

Enhanced Care for Older People
Learning Session Number 15

Rehabilitation potential in older people living with frailty : clinical
implications

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EnCOP
Enhanced Care for Older People

EnCOP Lead: Lynne Shaw Date: Wednesday 22nd February 2023

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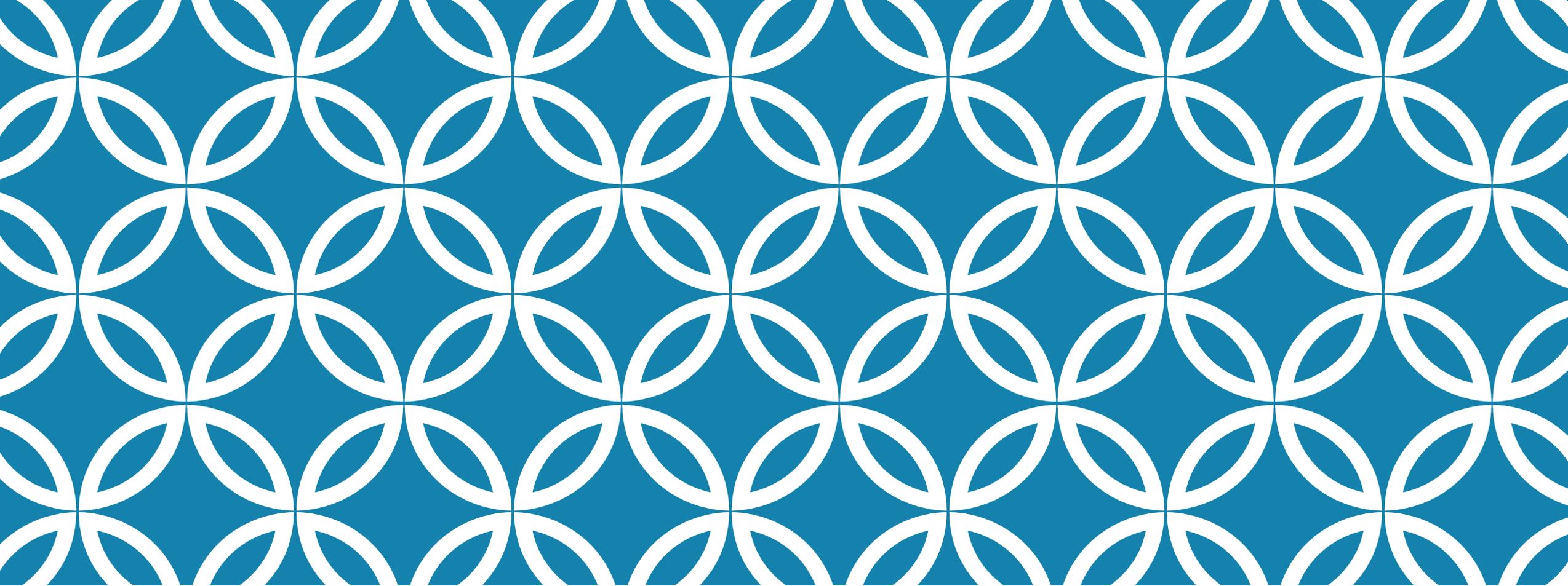
Session Aim & Linked Competencies

- **Aim: To raise awareness about rehabilitative opportunities to optimise health, independence and autonomy for older people living with frailty**

Linked EnCOP Domains:

Domain A: Values, Attitudes and Ethical Practice
Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people
Domain C1: Partnership working and communication with older people, families and others
Domain D1: Ageing Well : Understanding frailty – prevention, identification & recognition
Domain D2: Ageing Well : Assessing , planning, implementing and evaluating care and support with older people
Domain D3: Ageing Well : Promoting and supporting independence, autonomy, and social connectivity for older people
Domain D4 : Ageing Well : Promoting and supporting holistic physical health and wellbeing with older people
Domain D5: Ageing Well : Promoting and supporting holistic psychological health and wellbeing with older people



