Rehabilitation Practice and Science

Volume 12
Issue 1 *Taiwan Journal of Physical Medicine and Rehabilitation (TJPMR)*

Article 21

12-1-1984

The Special Character of In-Patient Rehabilitation Service

Robert J. Ronald

Tao-Chang Hsu

THE SPECIAL CHARACTER OF IN-PATIENT REHABILITATION SERVICE

by Robert J. Ronald and Tao-Chang Hsu
Department of Physical Medicine &
Rehabilitation, Veterans General Hospital,
Taipei, Taiwan, R. O. C.

Because of its special purpose, a rehabilitation ward, whether in a general hospital or an independent facility, has several characteristics that make it quite different from ordinary hospital wards.

In ordinary wards the emphasis is on medical intervention, medication, nursing care, rest and recovery. A patient is usually discharged as soon as nursing care and recuperation can be reasonably continued at home. The staff are chiefly medical, comprising physicians, nurses, nursing aides and attendants.

Not so, rehabilitation wards or centers. In them the emphasis is rather on therapeutic activity and the development of functional skills for independence, self-care and lifelong meaningful activities. A rehab patient is usually not discharged until he or she has reached the desired level of functional activity or a plateau. The fact that the patients are practicing within the hospital how to function outside the hospital requires that many hospital ward routines be as little like the rest of the hospital as possible. The staff, in addition to the ordinary medical and nursing personnel, must include as well physical, occupational, and speech therapists, a social worker, psychologist, rehabilitation counselor, recreation therapist and others according to the nature and needs of the patient population.

In the past several years, we have visited many outstanding rehabilitation centers in the United States, Asia and Europe. Some of them were units in general hospitals, some separate facilities, but all shared a common set of characteristics, though adapted in each case to the local situation. Since Taiwan presently has several new rehabilitation centers on the drawing boards, it will be useful at this time to highlight these special features.

Six special characteristics of comprehensive rehabilitation wards

1. Intensive therapeutic acticity to stimulate and quicken functional recovery.

2. Specific functional training and practice to facilitate the patient's resumption of normal life activities at every possible level.

3. A non-hospital-like atmosphere since most patients are no longer "sick", but only "in functional training".

4. Psycho-social normalization to encourage socialization and speed adjustment to normal life.

5. Special staff trained to meet the needs of rehabilitation patients.

6. Staff teamwork with patient feedback and participation to plan and coordinate the most effective, personal therapy program for each

patients and set the most realistic and desirable rehabilitation goals.

1. Intensive therapeutic activity

a. Activities range from muscle strengthening, endurance building activities of daily living, functional training to sports, handicrafts and other creative activities.

b. Except for periods of rest, the hours of which are regulated according to each patient's personal situation, every patient is expected to spend most of the morning and afternoon in therapeutic activities.

c. Each patient is given a personal schedule of both private and group sessions of physical therapy, occupational therapy, speech therapy, functional and recreational activities according to need.

d. Nursing routines, medications, bathing and meals are scheduled so as not to interfere with activity times.

e. Even patients confined to bed because of weakness or skin problems are kept busy with bedside therapies and other activities. When possible, beds are pushed to activity areas or patients are transferred to stretcher guernseys and thus transported. Some guernseys have large wheelchair wheels at the head so prone patients with strong arms can move themselves about independently.

2. Functional life-activity facilitation and training

a. Wheelchairs and functional aids of every kind are available and provided at once so the patients can begin using them at the earliest possible time.

b. A staff member, materials and a workshop are available for on the spot modifications or improvizations of special aids.

c. Activities of daily living training includes cooking and housekeeping for those for whom these are appropriate as well as driver education and the use of automobile hand controls.

d. Family members who will be involved in patient care or assistance at home are trained and encouraged to observe and/or participate in the patient's therapy program.

e. Whenever feasible, patients are encouraged to go home for weekends and holidays or at least once prior to discharge, so they can try out at home the functional techniques they are learning in order to anticipate and solve difficulties while the staff are still available to help.

f. For the use of families who come from afar, a special apartment is often available in which the patient can live for a few days with family members so they can experience living in a home-like situation before final discharge.

