ACUTE CARE TO REHABILITATION

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PRESENTER DISCLOSURE
INFORMATION

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ACUTE CARE TO REHABILITATION

FINANCIAL DISCLOSURE
EMPLOYED BY JFK MEDICAL CENTER
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ACUTE CARE TO REHABILITATION

- IF A PATIENT HAS SUFFERED A STROKE NEEDS REHABILITATION WHAT ARE THE OPTIONS?
ARE ALL REHAB FACILITIES THE SAME?

1. Yes
2. No
ARE ALL ACUTE REHAB FACILITIES CONNECTED TO AN ACUTE HOSPITAL?

1. Yes
2. No

8% Yes
92% No
WHAT IS THE MINIMUM AMOUNT OF THERAPY REQUIRED IN AN ACUTE REHAB SETTING?

1. 2hrs/day
2. 3hrs/day
3. 1hr/day
THE OPTIONS

- COMPLETE THE PHYSICAL THERAPY IN THE ACUTE CARE SETTING
  - LOS RESTRAINTS
  - LIMITED RESOURCES
    - LIMITED THERAPIES
    - LIMITED EQUIPMENT
- TRANSFER PATIENT TO REHABILITATION FACILITY
  - NOT ALL FACILITIES ARE CREATED EQUAL
REHABILITATION SETTINGS

• SUBACUTE REHABILITATION
  • USUALLY PART OF A NURSING HOME FACILITY
  • PATIENTS NEED TO BE TRANSPORTED TO NEARBY MEDICAL FACILITY IF MEDICAL ISSUES OCCUR
  • PROVIDE LIMITED THERAPY
    • USUALLY ONLY 2 HRS/DAY WEEKDAYS
    • DO NOT PROVIDE ALL THERAPY SERVICES
    • PATIENTS TEND TO STAY LONGER DUE TO LESS INTENSE THERAPY
REHABILITATION SETTINGS

- ACUTE REHABILITATION
  - FREESTANDING
  - CONNECTED WITH A MEDICAL CENTER SO THAT MEDICAL EMERGENCIES CAN BE TREATED

- PROVIDE THE MOST THERAPY FOR THE PATIENT
  - AT LEAST THREE HOURS OF THERAPY PER DAY WEEKDAYS AND WEEKEND THERAPY ALSO PROVIDED
  - MOST COMPREHENSIVE RESOURCES
    - BEDROOM, BATHROOM, KITCHEN FOR THERAPY SESSIONS
    - INDEPENDENCE SQUARE
    - ALL THERAPY SERVICES AVAILABLE PT, OT, PSYCH, SPEECH, NUTRITION
HOME THERAPY

- PROVIDED IN THE HOME
  - CONVENIENT FOR PATIENT
  - VERY LIMITED THERAPY
    - PT, OT POSSIBLY SPEECH ONLY 1 HR THREE TIMES A WEEK EACH
    - RESOURCES CONSIST ONLY OF WHAT IS PRESENT IN THE HOME
    - ENDS AS SOON AS PATIENT IS SAFE IN THE HOME - NO COMMUNITY RE-ENTRY
OUTCOMES

- Neurological patients with stroke, multiple sclerosis, Parkinsons’ disease reach a higher level of function in a shorter period of time in an acute rehabilitation setting as compared to a subacute setting.
AMERICAN HEART AND AMERICAN STROKE ASSOC.

- ENDORSE NEW STROKE REHABILITATION GUIDELINES
  - DELIVERY OF POST STROKE CARE IN A MULIDISCIPLINARY REHAB SETTING
  - “EVERY CANDIDATE FOR REHABILITATION SHOULD HAVE ACCESS TO AN EXPERIENCED AND COORDINATED REHABILITATION TEAM TO ENSURE OPTIMAL OUTCOME”
AMERICAN HEART AND AMERICAN STROKE ASSOC.