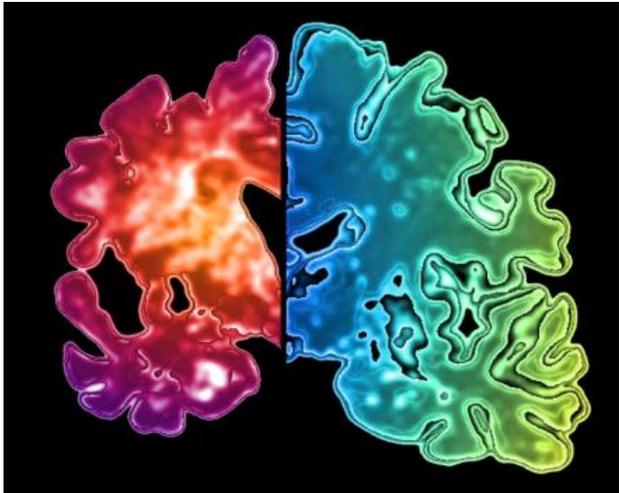


REHABILITATION POTENTIAL – IMPLICATIONS FOR CLINICAL PRACTICE IN REHABILITATION

Dr Alison Cowley

LEARNING OBJECTIVES

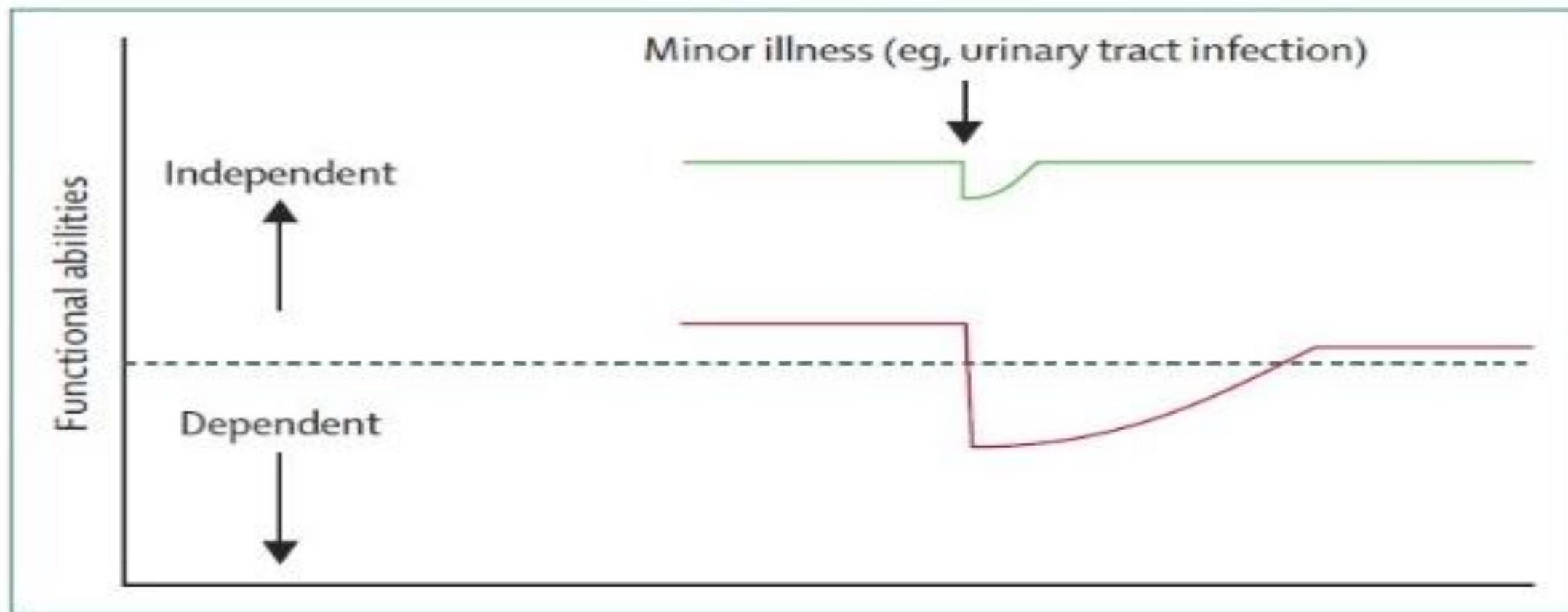
- To understand how and why the term 'rehabilitation potential' is used in clinical practice (evidence-base)
- To explore the clinical and person-centred implications of rehabilitation decision-making in older people living with frailty
- To reflect on your clinical practice











#EndPJPparalysis

70 Day Challenge



QUICK GUIDE: DISCHARGE TO ASSESS

TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND



This is one of a series of quick, online guides providing practical tips and case studies to support health and care systems.





WHAT IS REHABILITATION?

noun

the action of restoring someone to health or normal life through training and therapy after imprisonment, addiction, or illness.

"she underwent rehabilitation and was walking within three weeks"

- the action of restoring someone to former privileges or reputation after a period of disfavour.
"a posthumous rehabilitation of the activist"
- the action of restoring something that has been damaged to its former condition.
"the rehabilitation of the mangrove forests"

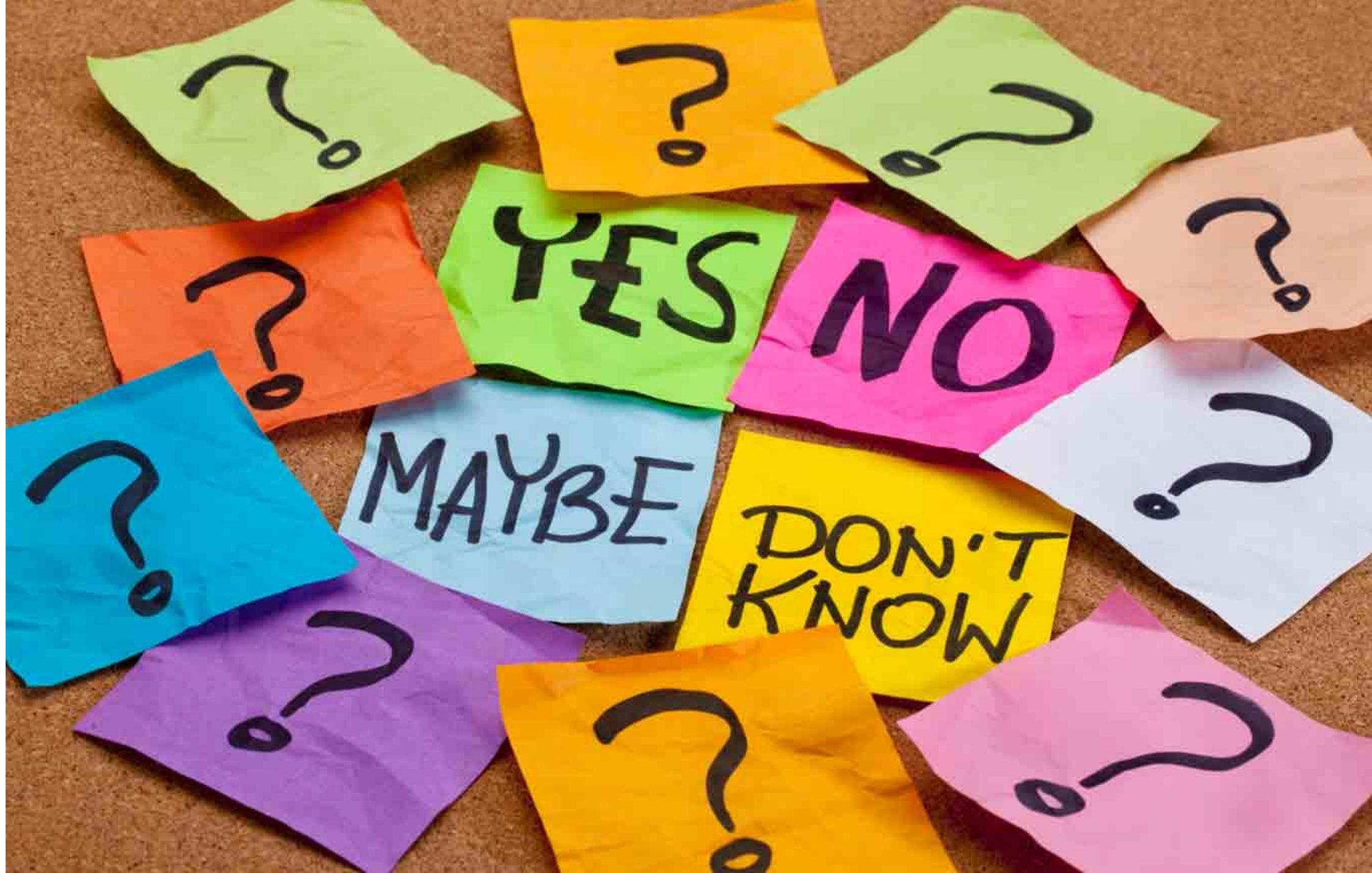
WHAT IS REHABILITATION?

“A set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”. WHO

“A multidimensional approach of diagnostic and therapeutic interventions, the purpose of which is to optimise functional capacity, promote activity and preserve functional reserve and social participation.” Grund et al, 2019

REHABILITATION OR NO REHABILITATION POTENTIAL: THAT IS THE QUESTION





?

?

?

?

YES

NO

?

?

