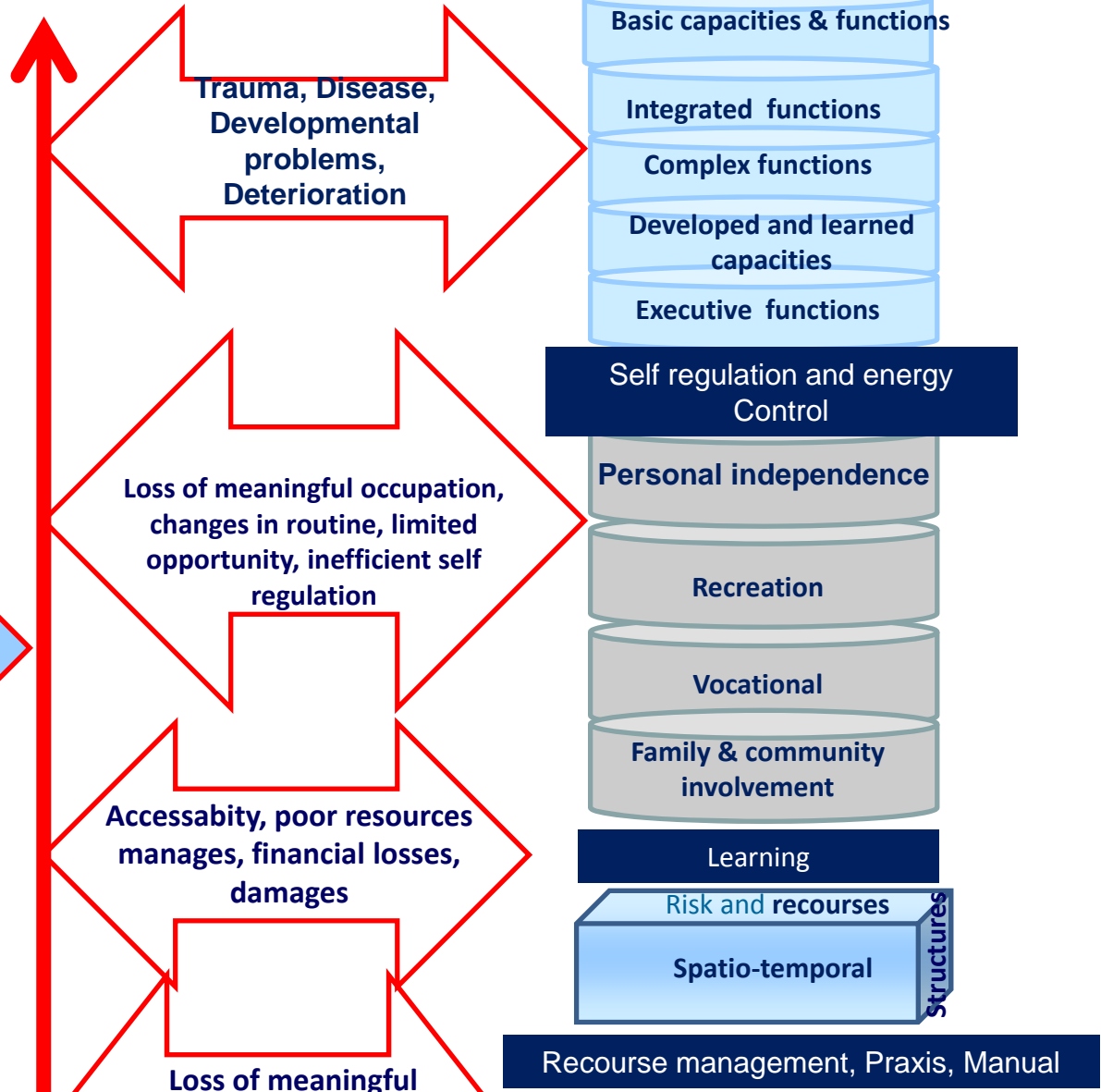
purpose
self
realisation
highest level
creative
participation

