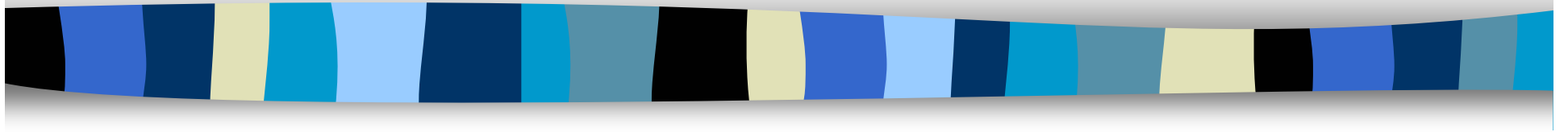


Physiotherapy and Occupational Therapy in the Post Acute Care Services (PACS)



A Multi-disciplinary Community
Acute Post Acute Care
(CAPAC) service



The evolution of Community Acute Post Acute Care (CAPAC)

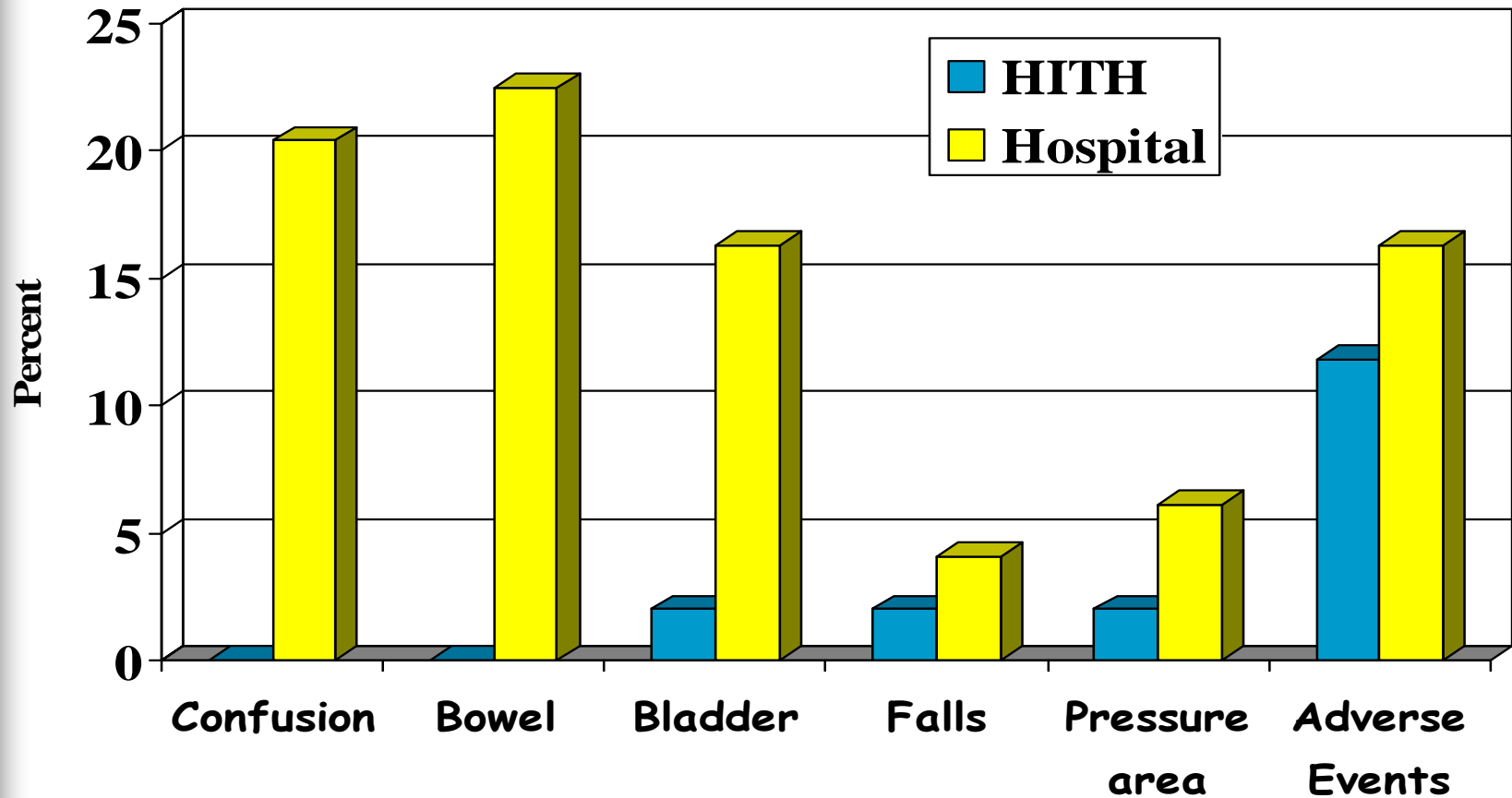
- ↓ length of stay
- ↓ hospital admissions
- ↓ re admission rate
- ↓ bed block
- Improve management of patients with chronic and complex care needs