MAYBE

DON'T
KNOW

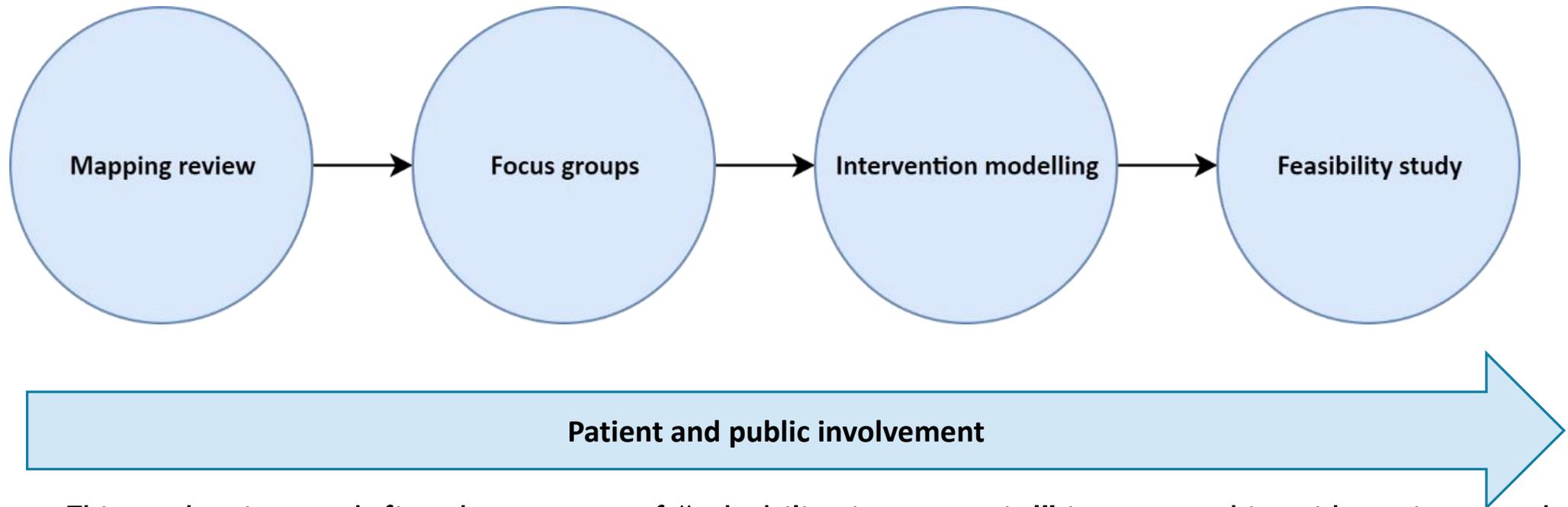
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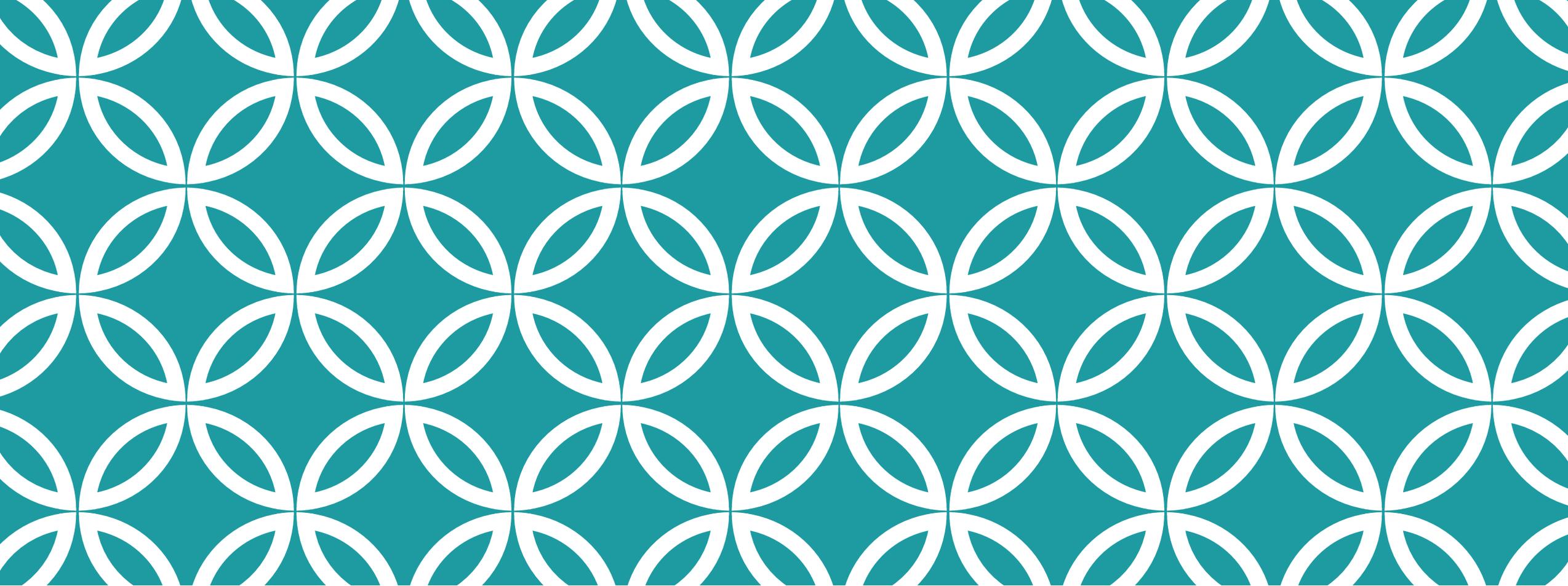
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PHD STUDY



This study aims to define the concept of “rehabilitation potential” in partnership with patients and carers and to develop and test an assessment tool that will identify rehabilitation potential in older people in the hospital setting.