desires
self
regulation
strategies
balance

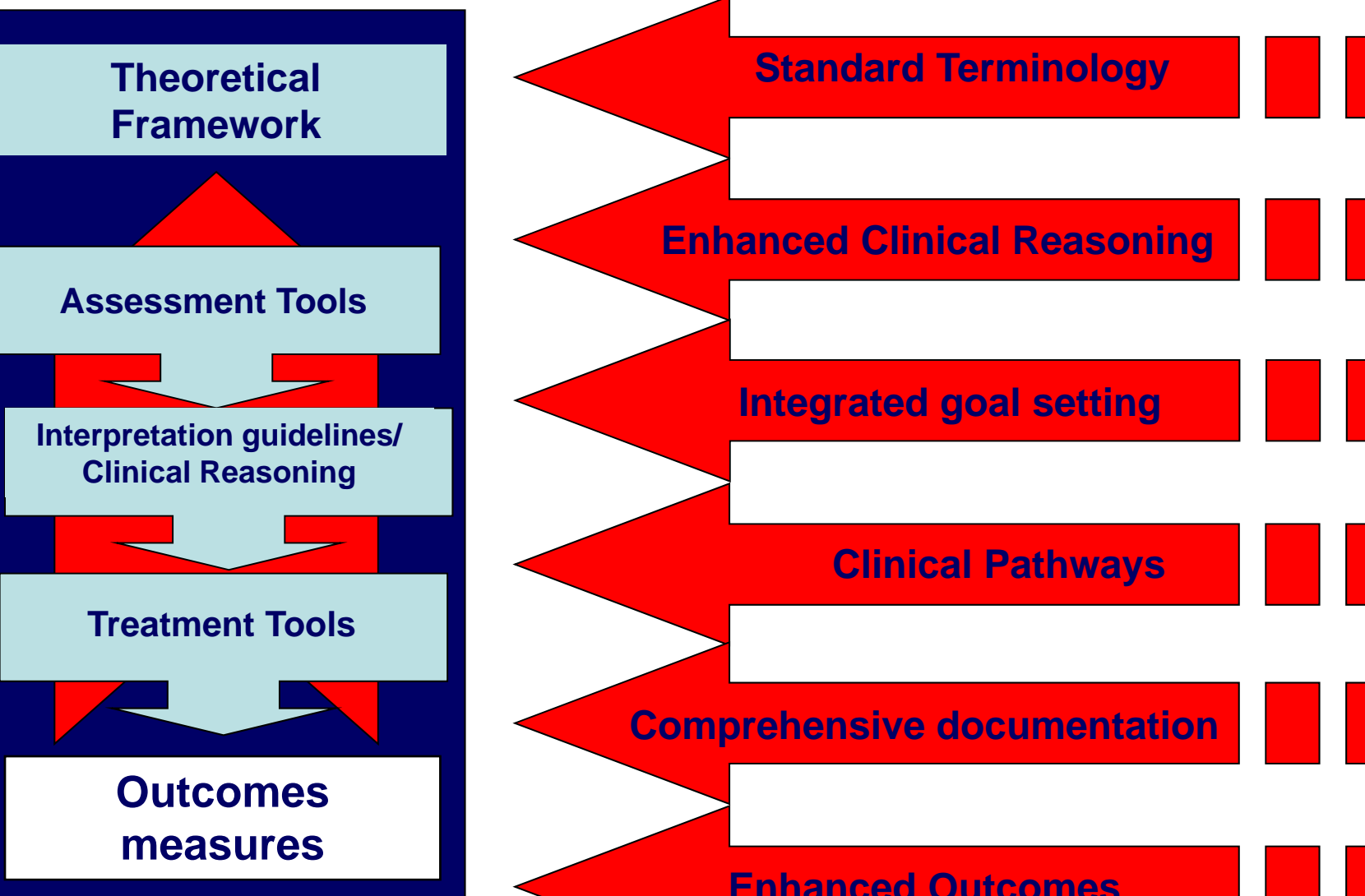
Eternality

Mental Health Problems

Current context



Rehabilitation Conceptual Framework



Considerations: Focus of framework

Stochastic groups

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Functional

- Focus on functional profiles irrespective of condition
- Functional outcomes measures mostly focused on burden of care as apposed to performance on functional components
- Function dependent on basic skills