3. Non-hospital-like atmosphere

a. Since for the most part rehabilitation patients are not "sick", all patients are expected whenever possible to be dressed in regular clothes throughout the day and not in hospital gowns or pajamas.

b. Patients are allowed and encouraged to decorate their rooms with their own things.

c. In some centers, all the staff also dress in regular clothes and not in hospital uniforms.

4. Psycho-social normalization

a. From the first day of admission, there is frequent contact between the patient and the social worker, psychologist, rehab counselor to facilitate adjustment, the handling of present emotional or behavioral problems and facing the future.

b. Private rooms are few. Two or more persons to a room stimulates socialization and helps adjustment.

c. All meals (in some centers only lunch and supper) are served in a common dining room and not in the patients' rooms. This includes those who need to be given special assistance. In some centers, even those in beds or on guernseys are pushed to the dining from to eat.

d. There is a recreation-reading-game area or areas for patients to use in their leisure time, especially in the evenings and on weekends and holidays.

e. A recreation therapist is available during these times to organize and/or assist individual and group activities.

f. Occasional group excursions are organized to ballgames, parks, shopping centers, theaters, etc. with appropriate transportation and assistance provided.

g. With their doctor's permission patients outside therapy times can have passes to leave the hospital for a few hours with family or friends or even alone or to eat in the hospital's visitors dining room.

h. Most centers have some kind of regular meetings, classes or discussion groups for family members to help them understand the nature of the disability and show them how to adjust together with the patient.

5. Special trained staff

a. Nurses, nursing aides, attendants all have had appropriate special training in the handling, turning, positioning and transferring of rehab patients, skin care, bladder and bowel training and care, etc. Their focus is on the patient's wellbeing, cleanliness, hygiene and the prevention of complications.

b. There are special attendants for pushing wheelchairs, beds, guernseys to and from therapy, meals, recreation.

c. Most of the therapists and their aides are assigned exclusively to rehab ward patients. Their focus is on functional evaluation, training and development and on independence, strength and endurance. In most centers special out-patients are also accepted for therapy who come for the whole day or for the whole morning or afternoon.

d. A recreation therapist is on duty mainly in the evenings and on non-therapy days. Focus is on leisure time, socialization and

meaningful activities.

e. One of the hospital dieticians is assigned to serve rehab patients. Emphasis is on proper nutrition, special diets or particular needs.

f. There are one or more social workers, at least one of them with flexible work hours to meet with the families of patients in the evenings or on weekends.

g. A psychologist is available to assess patient needs, offer counseling and therapy, moderate behavior modification, if needed, etc. Sometimes there is an assistant to administer and score tests. The focus is on the patient's mental-emotional status, adjustment, motivation and behavior.

h. A (vocational) rehabilitation counsellor is available. The focus is on the patient's plans for the future and the means to carry them out.

i. There may also be a vocational evaluator, if the caseload has a sufficient number of whose for whom work is still a desirable and reasonable goal. Focus is on the patient's personal interests, preferences, aptitudes and potentials.

j. Many centers assign a public health nurse, therapist or social worker to visit the patient's home before discharge to evaluate it in terms of accessibility and convenience and to recommend necessary adjustments and/or to make follow-up visits after discharge. The focus is on the patient's wellbeing at home.

6. Special staff teamwork and cooperation

a. Full staff meetings are held at the time of admission, prior to discharge and at regular intervals during each patient's stay to understand and discuss the patient's physical and mental condition in the context of family history and status, psychological and emotional needs in order to plan the patient's rehab program, monitor progress and plan for the future.

b. At appropriate times, the patient and/or family members are present, make their own input and participate in decision making, especially prior to discharge and whenever important changes are to be made in the patient's program.

c. In large facilities there may be more than one team, each team holding separate staffings.

In this paper we have tried to emphasize the points that should distinguish comprehensive rehabilitation wards or centers from ordinary medical wards, particularly acute care ones. The rehab service must be special so as to prepare the patient for reentry into the mainstream of family and community life.