WHAT DOES THE LITERATURE TELL US

- SYSTEMATIC MAPPING REVIEW



RESEARCH

Open Access

Rehabilitation potential in older people living with frailty: a systematic mapping review



Alison Cowley^{1,2*}, Sarah E. Goldberg³, Adam L. Gordon^{2,4,5} and Pip A. Logan^{2,5,6}



“If the individual or assessor thinks they are capable of increased independence.”
Airling 2000

“Potential for restoration.”
Muller 1963

“Change in FIM after rehabilitation.” Badriah, 2013

“Physiological and psychological possibilities of a person to restore, maintain an optimal level of function.”
Norway Gov 1999

“Prognostic indicator of how well a patient performs in rehab.”
Rentz 1991



JAMDA

journal homepage: www.jamda.com

Original Study

Slow Stream Rehabilitation: A New Model of Post-Acute Care



Grace Leung MD^a, Paul R. Katz MD^b, Jurgis Karuza PhD^{a,c,d}, Greg W. Arling PhD^e,
 Angela Chan OT^c, Anna Berall RN^c, Shafagh Fallah PhD^f, Malcolm A. Binns PhD^{f,g},
 Gary Naglie MD^{a,c,f,h,*}

THREE DIFFERENT OUTCOMES IN OLDER COMMUNITY-DWELLING PATIENTS RECEIVING INTERMEDIATE CARE IN NURSING HOME AFTER ACUTE HOSPITALIZATION

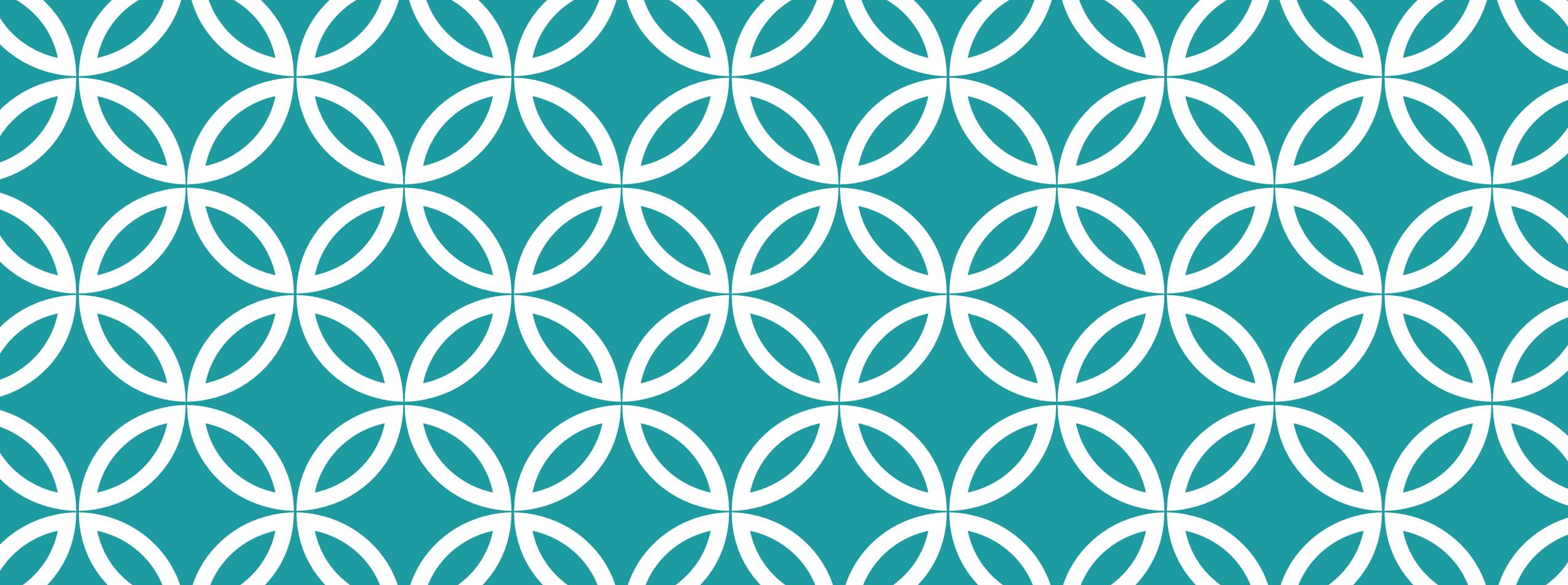
J.F. ABRAHAMSEN¹, C. HAUGLAND², R.M. NILSEN³, A.H. RANHOFF¹

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Abstract: Objectives: To evaluate the recovery and outcome of older communitydwelling patients admitted to intermediate care (IC) in nursing homes after acute hospitalization, and to compare patients who were able and unable to return directly to their own homes. **Design:** Prospective, observational, cohort study conducted between June 2011 and 2014. **Setting:** A 19- bed IC unit in a nursing home with increased multidisciplinary staffing. **Participants:** A total of 961 community-dwelling patients, ≥ 70 years of age, considered to have a rehabilitation potential and no major cognitive impairment or delirium, transferred from internal medicine, cardiac, pulmonary and orthopaedic hospital departments. **Measurements:** Demographic data, clinical information, comprehensive







**WHAT DO CLINICIANS, SERVICE USERS
AND COMMISSIONERS THINK? — FOCUS
GROUPS**





PARTICIPANTS



RESEARCH ARTICLE

Open Access

Exploring rehabilitation potential in older people living with frailty: a qualitative focus group study



A. Cowley^{1*}, S. E. Goldberg², A. L. Gordon^{3,4,5}, M. Kerr² and P. Logan^{3,5,6}



WILL IT WORK?

- Prediction about which patients would benefit from rehabilitation and how this was measured understood

*“Patients who have an acute event, hip fracture, stroke, they have potential to gain something but there are other patients that have chronic disease like heart failure, they have a sloped line.”
[Elderly Care Physician 1, group 4]*

- Complex process of prognostication

“How do we distinguish between general decline and when somebody comes out of hospital what their potential is? Because obviously you've got comorbidities that have an impact on function.” [OT, group five]

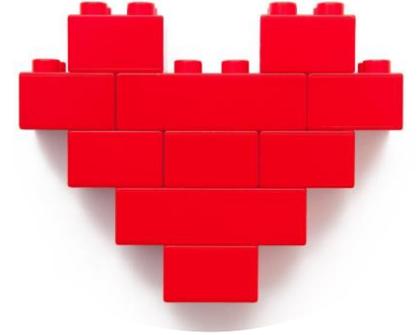


WILL IT WORK?

- Everybody has some form of potential, but potential for what?

“I think its about looking at how big that potential needs to be. So for some people it could be very small steps and it is not necessarily about them being able to do things for themselves...they can compensate.” [OT 4, group 2]

- Improvement, maintenance or managed decline?
 - Acute setting
 - Frailty
 - Cognitive impairment

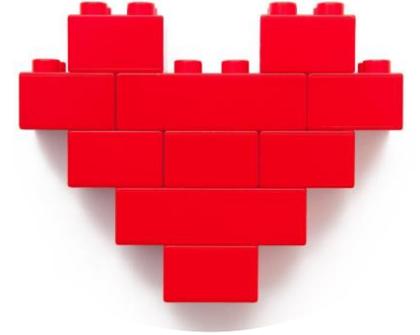


IS IT WANTED?

- Role of volition, motivation and partnership

“They've had this acute event and they have been in bed for a week because they have had really bad pneumonia or whatever and they are already teetering on the edge of not doing much for themselves because they are used other people doing it for them...we haven't given them a chance and that is constricted by the limitations of the time that you have.” [Geriatrician three, group three]

- How, where and when to assess motivation
 - Iterative not one off decision
 - Familiar environment
 - But what about cognitive impairment?