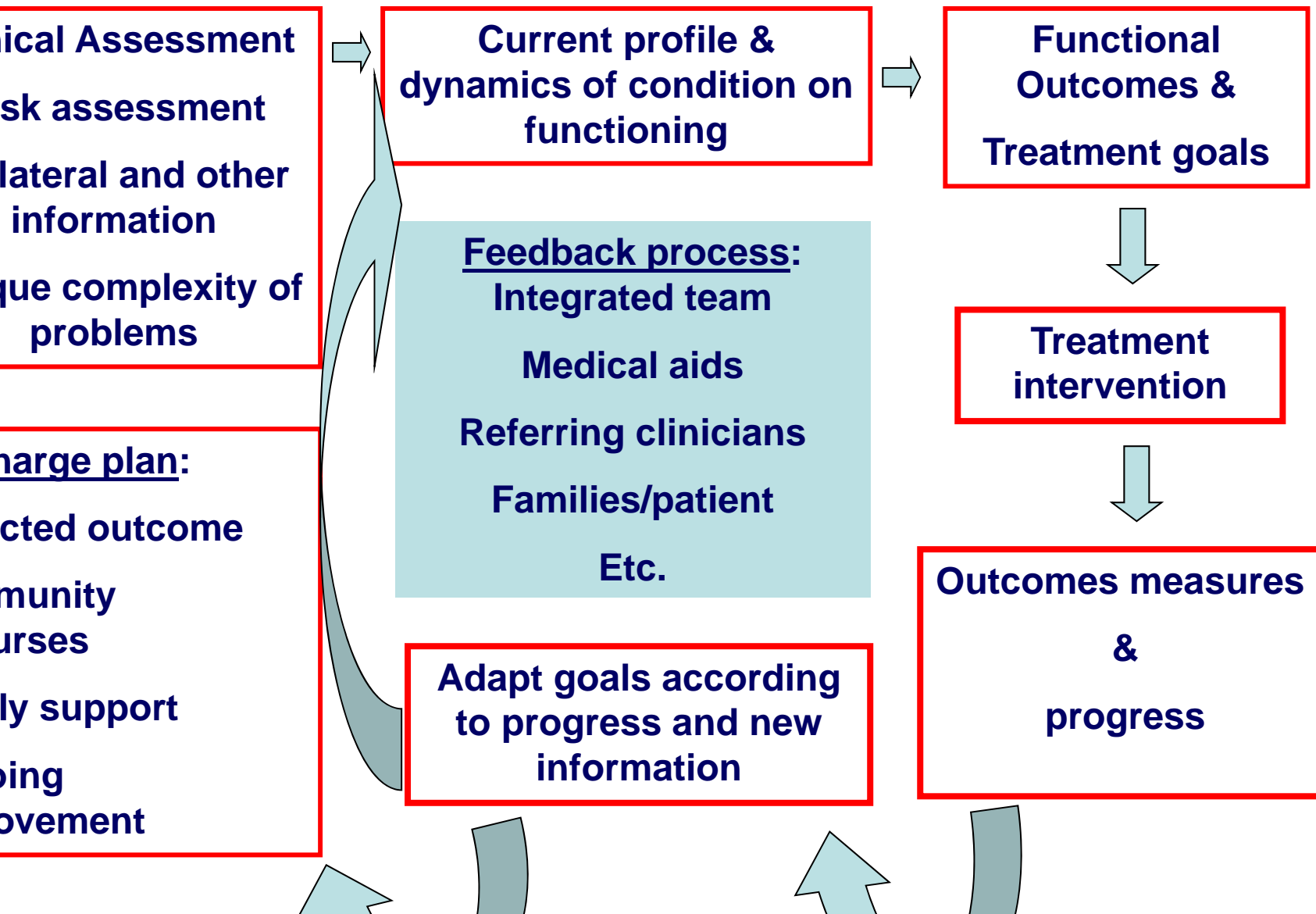
Acuities

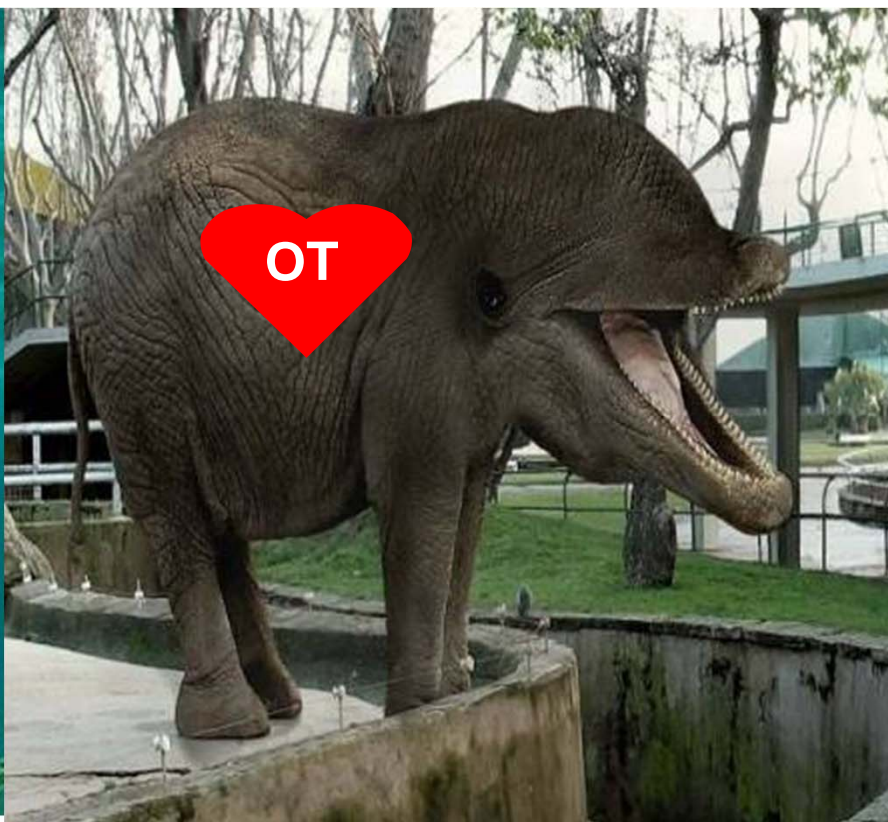
- Focus on burden of care and severity of condition
- Focus on functional components as well as physical and psychological profile
- Requires a variety of outcomes measures

ICF

- Body organ structure
- Function
- Capacity to participate
- Consider positive and negative aspects
- Time consuming, not always usable in our setting

approach: Try to consider all the above as well as our context (Complex)

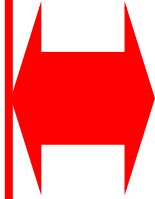




Business vs. Care

Profitability:

Occupancy
Cost control
Business efficiency
Growth
Resource management
(human, time, financial,
etc.)
Adaptability within ever
changing context



Health care:

- Client centred approach
- Quality products at an affordable price
- Quality service delivery
- Total quality experience
- Lifetime partnerships
- Adaptability
- Efficiency and outcomes measurement

