A Quick Reference Guide for Optimizing In-Home Rehab Care for Older Adults

GTA REHAB Network

RGP REGIONAL GERIATRIC PROGRAM OF TORONTO

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ABOUT THIS GUIDE

This guide is for care coordinators with Home and Community Care Support Services (HCCSS) and rehab professionals providing in-home rehab for older adults. It illustrates why and how providing senior friendly in-home rehabilitative care services can optimize the functioning of older adults, maximize their independence and improve their quality of life.

Rehabilitative care can improve health outcomes, reduce disability and help individuals remain independent in their homes as they age.[1] By using a broad range of interventions that encompass the client's physical, cognitive and psychosocial abilities, rehab helps to prevent decline, mitigate the risks of injury (e.g., falls) and optimize functioning.[1]

This guide is a high-level overview based on recommendations in the Competency Framework for Interprofessional Comprehensive Geriatric Assessment[2] and the Rehabilitative Care Alliance (RCA)'s best practice guidance in Rehabilitative Care for Older Adults Living With/At Risk of Frailty.[3] It provides information on the following domains/areas of focus:

- Falls/Mobility
- Function/Activities of Daily Living (ADLs)
- Cognition
- Mood/Mental Health
- Nutrition and Hydration
- Social Engagement

For more detailed information on these areas, please refer to the RGPs of Ontario Competency Framework and the RCA's Rehabilitative Care for Older Adults Living With/At Risk of Frailty document. Please note, some domains included in these frameworks were not included in this Quick Reference Guide for the sake of brevity and succinctness. These include: Delirium, Continence, Skin Integrity, Pain, and Polypharmacy. During assessment and treatment it may be important to consider these other domains; if so, please refer to the comprehensive RGP and RCA frameworks noted above for more information.

1 See Rehabilitative Care Alliance & GTA Rehab Network. (Dec 2020) Rehabilitative Care: An Essential Component of Connected Care. https://gtarehabnetwork.ca/wp-content/uploads/2022/08/Rehabilitative_Care_-_Essential_Component_of_Connected_Care.pdf

2 Kay, K. et al. (2017). A Competency Framework for Interprofessional Comprehensive Geriatric Assessment. Accessed: https://www.rgps.on.ca/wp-content/uploads/2019/03/A-Competency-Framework.pdf

3 Rehabilitative Care Alliance & Provincial Geriatrics Leadership Ontario (2021) Rehabilitative Care for Older Adults Living With/At Risk of Frailty. Accessed: https://rehabcarealliance.ca/wp-content/uploads/2022/10/Rehab_for_Older_Adults_Living_with_Frailty_Framework.pdf

HOW INTEGRATING A REHABILITATIVE CARE APPROACH IMPROVES OUTCOMES [2, 3]

Incorporating a holistic rehabilitative care approach, particularly when the client is an older adult living with or at risk of frailty, is key to identifying rehabilitative care needs based on an assessment of their current functioning and other potential pre-disposing factors. Cognitive impairment, delirium, depression or age does not preclude an older adult from benefiting from rehabilitative care to improve or maintain function. Rehabilitative care with a senior-friendly approach should be the default lens used when considering services for the older adult.

In addition to assessing the client for the initial issue in the referral, rehab professionals should assess their clients across several domains, as outlined below, to positively affect a client's ability to live independently and participate in meaningful activities. The professional's assessment is then used to inform the development and implementation of a treatment plan in partnership with the client and care partners.

For a listing of rehab professionals and a description of their roles and scope of practice, see the RCA's Patient and System Level Benefits of Rehabilitative Care: A primer to support planning by OHTs and Ontario Health.

[2] Kay, K. et al. (2017). A Competency Framework for Interprofessional Comprehensive Geriatric Assessment. Accessed: https://www.rgps.on.ca/wp-content/uploads/2019/03/A-Competency-Framework.pdf

[3] Rehabilitative Care Alliance & Provincial Geriatrics Leadership Ontario (2021) Rehabilitative Care for Older Adults Living With/At Risk of Frailty. Accessed: https://rehabcarealliance.ca/wp-content/uploads/2022/10/Rehab_for_Older_Adults_Living_with_Frailty_Framework.pdf

DOMAINS/AREAS OF FOCUS

A. FALLS/MOBILITY:

Rehabilitation has an established role in treating and preventing falls, syncope and dizziness. It is effective for improving or maintaining functional ability and physical performance and may improve bone density, reducing the risk of fall-related fractures.

Role of the rehab professional:

- assess the history of falls/near falls, identify modifiable risk factors and assess head injury risk
- assess the client's mobility, including identification of barriers to safe mobility
- consider referral to an occupational therapist (OT) or physiotherapist (PT), depending on specific goals

Rehab Providers:

Provide interventions based on the identification of reversible risk factors for falls, including:

- strength and balance training
- home safety assessment and intervention
- vision assessment and intervention
- bone health optimization and fracture prevention interventions related to rehabilitation and exercise (e.g., exercises appropriate to the client's age and functional capacity including weight-bearing, strengthening/resistance training, core stability, balance, gait training exercises), based on the Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada (2023 update)

Consider recommendations/referrals to appropriate health care providers (HCPs) to address other modifiable fall risk factors:

- vision assessment and intervention
- medication review

For mobility:

- assess level of mobility using the Simplified Mobility Assessment Algorithm[2]
- assess barriers to mobilization (e.g., physical, social, emotional and cognitive)
- develop a personalized mobility care plan incorporating core activities and natural opportunities for mobilization in everyday activities based on the older adult's preference. Older adults should be active 150 minutes per week in sessions that are at least 10 minutes long.