IS IT WANTED?

- Challenging in the presence of cognitive impairment & delirium

“My mother-in-law, who has Alzheimer’s dementia...she, is frail; she is 90 and suffers from hallucinations and delirium. I’m still not sure why some effort could not be made to do something that might just enable her to function better.” [Member of public four, group five]

- What’s important to me?
 - Rehabilitation = motivation = active partner

“I don’t try to assess someone on something that they don’t do regularly before. So, if they don’t drink hot drinks, I wouldn’t drag them to the kitchen, I would make something that they used to do.” [Occupational therapist one, group one]

IS IT AVAILABLE?

- Timely access to the right type, intensity of rehabilitation
- Equity of access and what is valued within a system

“Some of it is about what we are prepared to invest in. So if we say everybody can make some improvement in their life, how much energy are we as a service going to put into the person or are we only bothered if it’s going to save some other resources for health or social care in the short term or preventatively in the long-term. Or do we see some value for that person...I find it difficult as a therapist because no matter how disabled you are at the time, you can probably improve.” [Occupational therapist four, group three]



IS IT AVAILABLE?

- Transparency and bias
- Decision driving resource or resource driving decision

“Is it available? Yes, we are in a rationed system, but we should at least be open and honest and transparent. So, if we are saying we aren’t going to do it because it’s not available, let’s not say we’re not going to do it because the person can’t possibly benefit from it.” [Geriatrician one, group two]

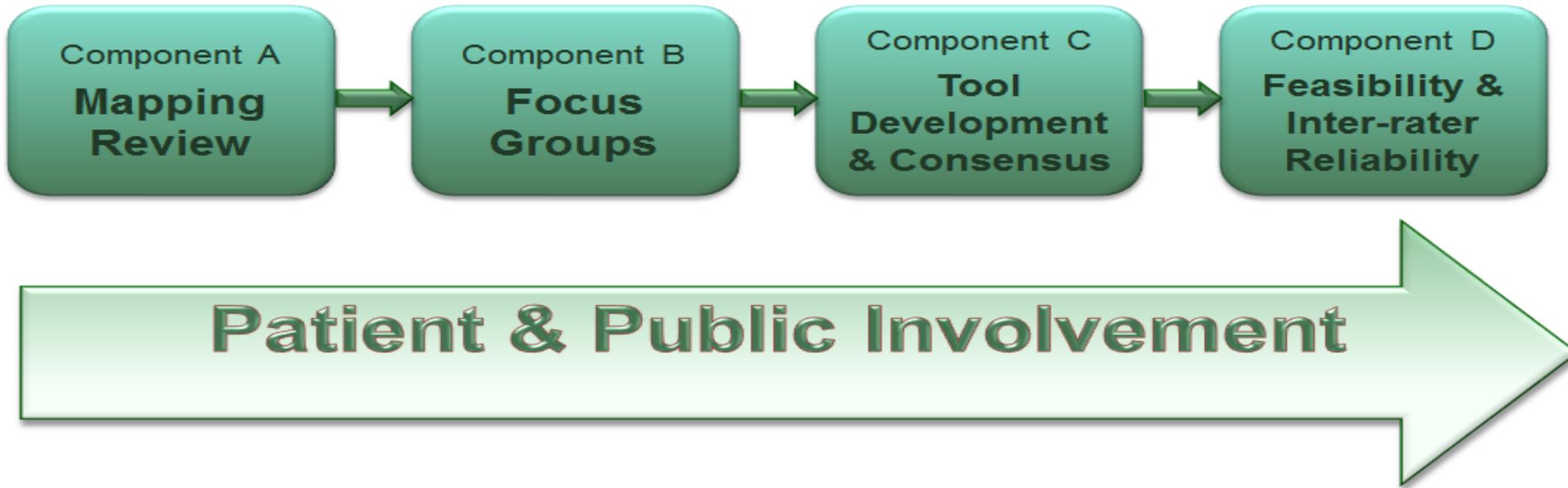


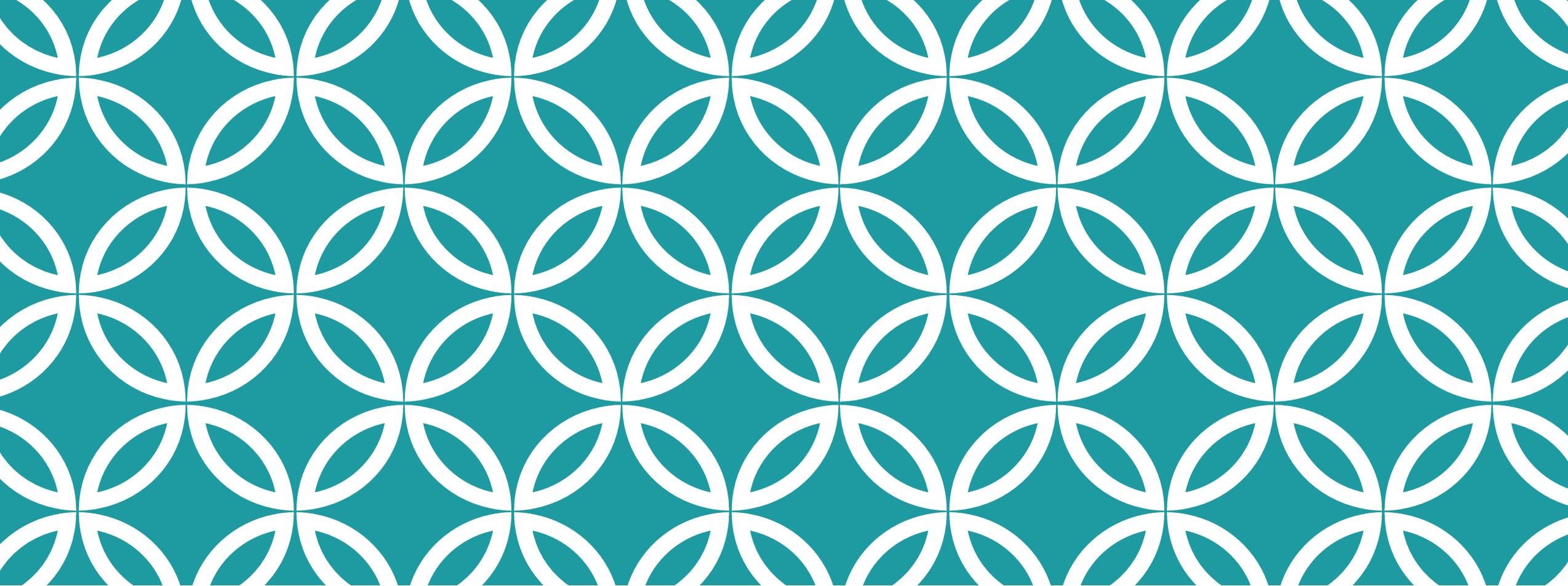
CLINICAL DEFINITION

“Rehabilitation potential is a process which involves complex clinical judgment and prognostication of the projected benefits of undertaking a targeted programme of rehabilitation. The assessment of rehabilitation potential should take into account physical and psychological factors identified during multidisciplinary assessments along with individual patient needs and wants and the availability of family support. It involves developing an understanding of who will participate with rehabilitation, in and outside the therapy setting, who can support this and who is likely to benefit.”