Values drives the culture

CSF

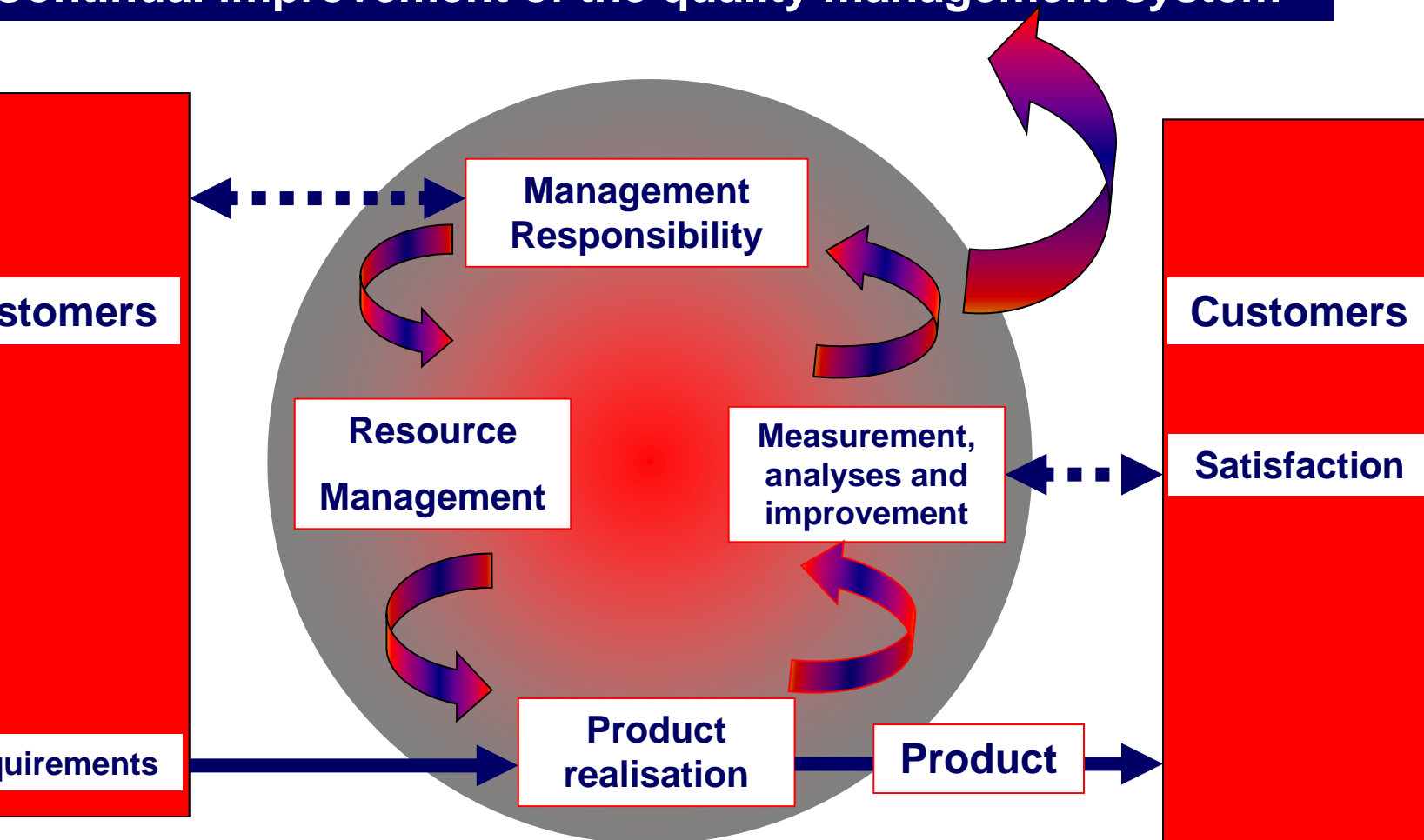
Deliver
uncompromising
quality to all customers
Growth agenda
Develop our people and
recognize contributions
Flexible marketing
strategy- distinctive
competitive advantage
Transformation-in
socio-political
environment

Values

- **Passion for people**
- **Performance pride**
- **Personal care**
- **Lifetime partnerships**
- **Quality: Ethics**
 - Energy**
 - Excellence**
 - Empowerment**
 - Empathy**

