

## Rehabilitative Care for Frail Seniors

### *A Guide for Ontario Health Teams*

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#### Frail seniors: a priority population for OHTs

Seniors comprise a significant proportion of the population in Canada. In 2015, nearly one in six adults were 65 years of age or older and by 2036, the number of seniors in Canada is anticipated to reach 10 million.<sup>1</sup>

In Ontario, by 2029, there will be almost one million older adults living with frailty. These are the individuals at the highest risk of hospitalization<sup>2</sup> and can benefit from rehabilitative care across all points of the care continuum — primary care, hospitals, community and home.

#### Considerations for Ontario Health Teams

Rehabilitative care for older adults, including those with frailty, should be a key component of service delivery and planning across all sectors within each Ontario Health Team.

- ✓ Geriatric rehab, by using a holistic, multidimensional interprofessional approach, improves the health and function of many frail seniors. Even small gains in multiple areas can result in functional improvements that can make a big difference.<sup>3</sup>
- ✓ Maintaining and maximizing the independence and overall quality of life of older adults benefits not only the health and well-being of our seniors but also that of our health care system. For seniors in the community, rehabilitative care has been shown to help them age at home by optimizing their strength, balance and mobility, by addressing cognitive issues and by reducing the risk of falls and other injury. It has also been shown to reduce caregiver burden. For seniors admitted to hospital, rehabilitative care mitigates the adverse effects of hospitalization, reduces length of stay and reduces the likelihood of admission to long-term care.
- ✓ Planning for geriatric rehabilitative care services should involve older adults and their family/caregivers and include prevention and health promotion. It should also take into consideration the vulnerability of older adults, particularly those with frailty, to disruptions and/or gaps in services and embrace innovative approaches to ensure continued access to rehabilitative care.

#### About these guides

The GTA Rehab Network's [Guides for Ontario Health Teams \(OHTs\)](#) have been developed to illustrate the role of rehabilitative care in providing connected care for OHT priority populations.

Using evidence-based information, the guides highlight practical examples of how rehabilitative care is integral to achieving positive patient outcomes for individuals seen by primary care, admitted to hospital, or living at home.

They also outline some key considerations for OHTs to support the planning and provision of integrated care for these populations.

## Rehabilitation for frail seniors

→ For COVID-19 specific information, see page 5

Senior friendly care is evidence-based, integrated and holistic care that is focused on optimizing the physical, psychological, functional and social abilities of older adults. The RGP's [sfCare Framework](#) provides the foundation for achieving this goal.

Rehabilitative care aligns with senior friendly care, and is guided by the RCA's [Framework for Rehabilitative Care](#). Seniors with frailty may require rehabilitative care as a result of illness, injury, lifelong disability, chronic disease or degenerative conditions. The desired outcomes for rehabilitative care include maintaining or restoring functionality or developing adaptive capacity. The preferred model of care, particularly for seniors with frailty,<sup>4</sup> is based on an interprofessional approach.<sup>5,6</sup>

## How rehabilitative care contributes to the care of older adults with frailty

Evidence-based rehabilitative care for older adults with frailty:

- Improves health outcomes,<sup>7</sup> improves functional outcomes and reduces mortality<sup>6</sup>
- Is associated with improved independence, decreased lengths of stay and decreased rates of re-hospitalization<sup>7</sup>
- Reduces admissions to nursing homes<sup>6</sup>
- Is effective in reducing the risk of falls<sup>8</sup>
- Helps older adults age at home by optimizing independence, reducing the risk of injury and maximizing overall quality of life.<sup>9,10</sup>

| <b>Primary Care/ Prevention</b>  |
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| <p><b>Physical exercise/training can help prevent the progression of frailty</b></p> <ul style="list-style-type: none"> <li>• A physical exercise program, supervised by a physiotherapist, was effective in preventing the progression of frailty and further disability in community-dwelling seniors and resulted in better scores on a frailty checklist and improvements in forgetfulness, seclusion, emotion, malnutrition and daily life domains.<sup>11</sup></li> </ul>   |
| <p><b>Rehab reduces the risk of falls</b></p> <ul style="list-style-type: none"> <li>• Older adults experiencing falls accounted for 81% of injury-related hospitalizations among adults over 65 years of age in 2017-18.<sup>12</sup> As a result, older people in contact with health care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the falls.<sup>13</sup></li> <li>• Rehabilitative care in the forms of multifactorial risk assessment, multiple-component group and home-based exercise programs, and home safety assessment and modifications provided by an occupational therapist, are effective in reducing the rate and/or risk of falls.<sup>8</sup></li> </ul> |
| <p><b>Rehab helps seniors age at home<sup>9,10</sup></b></p> <ul style="list-style-type: none"> <li>• Individualized rehabilitative care services, such as occupational therapy, focus on increasing or maintaining a senior's level of independence with activities of daily living (e.g., dressing,</li> </ul>   |

#### Primary Care/ Prevention

bathing, toileting, walking) and instrumental activities (e.g., shopping, food preparation) and also reducing the need for conventional home care supportive services. The focus of the rehabilitative care services may include:

- optimizing strength, balance and endurance;
- chronic disease self-management;
- nutrition management;
- identifying assistive devices and modifications to the home environment to increase safety; and
- providing strategies to reduce social isolation.

#### High risk community-dwelling seniors can access inpatient rehab directly and avoid acute care admissions.

- Older adults who are at high risk of permanent loss of living independently can avoid acute care admissions and be referred directly from the community to inpatient rehab to access a coordinated rehabilitative care approach. The [Direct Access Priority Process \(DAPP\)](#)<sup>14</sup> facilitates referrals to inpatient rehabilitation directly from the community or emergency department.

