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Multidisciplinary Rehabilitation Daycare Center in the Community in Kiryat Bialik: Evaluation Study

Shirli Resnizky ◆ Netta Bentur

The study was commissioned and funded by JDC-ESHEL

RESEARCH REPORT

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Executive Summary

1. Background

The main function of rehabilitation services is to reduce physical impairment and disability caused by an acute event and to give the patients maximum functional ability by means of effective tools and treatment methods. In Israel, rehabilitation services are provided in hospitals, rehabilitation centers, and rehabilitation daycare units in the community. Long waiting lists for the rehabilitation centers mean that there is sometimes a delay in admitting elderly people with neurological illnesses, which may lead to disabilities and impairments that could have been avoided through appropriate rehabilitation treatment.

In June 2009, in partnership with Clalit, JDC-ESHEL opened a rehabilitation center in Kiryat Bialik for patients of all ages, but mainly for elderly patients suffering from strokes and other neurological illnesses. The goal was to respond to the shortage of rehabilitation treatment in the area and make it more available for people in and around the Haifa Bay suburbs. When the Center was opened, it was decided to admit only patients in need of treatment by two types of professionals so that it could either serve as an alternative to hospitalization or reduce its length. In addition, it was decided that the Center would work together with the neighboring daycare center for the elderly, so that in addition to rehabilitation, the patients could receive a meal, personal care, and social and occupational activities.

JDC-ESHEL commissioned the Myers-JDC-Brookdale Institute to conduct an evaluation study of the new Center to examine its development, operation and implementation, learn about its benefits and the challenges to its development and operation, and examine the challenge of developing the new model in other places.

2. Study Design

The study was conducted between June 2009, when the Center opened, and March 2011 (21 months). The study population included all the patients admitted during that time as well as members of the staff.

The information and data were gathered from several sources using a variety of instruments:

1. The findings of the admissions tests by the physician, physiotherapist, occupational therapist, and social worker were taken from the medical records of each patient – altogether 190 patients. The findings of the discharge tests were taken from the records of only a few of the patients, because, at the time of discharge, most of the records did not contain data or even recommendations for further treatment.
2. Telephone interviews were conducted with 94 patients who had completed treatment at the Center by November 2010, to examine their satisfaction with the treatment process and ascertain their subjective assessment of the improvement in their condition.

3. Staff members at the Center were interviewed to inform about the organizational processes and the changes that had taken place. The interviews were conducted when the Center was opened, during the study, and upon completion of the study in March 2011 – a total of 15 interviews. Interviews were also conducted with senior staff at Clalit and specialists in the area of rehabilitation centers, for a deeper understanding of how to contribute to the development of the Center.

3. Findings

Characteristics of the Patients at the Rehabilitation Center

Sixty percent of the patients were men. The average age was 65 with an age range of 23-90. Eleven percent lived alone. With regard to diagnosis, 64% were stroke patients and the remainder had Parkinson's or another neurological illness. About a third (31%) had been taken ill within the 3 months prior to referral to the Center, 16% between 3 and 6 months prior to referral, and 53% over a year prior to referral (the majority of the latter had Parkinson's or another neurological illness). With regard to motor function, 8% were admitted to the Center with paralysis of half the body, and 56% with a weakness on one side. The great majority were stroke patients; 36% had neither paralysis nor weakness. Sixty-six percent had difficulty walking (mainly imbalance or foot dragging); 13% used a wheelchair, and 17% used a cane or walker. About half (48%) had impaired speech – most of these were stroke or Parkinson's patients. Functionally, 53% had difficulty washing or dressing or another ADL problem. A quarter of the patients had cognitive deterioration, most of them stroke or Parkinson's patients.