ISO-Quality Management Systems

Continual improvement of the quality management system



other elephants in a rehab unit

Occupancy - high vs. low

Customer service- “difficult patients/families”

Corporate image. Value of a good name

Help carry the trauma & emotional burden of patients

Compensate for abnormal behaviour

Grey areas in professional team

Expectations from patient, family, medical aid, referring

clinicians. Expected functional outcome

Financial constraints

Unmotivated patients or patients/families with lack of

insight in their therapy goals

Other elephants in a rehab unit

Operational standards (quality & quantity of service delivery)

Patient's with risk profiles- health & safety

High standards of performance expected

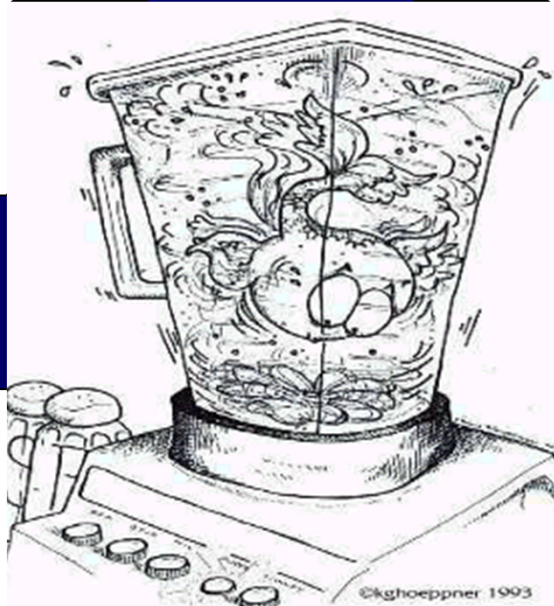
Little time for debriefing & rest

Inappropriate & disruptive patients

Personal conflict, perceptions & negative experiences

Inadequate communication

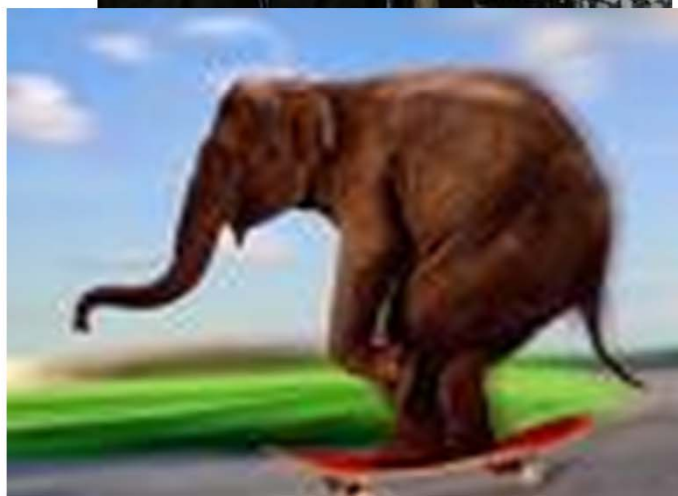
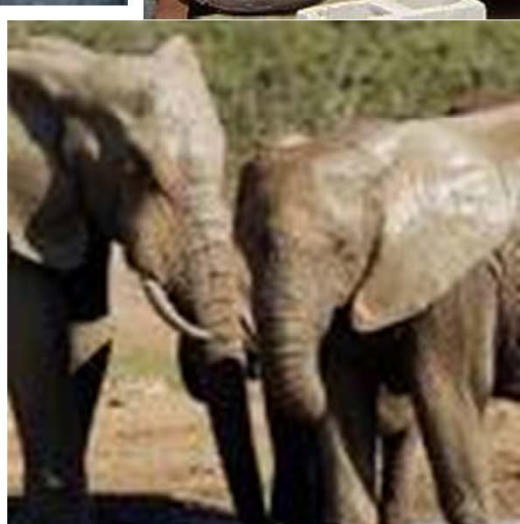
Burnout syndrome



**A
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High Staff Turnover

**G
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THANK YOU