Cowley et al 2020

PHD STUDY





**CAN REPAT BE USED IN CLINICAL
PRACTICE— FEASIBILITY STUDY**



AIMS & OBJECTIVES

Aim

- Explore whether the RePAT intervention could be feasibility delivered in the acute hospital setting

Objectives

- To test the acceptability of the RePAT intervention to staff, patient and carer participants
- To test the fidelity of the RePAT intervention
- To test the feasibility of recruiting and retaining staff and patient participants

Feasibility study criteria for success set

REPAT INTERVENTION

- 60 minute training session
- Background
- 15 items related to components of assessing rehabilitation potential
 - Physical & Psychological issues
 - Current & previous function
 - Participation
 - Environment
 - What's important to me
 - Goals
 - MDT & Multiple time points

Rehabilitation potential is a process which involves complex clinical judgement and prognostication of the projected benefits of undertaking a targeted programme of rehabilitation. The assessment of rehabilitation potential should take into account physical and psychological factors identified during multidisciplinary assessments along with individual patient needs and wants and the availability of family support. It involves developing an understanding of who will participate with rehabilitation, in and outside the therapy setting, who can support this and who is likely to benefit.

Question	Comments
1. Are there any underlying physical issues which may affect or interfere with rehabilitation?	
2. Are there any unresolved physical issues which may affect or interfere with rehabilitation?	
3. Are there any underlying psychological issues which may affect an individual's motivation or participation with rehabilitation?	
4. Are there any unresolved psychological issues which may affect an individual's motivation or participation with rehabilitation?	
5. Has the individual been able to demonstrate participation in the rehabilitation assessment or rehabilitation programme during this current episode of care?	

METHODS

- Non randomised feasibility study
- Staff participants
 - Occupational & physiotherapists
 - RePAT training
- Patient & Carer participants
 - In receipt of routine care
 - Carer/family member
 - Included those lacking capacity



METHODS

- Usual care
- Reassessed with RePAT
- Fidelity checked
 - Mean score how closely met a priori criteria
- Data collection
 - Staff demographics
 - Patient characteristics
 - Description of usual clinical care
- Staff participants interviewed
- Sample of patients & carers interviewed



RESULTS

- Six staff participants recruited (n= 3 PT n=3 OT)
 - mean time qualified 50 ± 50.36 month, 10-144
- 26 patients assessed and recruited
 - Mean age 86.16 ± 6.39 years
 - 32% vulnerable/mildly frail
 - 42% mod frail
 - 26& severe/very severely frail
 - CCI 3.44 ± 2.12
- 13 out of 15 RePAT items achieved fidelity
 - Goal setting X
 - Supported decision making X



RESULTS — SEMI STRUCTURED INTERVIEWS

Staff participants

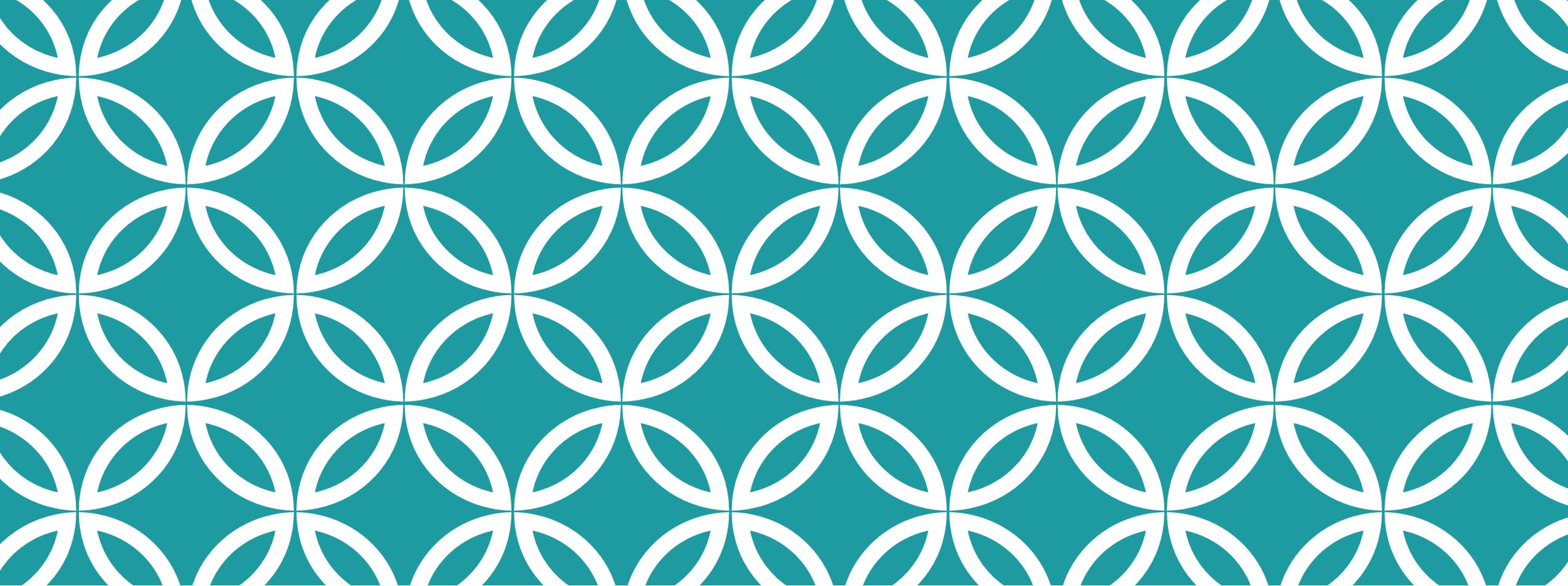
- Enhanced clinical reasoning, bias awareness
- Structured holistic approach to considering rehabilitation & frailty
- Enhanced person centred care