B. FUNCTION/ACTIVITIES OF DAILY LIVING:

Rehabilitation with older adults extends functional independence and reduces care partner burden and the need for other home care/community services (i.e., personal support).

Role of the rehab professional:

- identify the risk for functional decline
- develop rehabilitative care strategies to mitigate this risk and maintain/improve independence in home and community relative to the older adult's baseline level of function
- consider referral to OT

Rehab Providers:

- screen for changes from the older adult's baseline level of function two weeks prior to acute illness/injury onset
- review their overall functioning in the past year
- assess changes in the client's function that are affecting their independence in daily life

Consider changes to:

- physical, cognitive and social functioning
- mobility
- mood

If concerns are identified, assess the following:

- living environment (safety)
- equipment/assistive devices
- activities of daily living (ADLs)
- instrumental activities of daily living (IADLs)
- driving/transportation

C. COGNITION:

Cognitive impairment and delirium do not preclude an older adult from benefiting from rehabilitative care to improve or maintain function. Rehabilitative care with a restorative approach should be the default whereby a period of rehabilitation is provided to determine if it has resulted in any progress in attaining functional goals.

Role of the rehab professional:

Assess functional cognition (i.e., the client's ability to utilize and integrate their thinking and processing skills to accomplish everyday activities) to help determine whether and how a client can safely and effectively participate in essential ADLs. For example, consider referral to OT and/or speech-language therapy (for cognitive-communication).[4]

Rehab Providers:

- assess when the client is at their best (i.e., not hungry, has taken medication as prescribed, awake and alert) as cognition can fluctuate
- optimize sensory inputs (hearing, vision) and minimize distractions
- include performance-based testing during assessment [e.g., the Canadian Occupational Performance Measure (COPM), Independent Living Scales (ILS) and Cognitive Performance Test (CPT)]

If concerns are identified, assess:

- cognitive impairment
- responsive behaviours
- delirium history
- risk of harm (potential/theoretical vs. real/actual)

[4] See section 3: About Rehab Professionals in Rehabilitative Care Alliance (2020) Patient and System-Level Benefits of Rehabilitative Care A primer to support planning by OHTs and Ontario Health. Accessed: https://rehabcarealliance.ca/wp-content/uploads/2022/10/RCA_Primer_on_Rehab_for_OHTs.pdf

D. MOOD/MENTAL HEALTH:

While depression is the most common mental health problem among older adults, it does not preclude an older adult from benefiting from rehabilitative care. However, depression along with anxiety can result in lower participation in rehabilitation and poorer outcomes. It is important to remember that there is emerging evidence that:

- physical activity and engagement in meaningful activities can aid the recovery from depression
- daily cardiovascular (aerobic) activities and resistance training (nonaerobic) can reduce depressive symptoms

Role of the rehab professional:

- screen for depression and/or apathy and consider the need for referral to primary care and/or mental health services
- link the client and their care partners to culturally appropriate psychosocial treatment and/or other supportive services

The rehab provider may also have a role in supporting inter-organizational communication and partnerships within the older adult's circle of care. Consider referral to primary care and mental health supports including mental health OT.

Rehab Providers:

If concerns are identified, assess:

- past/current issues with mood
- depression
- anxiety
- suicide risk
- grief/loss
- stress
- addictions
- apathy

E. NUTRITION AND HYDRATION:

There is an identified association between malnutrition, low physical function and reduced effectiveness of rehabilitation. Dehydration can lead to dizziness, fainting and low blood pressure, which may put older adults at risk for falls.

If there are concerns with swallowing, health care providers should refer to a speech-language pathologist for swallowing assessment and follow-up. A referral to a dietitian should also be considered for recommendations on meeting nutritional and fluid needs while supporting alterations in food texture and fluid consistency or enteral nutritional support, when necessary.

Role of the rehab professional:

Provide nutritional screening as part of a routine assessment using a standardized and valid tool, such as *Seniors in the Community Risk Evaluation for Eating and Nutrition* (SCREEN II©).

Rehab Providers:

Implement strategies to support adequate food intake and hydration, including strategies that consider social/cultural aspects of food intake and that help increase appetite (i.e., communal dining opportunities).

If concerns are identified, assess:

- the amount of unintentional weight loss in the past six months
- any reduction in food intake and for how long
- hydration
- swallowing

Older adults with potential dysphagia should receive education on swallowing, prevention of aspiration, feeding recommendations and oral hygiene.

F. SOCIAL ENGAGEMENT:

Loneliness and social isolation can adversely affect physical and mental health. It can also cause functional decline (physical and/or cognitive deterioration).

Role of the rehab professional:

- screen the older adult and their care partner(s) for social isolation risk factors
- consider opportunities for social engagement
- consider referral to OT and/or social work

Rehab Providers:

- consider using the Three-Item Loneliness Scale if loneliness is suspected
- screen older adults and their care partner(s) for social isolation risk factors, including:
  - psychological, personality or mental health issues
  - living alone
  - disconnection from community/cultural groups
  - health problems
  - physical challenges or disability
  - sensory impairment
  - no children

Support the social engagement of older adults. Discuss re-establishing lost connections and relationships that may have been lost during illness/injury (e.g., cultural organizations, community groups).

4. Summary

The rehab professional, by using a holistic approach, assesses the older adult (with engagement of care partners where appropriate) across multiple domains to develop a comprehensive understanding of functioning and rehabilitative care needs. These assessment findings are then used to inform the development of an individualized treatment plan in collaboration with the older adult, their care partners and other members of the care team.

Without the involvement of a rehab professional, the opportunity for recognizing the restorative potential of older adults may be missed. Rehab professionals can play a key role in recognizing this potential and providing the rehabilitative care that can enable safe, active and meaningful living.

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