

RACP Patients with multi resistant organisms in rehabilitation units 2013

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Position Statement

Patients with Multi-Resistant Organisms in Rehabilitation Units

Background

The Australasian Faculty of Rehabilitation Medicine (AFRM) of The Royal Australasian College of Physicians is aware of issues relating to the access to rehabilitation for patients with multi resistant organisms (MROs).

Currently rates of infection and colonisation with MROs are increasing. These patients have often spent significant time in acute wards and are severely deconditioned. This has created an increased number of patients with MROs who also require rehabilitation. Due to the requirement that these patients be isolated, they cannot access standard rehabilitation care. Current requirements for MROs inhibit provision of best practice rehabilitation therapy.

There is considerable evidence that increasing the intensity of therapy and providing an enriched environment provides an improved outcome in rehabilitation. Currently in most rehabilitation units therapy intensity is improved by patients being able to attend both individual and group programs in a therapy gymnasium. Patients also participate in other group activities including meals.

Patients with MROs requiring isolation are unable to participate in these therapeutic activities and require individual therapy within their room. This lowers therapy intensity and is also less cost efficient. Additionally, patients with MROs often wait longer for access to rehabilitation beds due to the requirement for a single room.

Recommendations

- All patients with MROs should have equity in access to quality rehabilitation. All rehabilitation services need to consider options to optimise the rehabilitation of patients with MROs.
- MROs should be included in the calculation of cost weights for rehabilitation episodes
 of care to reflect the increased cost of providing standard rehabilitation care to this
 group.
- Any development of new rehabilitation wards should consider the needs of patients with MROs in their design including the number of single rooms of an adequate size to enable therapy within the room and the addition of separate gym areas.
- There should be consideration of innovative models of care, including home-based programs, to improve access to rehabilitation for patients with MROs.