Admission to the Center

- Out of the 200 patients who came to the Center in the course of the 21 months, 4% did not start treatment and 10% left after a few treatments. This was due to the distance they had to travel, to illness or acute problems, because there was no one to bring them there, or because depression prevented them from continuing their treatments. The characteristics of those who discontinued treatment were that they were younger than 65, women, and had light, rather than severe motor weaknesses.
- In the first six months of implementation, on average 5 patients were admitted to the Center each month. The rate gradually increased to an average of 8 per month; after around 2 years, on average, 11 patients were admitted each month.
- Twelve percent of all the patients were admitted to the Center as an alternative to in-patient rehabilitation (as defined by the director), and 4% in order to shorten the stay in rehabilitation hospitals (altogether 39 patients). The vast majority of them (89%) had experienced the event in the 6 months preceding their admission to the Center, 75% of them had had a stroke. They also suffered from a slight impairment in ADL and a small percentage of them were using mobility aids. Furthermore, 33% of them stopped treatment after a small number of treatments (as opposed to only a small percentage of the others),

perhaps because their functionality ability was relatively good and they did not see the need to continue with rehabilitation treatment.

- Due to functional disabilities, three-quarters of the patients were accompanied to the Center by another person – a family member of paid caregiver. About half of the family members reported great difficulty getting to the rehabilitation center, because they had to make time for it, because they themselves had physical difficulties, or because of the financial cost. The journey by bus or tax cost between NIS 10 and NIS 60, and, on average, NIS 28 each way.

Practices and Methods of Treatment

- The rehabilitation center is located in customized premises on the ground floor of a building belonging to JDC-ESHEL in Kiryat Bialik, adjacent to the town's daycare center for the elderly. The staff includes a rehabilitation physician who serves as the director, physiotherapists, occupational therapists, a speech therapist, a social worker, and a clerk – altogether 9 people. There were plans to employ nurses, nutrition consultants, and a psychological counselor, but they have not been implemented. Patients referred to the Center are examined by the physician, who is the medical director, who, together with the professional staff, draws up an individual treatment plan for each patient.
- The center is generously equipped and includes equipment for the neuro-IFRAH method, although the staff report that there is a lack of certain equipment and the physical space is too small.
- The Center is open only 3 days a week, due to a limited number of approved positions for physiotherapists and occupational therapists budgeted by Clalit. It was agreed that additional positions would be gradually allocated in order to expand the extent of the work and to maximize the potential output, but this did not happen during the study period.
- All the patients at the Center were treated by a physiotherapist and occupational therapist, mostly by the same one. A few were treated by two different therapists in the same field. Almost half of the patients (46%) received treatment once a week, 52% twice a week, and 2% received treatment three times a week. Most of the patients who received treatment twice a week or more were those who had been admitted to the Center as an alternative to hospital or in order to shorten in-patient rehabilitation, however, their mobility and ADL was not so limited. However, a larger percentage of them suffered from impaired speech. Almost half (48%) received treatment from a speech therapist, most of them following a stroke. Seventy percent of the patients or members of their families met with the social worker – a third of them once, a third of them twice, and a third of them three times or more.
- The staff used a variety of treatment methods, primarily the neuro-IFRAH method, which they had studied at a specialist course and had incorporated into their routine work. They did, however, emphasize that they also include other methods of treatment in their work.

The staff also gave the patients "homework" and provided guidance and explanations to members of their families.

- The first therapy group opened in 2011, with physiotherapy and occupational therapy, and an emphasis on increasing the dynamics and contact among the patients. However, in implementing the group, one of the main goals was to increase the rate at which patients were admitted, particularly those with chronic morbidity, and to free up space for patients with severe disability and those referred to the Center instead of being hospitalized.