Patient & carer participants

- What's important to me?
- Focus on going home
- Enhanced communication

CONCLUSION

- RePAT acceptable & tolerated by staff, patient & carer participants
- Provided structured approach to clinical decision making in frailty rehabilitation
- Take into account dynamic and complex forces
- Increased awareness of ethical dilemmas and biases in resource allocation



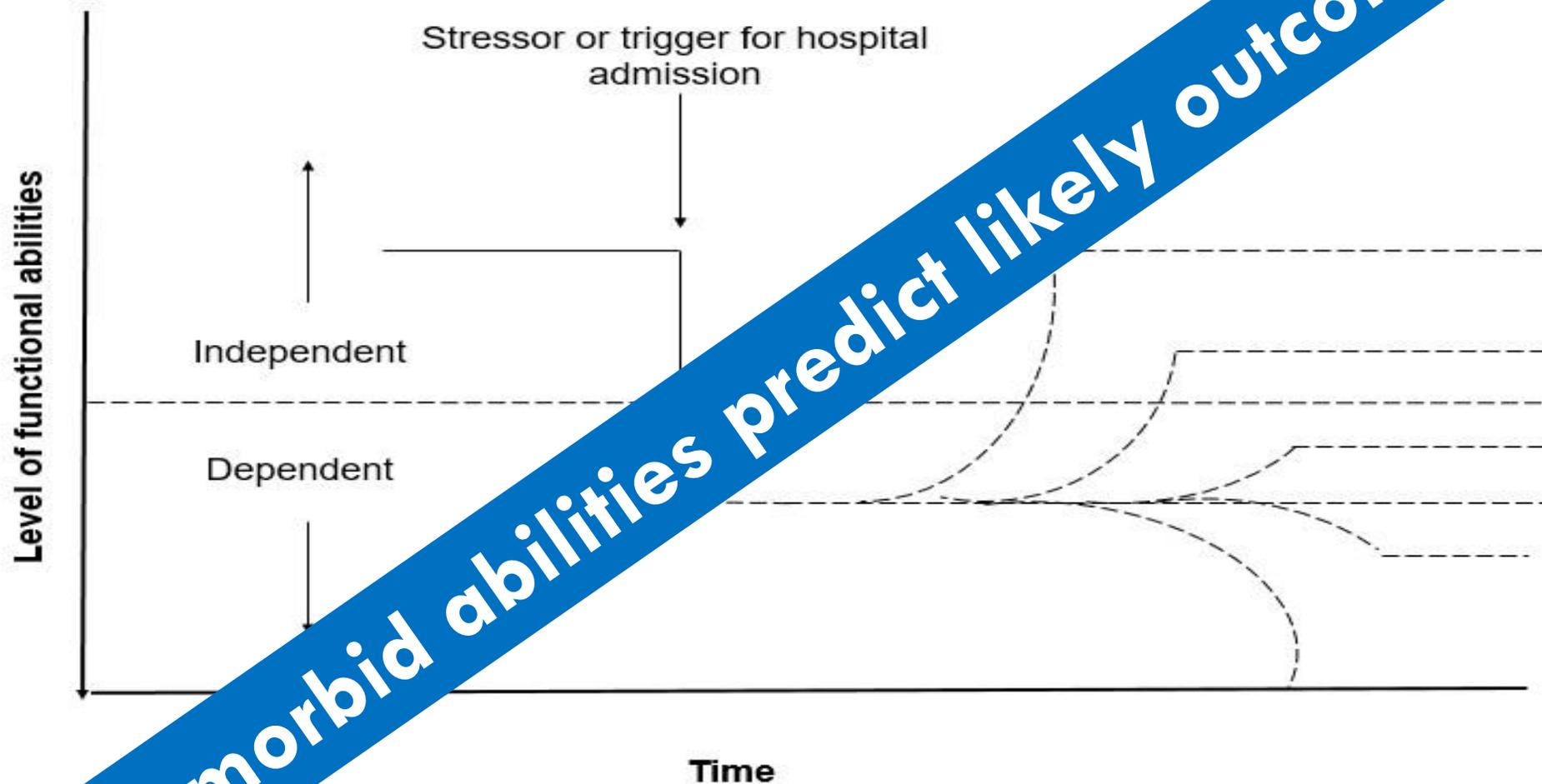
IMPLICATIONS FOR CLINICAL PRACTICE



CLINICAL IMPLICATIONS

- What is a good outcome of rehabilitation?
 - Improvement, maintenance, managed decline
 - Setting and timing appears critical
 - Unfamiliar environment?





