Health-promoting occupational therapy for older adults in an in-patient Community Re-ablement Unit (CRU)

Ms. Ruth Usher, Senior Occupational Therapist and Practice Tutor
Our Lady’s Hospice and Care Services, Harold’s Cross, Dublin 6W.
Ms. Áine McHugh, Lecturer, UCD, School of Nursing, Midwifery and Health Systems

Introduction
The changing nature of the ageing population provides opportunity to explore ways of enhancing the design and delivery of health services, building on current developments and evidence about supporting people to age well.

Current healthcare policy and research emphasise need for provision of intermediate, preventative and rehabilitation services to meet the needs of the growing older populations.

This poster aims to bring together relevant national and international literature relating it to an existing re-ablement service.

Community re-ablement Unit (CRU)
CRU is a 24-bedded in-patient multi-disciplinary rehabilitation unit for older people who may be struggling at home with mobility difficulties, recurrent falls or functional decline in daily activities.

The focus of the unit is to maximise patients’ safety, functional independence and mobility to enable continued community living. The average length of stay is 3 weeks, with home leave at weekends.

Occupational therapy in CRU
Occupational therapy (OT) in CRU aims to maximise patient’s functional independence at home and in his/her chosen daily activities, relating to self-care, productivity and leisure.

Each patient is assessed and an individual therapy programme is planned to suit his/her needs and priorities. Depending on the individual’s goals, therapy may take place in the unit, in the person’s home or in the community.

OT interventions may address:
• Falls prevention
• Lifestyle balance
• Anxiety management
• Joint protection
• Fatigue management
• Maintenance of independence in activities of daily living
• Cognitive assessment and intervention strategies
• Home assessments and equipment provision

Ageing in Ireland
• 11.7% of the population are aged 65 years and older (CSO, 2012)
• 94% of the older population (>65 years) live in private households (CSO, 2012)
• 88% of those over 65 years want to live at home with additional outside support, rather than in institutional care (O’Hanlon et al, 2005)

Strategic investment in prevention and rehabilitation is required to help older people stay healthier, more independent for as long as possible (Allen and Glasby, 2010).

Intermediate care services aim to prevent unnecessary hospital admission, support discharge and reduce or delay the need for long-term residential care by providing services between hospital and home (Gledinning et al, 2010; Melis et al, 2004).

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Rehabilitation</th>
<th>Re-ablement</th>
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<tbody>
<tr>
<td>Services for people with poor physical or mental health to help them avoid unplanned or unnecessary admissions to hospital or residential care. Can include short-term and longer term low-level support.</td>
<td>Services for people with poor physical or mental health to help them get better.</td>
<td>Services for people with poor physical or mental health to accommodate their illness (or condition) by learning or re-learning the skills necessary for daily living.</td>
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Benefits:
• Decreased use of social-care service (with associated cost savings)
• Positive impact on health-related quality of life, independence and confidence.
(Gledinning et al, 2010; Kent et al, 2000; Lewin, 2010; McLeod and Mair, 2009; Pyburn et al, 2009).

No single leading delivery model for re-ablement has yet been identified and seems to be defined by local circumstances.

Questions remain regarding:
• Most effective types of re-ablement approach
• What groups are most likely to benefit
• Most effective timing and duration of re-ablement interventions
• Long term outcomes

Occupational therapy and re-ablement
• Health-promoting lifestyle orientated OT has been shown to be effective in helping reduce health decline and promote well-being in older community-dwelling older adults (Clark et al, 2012).
• Preventative and rehabilitative interventions involving OT can slow the disability process and reduce the risk of adverse outcomes related to frailty (Daniels et al, 2008; Provencher et al 2012).

The role of OT within re-ablement services is well-established and recognised (Gledinning et al, 2010; McLeod et al, 2009; Mickel, 2011; Petch, 2008).
• Occupational goal-setting can improve service users abilities to manage activities of daily living and also to realign participation and social inclusion in meaningful activities (Mickel, 2010; SCIE, 2011).

• Involving OT in planning and delivering re-ablement is necessary to achieve optimum outcomes for service users (SCIE, 2010; 2011).

Conclusion:
The reablement literature is dominated by grey literature, discussion papers and service reviews from the UK. Limited research on re-ablement focuses on home-based services, rather than in-patient services like CRU. Although there is a dearth of robust research on re-ablement, international literature indicates that re-ablement services offer much potential. Re-ablement is a key service because it is likely to produce savings and appears to meet the wishes of service users (Francis et al, 2012). CRU has potential to be a cornerstone in current prevention service initiatives with development of similar services across the country.

Figure 2.1: The vicious circle, Audit Commission (1997, 2000).