#### Acute Care/Inpatient Rehab/Complex Continuing Care

#### Rehab can reduce the onset of hospital-based deconditioning and associated consequences in seniors.

- Approximately 50% of disability among older adults occurs in the hospital setting.<sup>15, 16</sup>
- Hospitalization, especially for frail seniors, can result in many adverse and serious consequences, particularly if bedridden and immobile.<sup>17</sup> These include loss of functional autonomy, cognitive impairment, pressure sores, falls, sarcopenia (loss of muscle) and social isolation.<sup>17</sup> This in turn jeopardizes the older adult's capacity for independent living and completing basic activities of daily living (e.g., bathing, dressing, rising from bed or a chair, using the toilet, eating or walking across a room)<sup>15</sup> and reduces overall quality of life.

#### The geriatric rehab approach targets the special needs of older adults.

- Rehabilitation delivered as part of an interprofessional comprehensive geriatric assessment approach is an effective intervention that can serve to reduce mortality and improve functional outcomes for hospitalized, frail older adults.<sup>18</sup>
- Geriatric rehabilitation should begin at admission (and continue beyond discharge as needed) and involve multiple disciplines who use an interprofessional approach with the patient to deliver holistic, individual rehabilitative care.<sup>18</sup>

#### Geriatric rehab can help seniors remain living at home.

- Geriatric rehab has been shown to improve function and prevent permanent admission to nursing homes.<sup>19</sup>

#### **Acute Care/Inpatient Rehab/Complex Continuing Care**

- Research has shown that admission to Canadian geriatric rehabilitation units results in improved functional abilities in older adults (e.g., improvements in self-care, mobility, transfers, locomotion, social cognition) and results in high rates (87.5%) of returning to home.<sup>16</sup>

#### **Community Rehab/Home Care Rehab**

##### **Rehab reduces the risk of falls**

- Older adults experiencing falls accounted for 81% of injury-related hospitalizations among adults over 65 years of age in 2017-18.<sup>10</sup> Health care providers in community and home-based settings can and should ask their clients about whether they have fallen in the past year, how often and what the circumstances are around the falls.<sup>11</sup>
- Rehabilitative care in the forms of multifactorial risk assessment, multiple-component group and home-based exercise programs, and home safety assessment and modifications provided by an occupational therapist, are effective in reducing the rate and/or risk of falls.<sup>8</sup>

##### **Seniors with chronic heart failure benefit from exercise training.**

- The prevalence of chronic heart failure increases with age, with the majority occurring among patients of 65 years or older. Older adults with chronic heart failure (mean age between the ages of 70 and 81) can safely benefit from exercise training (e.g., walking further and with increased speed) without increasing the risk of hospitalization or mortality.<sup>20</sup>

##### **Home-based rehabilitative care helps seniors age in place.**

- Short-term occupational therapy intervention in the homes of community-dwelling frail adults has been shown to be effective in achieving significant improvement in their performance of activities of daily living (ADLs), particularly with the motor skills associated with performing ADLs, and in achieving most of seniors' ADL goals.<sup>21</sup>

##### **Patients with dementia can benefit from rehabilitative care.**

- Patients with mild to moderate dementia benefit from multidisciplinary rehabilitation to regain function.<sup>22</sup>
- Occupational therapy interventions with community-living clients with early stage dementia can maintain functional performance and reduce psychiatric symptoms as well as caregiver burden.<sup>23</sup>
- Studies have also shown the effectiveness of occupational therapy for individuals with mild-to-moderate dementia at home. An occupational therapist can evaluate the impact of impairments on activities of daily living, modify the home environment, teach compensatory strategies and train caregivers on effective supervision methods. In addition, psychosocial counselling with caregivers has been shown to delay the need for nursing home placement for people with dementia.<sup>24</sup>

## Caring for patients during the COVID-19 pandemic and beyond

Addressing the rehabilitative care needs of seniors, particularly frail older adults, within the context of the current COVID-19 pandemic is especially important.

COVID-19 can lead to lingering effects as a result of the virus itself (e.g., muscle atrophy and weakness, cognitive impairment, increased risk of other illnesses) and also from the treatments provided in the ICU environment, which can be particularly difficult for older adults. For those treated in the ICU, there is an increased risk of developing delirium from the virus and the sedatives used to suppress coughing and increase the tolerance for the ventilation tube.<sup>25</sup> In addition, the absence of family support for older adults, given current visiting restrictions, is particularly challenging for those with delirium.<sup>26</sup> Access to rehabilitative care within the hospital setting is a key aspect of overall care. It is important to assess patients for impairments in mobility, functional status, swallowing, cognition and mental health.<sup>27</sup> Access to rehabilitative care *following* discharge to address deconditioning and other impairments is also vital.<sup>28</sup>

Frail seniors can be more vulnerable not only to the effects of the new virus but also to the disruptions to regular rehabilitative care that may occur because of public health restrictions.<sup>29,30</sup> Continued access to rehabilitative care through innovative means such as tele-rehab should be made available and included as part of the planning process<sup>27, 28</sup>

The RGPs of Ontario have developed an online resource, the [Pandemic Clinical Resources and Supports for Older Adults](#), with links to information and useful resources geared specifically for the needs of older adults.

*We thank the Regional Geriatric Program of Toronto for reviewing and providing input into this document.*

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