Contribution of the Treatment and Satisfaction with it

- About a third of the patients reported that the treatment had improved their functioning in general and their ability to walk inside/outside of the home to a great or very great extent. Some felt there had been an improvement in their ability to take care of themselves, to perform simple housework, in their ability to concentrate and remember, and in their ability to participate in various recreational activities. Almost half of them said there had been an improvement in their self-perception, in their quality of life, and in their abilities, and had become more optimistic.
- About a third (37%) of the patients reported that at the Center they had been given counseling and guidance about making changes in their homes and 55% of them had introduced the changes or intended to do so in the near future.
- The patients expressed very high satisfaction with the Center. Almost all were very satisfied with the Center in general, with the attitude of the physician, and with the attitude and professional level of the physiotherapists and the occupational therapists and the administrative clerk.
- About a fifth of those receiving speech therapy were not so satisfied or not at all satisfied with the attitude and professional level of the speech therapist.
- More than a third (39%) reported that the social worker gave the patients moral support, helped them understand and accept the changes in their functionality, and helped them emotionally. However, only a tenth believed that she helped them to exercise their rights. The reason for this may be that most of the patients came to the Center following rehabilitation elsewhere or had been suffering from their disabilities for many years, and had therefore previously taken steps to exercise their rights.
- Two-thirds (69%) of the patients said that they would like to have another round of treatments at the Center, 13% said they would not, and the rest (18%) did not know how to respond. Similarly, two-thirds (67%) were interested in extending the duration of treatment at the Center.

Contact between the Rehabilitation Center and the Adjacent Daycare Center

- When the Center was opened, participants at the daycare center were examined, but only a few of them were found suitable for treatment at the rehabilitation center. No more tests

were made subsequently. Only 13% of the patients at the rehabilitation center began to attend the neighboring daycare center or any other daycare center.

- About a quarter (24%) of those who did not attend the daycare center said that it was suggested to them. However, a third of them responded positively or answered "maybe" when asked if they were interested in going to the daycare center or to a club. Among the reasons for not going, was the lack of adequate knowledge about the daycare center and the feeling that they were too disabled or that their health would not permit it.
- Staff members reported that they did suggest to the patients that they go to the daycare center. However, some of them said that they did not consider it important and some – those who had not started work at the Center when it opened – did not even know about the connection between the two centers and were unfamiliar with the daycare center.

Conclusion and Insights about Further Activity at the Rehabilitation Center

The current study presents the development and operation of the rehabilitation center in Kiryat Bialik during its first two years. Below we present insights based on the study findings, which should promote the center and increase its potential.

- Since one of the main goals of the Center is to provide rehabilitation treatment to reduce or replace hospitalization and only 16% of the patients were in these groups, there would appear to be a need to increase their number significantly. To do so, it is necessary to greatly increase the marketing of the Center and inform the rehabilitation hospitals and services in the community of its existence and to continue doing so even when the referrals rate has increased. Concomitantly, it is worth examining the possibility of admitting patients with greater functional and motor disorders than those admitted to date instead of hospitalizing them, since many of those who were admitted suffered from minor symptoms and left after very few treatments and may not have needed further treatment.
- With regard to the extent of activities, steps must be taken to have it opened every day of the week. Those responsible for the management, funding and implementation of the Center need to define its expectations and goals in order to make it more efficient. Much can be learned from the implementation of rehabilitation daycare centers run by Clalit and other health plans in other places.
- In response to the need to increase the extent of implementation, it is appropriate to increase the number of treatment groups. About half of the patients expressed willingness to participate in treatment groups, which would provide many more places for the numerous patients waiting at the gates.
- It is important for the Center staff to update the medical records with information about the physical and functional state of patients when they are discharged and to note the recommendations given to them. This will make it possible to objectively examine the outcomes of the treatments using accepted measures.

- Since all the patients live at home and family members are responsible for their daily functioning, it is appropriate to examine tools for increasing the family's involvement in the treatment. In this context, it is worth giving thought to the patients' unmet social needs, particularly to exercising their rights.
- One of the goals of the Center was to serve as a bridge to the adjacent daycare center. This goal was achieved only to a minor extent; the reasons for this and possible tools for improvement should be looked into, all the more so in light of the fact that about a third of those who do not go to the daycare center expressed a preliminary interest in doing so. It is possible that those who could benefit from the center are not enjoying its full potential.

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Table of Contents

List of Tables

List of Figures