- MULTIDISCIPLINARY REHAB TEAM
  - PATIENT AND FAMILY
  - REHAB PHYSICIAN
  - REHAB NURSE
  - PHYSICAL THERAPIST
  - OCCUPATIONAL THERAPIST
  - SPEECH, LANGUAGE THERAPIST
  - REHAB PSYCHOLOGIST
  - RECREATIONAL THERAPIST
  - SOCIAL WORKER
GOAL OF THE REHAB TEAM

- PREVENT COMPLICATIONS
  - PRESSURE SORES
  - ASPIRATION DUE TO DYSPHAGIA
  - SHOULDER HAND SYNDROME/SUBLUXATION
  - DVT

- MINIMIZE IMPAIRMENTS

- MAXIMIZE FUNCTION
  - ASSISTIVE DEVICES, ORTHOTRICS, SPLINTS
“EFFECTIVE REHABILITATION INTERVENTIONS INITIATED EARLY AFTER STROKE CAN ENHANCE THE RECOVERY PROCESS AND MINIMIZE FUNCTIONAL DISABILITY”

“IMPROVED FUNCTIONAL OUTCOMES REDUCE POTENTIAL LONG-TERM CARE EXPENDITURES”

BATES MD, BARBARA: GUIDELINES FOR MANAGEMENT ADULT STROKE REHAB CARE. STROKE 2005; 36: 2049-2056
INDEPENDENCE SQUARE

- HELPING TO MAXIMIZE THE FUNCTION OF A PATIENT
INDEPENDENCE SQUARE

- Practice in the home environment
- Safe and supervised
INDEPENDENCE SQUARE

PRACTICE WITH SAFETY AND SUPERVISION
INDEPENDENCE SQUARE
WHERE PATIENTS CAN LEARN TO RETURN TO THE COMMUNITY
INDEPENDENCE SQUARE

- WHERE PATIENTS CAN LEARN TO SAFELY WALK ON ALL DIFFERENT SURFACES
- LEARN TO NEGOCIATE DIFFERENT TYPES OF STAIRS AND BARRIERS
THE MORE THERAPY RECEIVED BY A PATIENT CAN POSITIVELY IMPROVE FUNCTIONAL OUTCOMES AND ACHIEVE A SHORTER LOS

REHABILITATION TECHNOLOGY

PARTIAL BODY WEIGHT SUPPORTED TREADMILL

- HELPS TO GET STROKE PATIENTS AMBULATING EARLIER
- TRIES TO DECREASE GAIT DEVIATIONS, WITH SECURITY
REHABILITATION TECHNOLOGY

- DRIVERS’ EVALUATION
- PRE-DRIVERS’ EVAL
- BEHIND THE WHEEL
  - FOCUS ON SAFETY
  - OBJECTIVE TESTING
ADDITIONAL ACUTE REHAB SERVICES

- NEURO-PSYCHOLOGY
- AUDIOLOGY
- VESTIBULAR REHABILITATION
- PROSTHETIC & ORTHOTIC CLINIC
- SPASTICITY MANAGEMENT/ CLINIC
- VOCATIONAL REHABILITATION
- COMMUNITY RE-ENTRY
CHALLENGES IN REHABILITATION

- PROVIDE THE BEST MEDICAL CARE AND TREATMENT IN THE PRESENT INSURANCE CLIMATE.

- PROVIDE THE BEST REHABILITATIVE SERVICES IN A COMPETITIVE MARKET WHERE ALL SETTINGS ARE NOT CREATED EQUAL.
PATIENT CARE

- NEED TO HAVE PATIENT CARE AS A PRIORITY
- JUSTIFY THE LEVEL OF CARE SELECTED, FOR THE PATIENT
- SCRUTINIZE COMPETITIVE MARKETING STRATEGIES
- KNOW THE LEVEL OF MEDICAL CARE AVAILABLE AT THE FACILITY WHERE YOUR PATIENTS ARE SENT
THANK YOU