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Informing COVID service responses that impact on rehabilitation care

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Background

Health service preparations and subsequent system-level responses to the COVID-19 pandemic resulted in major challenges for staff and consumers across service contexts.

In 2020, as part of planning and preparations for the anticipated “first-wave” in Queensland, rehabilitation and sub-acute units were earmarked to free up space and increase capacity for vital COVID-19 activities. Consequently, resourcing for rehabilitation and sub-acute facilities and services was reduced, many units had staff sent to other wards, some were relocated to other settings or moved off campus, and in many cases, patients were dispersed.

Anecdotal accounts suggested that these responses had a negative impact on staff and patients.

Perspectives of staff and consumers

To explore these impacts, and to identify potential implications for future COVID-related system response planning, a collaboration was established between the Allied Health Professions’ Office of Queensland (AHPOQ), the Queensland Statewide Rehabilitation Clinical Network (SRbCN), Health Consumers Queensland and the Hopkins Centre, Griffith University.

This collaboration oversaw a multi-disciplinary online survey of 123 rehabilitation professionals, case studies of three hospital services via 26 interviews, and six consumer-led “kitchen table discussions” with 34 rehabilitation patients and their families. These explorations provided the collaboration with considerable data which informed subsequent system planning.

Service and resource challenges

Findings showed that the “first wave” of the pandemic response resulted in a number of challenges for rehabilitation and sub-acute services in Queensland. These included reduced bed capacity and pressure for earlier patient discharges. At the same time there were constrained outpatient services and severely limited community services due in part to restrictions associated with the Public Health Directions designed to limit population movement.

For the rehabilitation workforce, they reported increased workload, disruption to teams due to staff redeployments, and feelings of fatigue and burnout. Staff also reported undesirable impacts for consumers/patients including interruptions in care and psychosocial concerns (such as stress, anxiety, and depression), impacting on them and their families.

Consumers/patients explained that sometimes the required services were not provided, halted, or substantially limited. Families and carers were unable to visit, or were constrained from providing practical and psychosocial support, again, due in-part to the Public Health Directions that limited hospital visitation.

While the increased uptake of technology enabled enhanced productivity, it also came with considerable frustration for staff and consumers. The dramatic shift to telehealth services was challenging for many consumers and was not suited to all rehabilitation interventions.

Interestingly, many of the issues identified through the survey, interviews, and discussions that were most challenging during the COVID response period, appeared to be exacerbations of pre-existing challenges such as:

- Shifts in patient admission criteria towards more acute patients requiring higher intensity care
- Greater staff workload due to increased throughput of patients
- Decreased length of stay and earlier discharge with limited community-based services

The COVID-related preparations and decision making amplified these challenges.

Many staff and consumers identified that tenacity and resilience was required during this time, highlighting that through teamwork and commitment many had managed to maintain some services, and even integrate some creative service approaches.

Despite this, they described rehabilitation services, staff and patients as having a sense of being undervalued and under-resourced. Many respondents described the need for new thinking about resourcing and staffing of rehabilitation and subacute services, as well as a need to explore prioritisation and models of services within existing health systems.

Future planning

Several areas for future policy review and action, both in the continued health service responses to COVID and in relation to rehabilitation and sub-acute services generally, are indicated from the findings. The actions and “advocacy” at system, service and consumer levels include:

1) A greater understanding of the value of rehabilitation and sub-acute services should guide future planning. Rehabilitation services are vital because they:

- Decrease length of stay and prevent rehospitalisation, but require appropriate facilities and a highly skilled workforce
- Are outcomes-oriented and relevant to all people across the lifespan
- Enable people to return to the community

Rehabilitation professionals expertly manage complexity and integrate complex needs across diverse populations to ensure optimal and sustainable outcomes.

2) From a systems level, consideration needs to be given to the downstream impacts of delayed or insufficient services:

- Rehabilitation services should be a priority for facilitating patient discharge and welfare in times of crisis and increased system burden. De-prioritising or limiting rehabilitation services and reducing staffing will adversely impact on patients in need of rehabilitation services and lead to rehospitalisation and delayed return to optimal function for individuals.
- 3) Within individual services, awareness and planning needs to ensure models of care remain consumer/patient focused:
- Services must be aware of the vital role that rehabilitation and sub-acute services play and could play in a pandemic or disaster.
 - Current services and service models must shift towards more community-oriented approaches and not just in the context of responding to COVID.
- 4) Consumers need to be included in individual, service, and system level planning:
- Continuity of care is vital to a patient’s rehabilitation.
 - Timely, appropriate and open communication between staff and consumers and access to education and information facilitates rehabilitation and recovery. When it includes consumers and their families/carers, it leads to informed decision making, better care choices and more tailored solutions

Policy recommendations

Based on the above, the following policy recommendations were made to the relevant high-level COVID planning committee through formal channels:

- Ensure that planning for continuation of rehabilitation services is included in future Queensland Health COVID-19 surge planning.
- Endorse guidelines that enable “care partners” for rehabilitation patients to continue to contribute to care and activities of daily living in health facilities during future COVID-19 lockdowns and/or when there are hospital visitor restrictions in place.
- Endorse the development of a state-wide rehabilitation policy framework that articulates the role, models of care, and pathways for rehabilitation services across the public, private, and primary healthcare sector.

Outcomes

All policy recommendations were endorsed by the state-wide COVID planning committee. Subsequent follow-up with the directors and key staff of five rehabilitation and subacute units across Queensland indicated that the adoption of these policies may have influenced health system responses in the “third” or “Omicron” wave in Queensland.

Feedback from these five sites indicates that in the Omicron wave:

- The impact of health service responses on rehabilitation and subacute facilities was more nuanced and conducive to the delivery of ongoing rehabilitation and subacute services.
- The impact on community rehabilitation services was less disruptive, and in some cases, community services were bolstered.
- In one instance, the policy recommendations were used as the basis for advocacy to the health service executive to ensure that rehabilitation services were sustained, patient flow was prioritised, and community level patient outcomes were supported.
- There seemed to be greater recognition for the role of rehabilitation clinicians in supporting patient flow across the health service.

It is important to note that all the directors emphasised that the impact on inpatient rehabilitation and subacute services was still substantial, and that many of their patients, staff and units were under considerable pressure.

However, it also appears that the development and adoption of the policy recommendations may have created space for rehabilitation service providers to deliver more substantial services during the Omicron wave.

Summary and conclusions

Health service responses to the first wave of COVID-19 resulted in negative impacts on rehabilitation and subacute services in Queensland. In response, an alliance of stakeholders sought to understand these impacts and develop policy recommendations to mitigate these impacts during predicted future waves. This included identifying priorities vital for sustainable rehabilitation and subacute service delivery in such a circumstance.

These policy recommendations were taken to the relevant state-wide COVID response planning committee and adopted with the needs and role of rehabilitation and sub-acute services being more broadly acknowledged in the Omicron wave.

This work and the outcomes indicate that there is a role for a partnered approach that includes clinicians and consumers to drive policy change. It also underscores that the value and role of rehabilitation within the health system must be carefully profiled, clearly prioritised, and strongly advocated for, especially given the competing pressures on our health system.

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