Post Acute Care Services (PACS) Caseload

- Hospital in the Home (HITH),
- Orthopaedic and Surgical rehab
- Peri-operative/Pre-admission Clinic.
- Prevention of admission
- Respiratory Outreach
- Home based Pulmonary Rehabilitation
- Cancer Outreach

Hospital In The Home (HITH) Complications



Caplan et al, 1999. *HITH: A randomised control trial.* Med J Aust, 170:156-160.



Physiotherapy in PACS

- Rehabilitation - orthopedic, frail aged, neurological, respiratory
- Assessment and progression of mobility aids
- Education and assistance in secretion clearance
- Falls prevention exercise program
- Home based pulmonary rehabilitation
- Education to improve chronic disease self management



Occupational Therapy in PACS

- Assess the home environment
 - pre discharge home visits
 - hazard identification
 - equipment prescription
 - home modifications
- Falls prevention education
- Education in ADL
- Education in chronic conditions



Mrs T

- 59 year old lady from a Spanish background.
- Admitted with # (L) NOF following a fall which resulted in a (L) THR



Past Medical History

- Chronic back pain
- OA both hips
- ETOH consumption
- ex smoker



Social History

- Lives with her supportive daughter in a DOH two bedroom unit.
- Has a disability pension
- Previously independent in ADL.
- Daughter helps with house work and large shopping



OT Pre- Discharge Home Visit

- Difficult access.
- Limited access to toilet.
- Shower over the bath.
- Cat.
- Low seating.
- Dtr planning to take overseas trip.



Home Resettlement

- Transported home by RN, OT and Physio.
- Patient mobilising WBAT on PUF.
- Raining at time of d/c- Ramp very slippery.



Home Resettlement

- Stair education
- Toilet Access
- Equipment
- Mobility
- Transfers
- Hip precautions
- Long handled dressing aides



Occupational Therapy Intervention

- Shower assessment.
- Kitchen tasks assessed- MOW ordered.
- Falls prevention education given.
- Bed rail and transfer practice
- Home modification referral



Physiotherapy Intervention

- Assessed safe mobility in home environment
- Exercise program
- Progression of mobility aid
- Stairs practice
- Outdoor mobility
- Increase confidence
- Ongoing exercise program



Outcomes

- Mrs T remained at home.
- Independently mobile with W/S and accessed her wider community.
- Equipment to maintain her hip precautions.
- Independent in her ADL.
- Independent in bed transfers.
- Home modifications.
- Reduced risk of falls.



Mrs O

- 72 years old
- 2 week history increasing SOB
productive cough
- Admitted to POWH with an infective
exacerbation of COPD and back pain.



Past Medical History

- COPD
- Osteoporosis
- vertebral crush #'s
- AMI
- Bowel Ca resection in 2004
- Ceased smoking 3 month prior to admission. (50 pack years)



Social History

- Lives alone in her own home.
- Aged Pensioner.
- Aged Care Package.
- Nil previous Home O2 therapy.



Previous Level of Function

- Independent meal preparation.
- Dispenses own medication.
- Independent in own personal care.
- Independently mobile unaided
- Receives assistance with shopping and cleaning.



Post Acute Care Services Referral

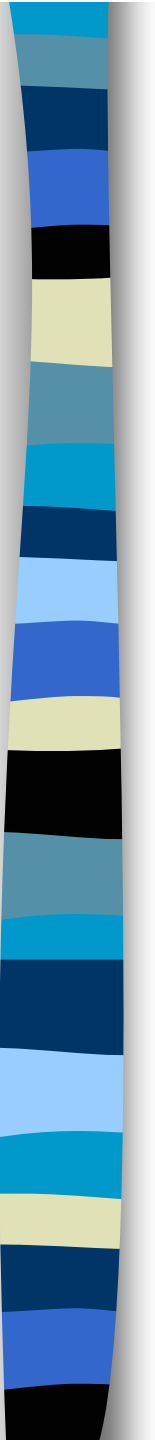
- Admitted to POWH- exacerbation of COPD
- Improved with pain relief, oral Abs, reducing dose of prednisone.
- SpO2 90% on RA 95% on 2L via n/p at rest.
- Qualified for home O2 on pulmonary hypertension criteria.
- Referral to PACS to follow up patient at home.