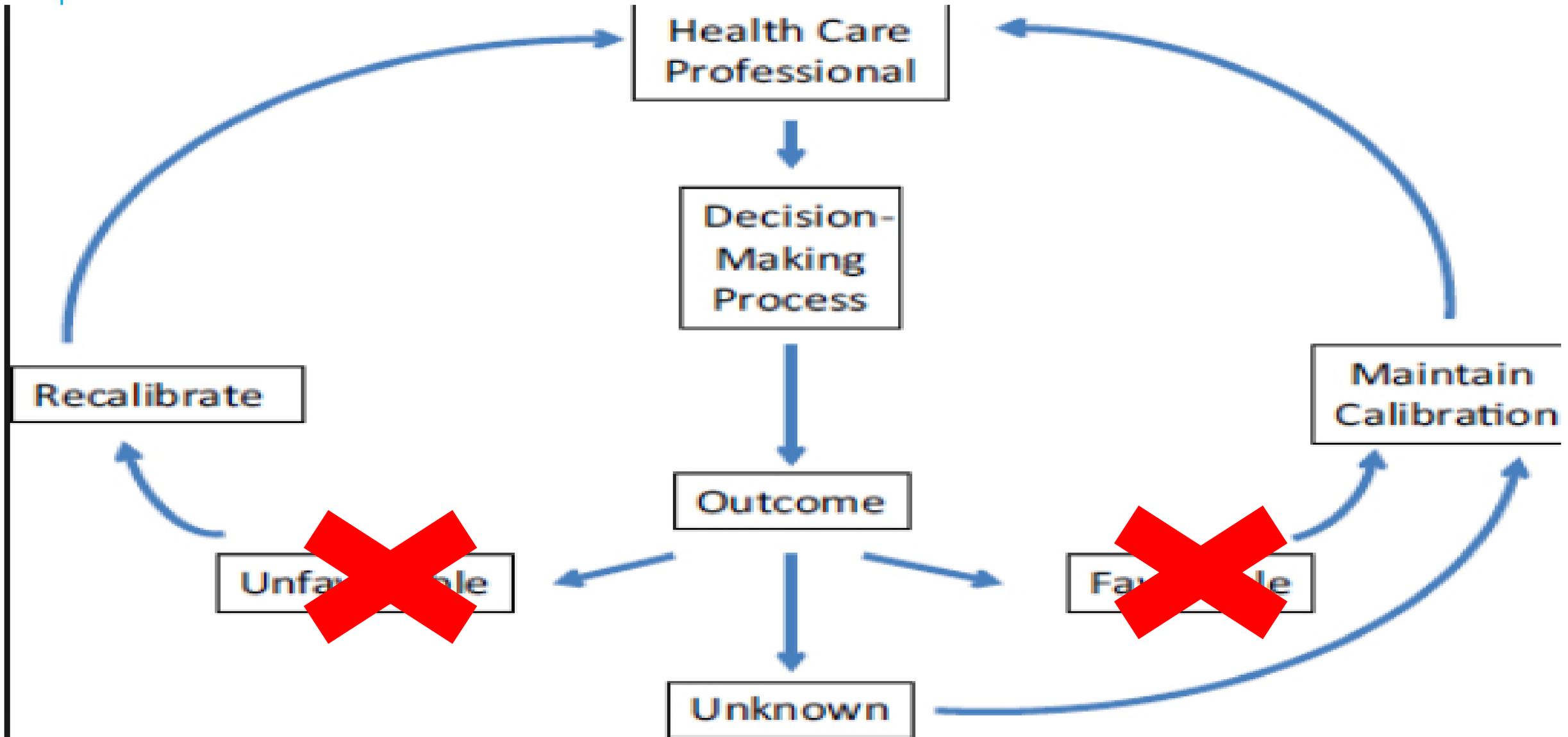
Bakker & Olde Rikkert, 2015

CLINICAL IMPLICATIONS

- Feedback loop in rehabilitation outcomes critical
- Is the current system set up for this?



HOW DO WE KNOW IT'S THE RIGHT DECISION?



HOW DO WE KNOW WE MADE THE RIGHT DECISION?



CLINICAL IMPLICATIONS

- Rehabilitation potential and rehabilitation practice aligns to Comprehensive Geriatric Assessment
 - Holistic
 - Person-centred
 - MDT
 - Iterative



CLINICAL IMPLICATIONS

- Evidence base for frailty rehabilitation potential limited but growing
- Complexity in trials and inclusion of cognitively impaired
- Definitions matter

Rehabilitation
Potential



Rehabilitation
Response



Rehabilitation
Effectiveness

Prospective &
prognostic

Prospective & real time

Retrospective

Definitions matter – inform evidence base

PARTICIPATION & REHABILITATION RESPONSE

- Formal measures?
- Delivering rehabilitation/trials
- Trials in which setting, acute ill health?
- Realities of making rapid decisions
- Single time points
- Goal setting (iterative)



Benefits

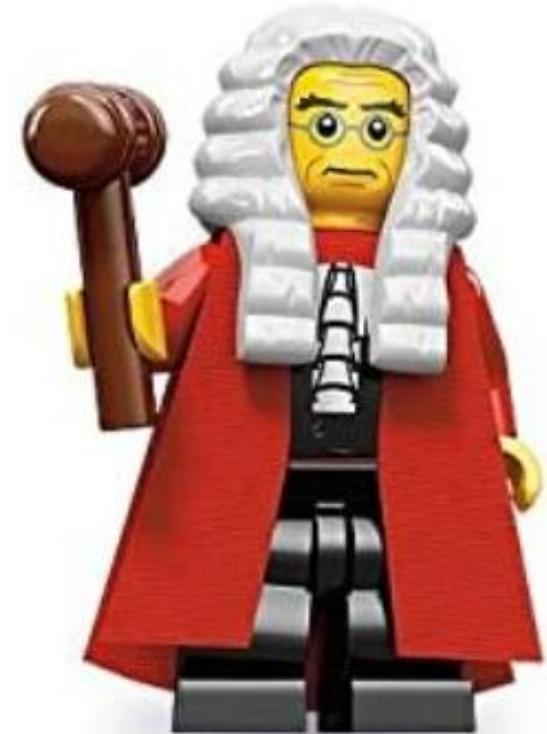


**Risks/effort of
participation**

Individual Goals

A BRIEF WORD ON ETHICS OF DECISION MAKING

- What as a society do we invest in?
- Can everyone benefit?
- Realities of rationing & resource limitation
- Assessment to fit patient rehabilitation service or rehabilitation to patients needs? Reality versus ideal?



Research Article

Exploring factors influencing occupational therapists' perception of patients' rehabilitation potential after acquired brain injury

Priscilla Lam Wai Shun,^{1,2} Carolina Bottari,^{1,2} Tai Swaine^{1,2}

Cowley et al. *BMC Geriatrics* (2021) 21:165
<https://doi.org/10.1186/s12877-021-02107-y>

RESEARCH ARTICLE

Exploring rehabilitation potential in older people living with frailty: a qualitative focus group study

A. Cowley^{1*}, S. E. Goldberg², A. L. Gordon^{3,4,5}, M. Kerr² and P. Logan^{3,5,6}

> [Kennedy Inst Ethics J. 2018;28\(1\):49-84. doi: 10.1353/ken.2018.0002.](#)

Assessing Rehabilitation Eligibility of Older Patients: An Ethical Analysis of the Impact of Bias



Josephine Najem, Priscilla Lam Wai Shun, Maude Laliberté, Vardit Ravitsky

PMID: 29628451 DOI: 10.1353/ken.2018.0002



Article Link



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CLINICAL IMPLICATIONS

- What drives your decision?
 - Evidence of benefit
 - Flow
 - Availability of resources
 - Fitting patients to services or vice versa
- Cognoscente of your biases



TAKE HOME MESSAGES

- Nuanced aggregative approaches needed
- It's not binary – but how do we operationalise this in a pressured system
- Predictive measures
- Volitional factors – motivation!
- Finite resources – frailty specific
- Enhanced clinical reasoning and bias in decision-making

ACKNOWLEDGEMENTS

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Nottingham University Hospitals



NHS Trust



Thanks





Ideas for Learning Consolidation & Competency Conclusion

Consolidating Learning:

Reflection on the session & considering application to practice & what this means 'your people'

- Think about this session in relation to your own role
- How much of this was revision?
- What have you learned today ?
- How will this help you in your role ?
- Think about your EnCOP self–assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

A: Values, Attitudes and Ethical Practice
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Feedback about today's session and any future sessions you may like to see included in our webinar series....

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?

Did you find the session went well in this online format ?

Was the content of the session relevant to your area of practice / job role?

Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?

Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net





**More information can be found within
the Frailty icare website**

www.frailtyicare.org

Our EnCOP pages are located in the
workforce section

**EnCOP Library of Learning &
Development Resources can be found**

at:

<http://frailtyicare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/encop-learning-resources/learning-resources/>