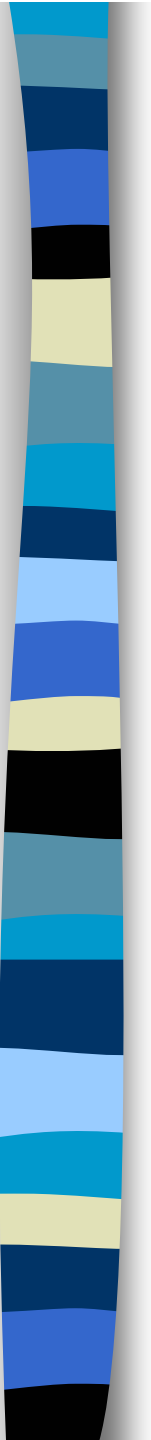
Physiotherapy Intervention

- Provision of rollator frame
- Teach breathing techniques to clear secretions
- Walking program
- Upper limb exercises
- Community ambulation with portable O2
- Education in use Action Plan
- Dietary advice to increase weight

OT intervention: O2 Education



Breathing Positions and Techniques.





Energy Conservation Education

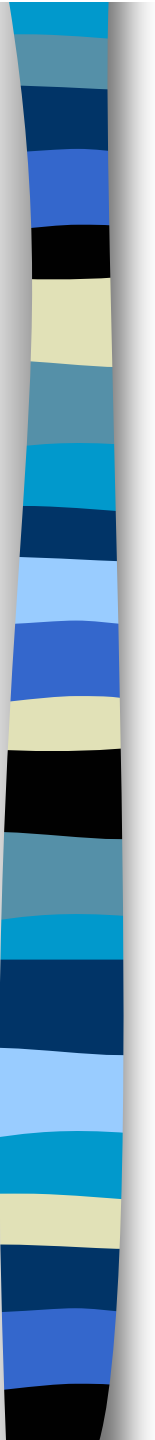
- Pace and have regular rest breaks
- Plan ahead
- Simplify the task
- Use the body efficiently
- Use equipment to help

Stress Management Education

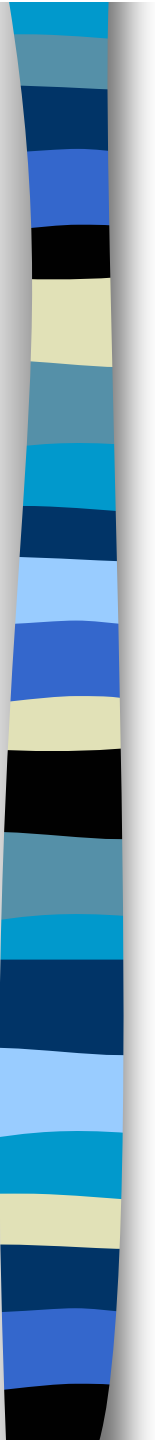
o-n-e



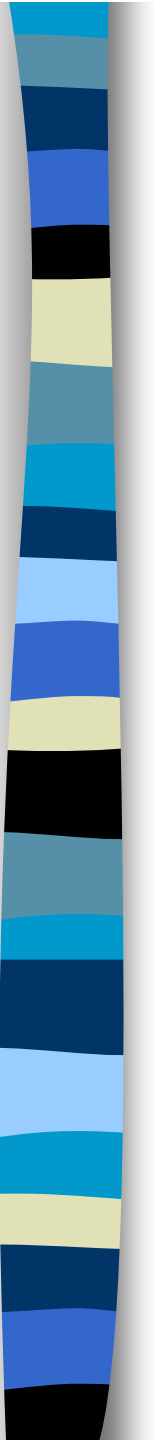
Equipment Prescription



Home Modifications



Falls Prevention





Outcomes

- Home O2 therapy.
- Greater understanding.
- Strategies to help control her SOB.
- Strategies in place to help conserve energy.



Outcomes Continued

- Recognise episodes of anxiety.
- Access her wider community.
- Falls prevention.
- Is now less likely to present to the ED at the first sign of SOB.



Can OT and Physio Intervention Make a Difference?

- Prevention of admission to hospital.
- Safe and early discharge from hospital.
- Patient can remain independent in their own home environment.
- Reduce re-admission rates.