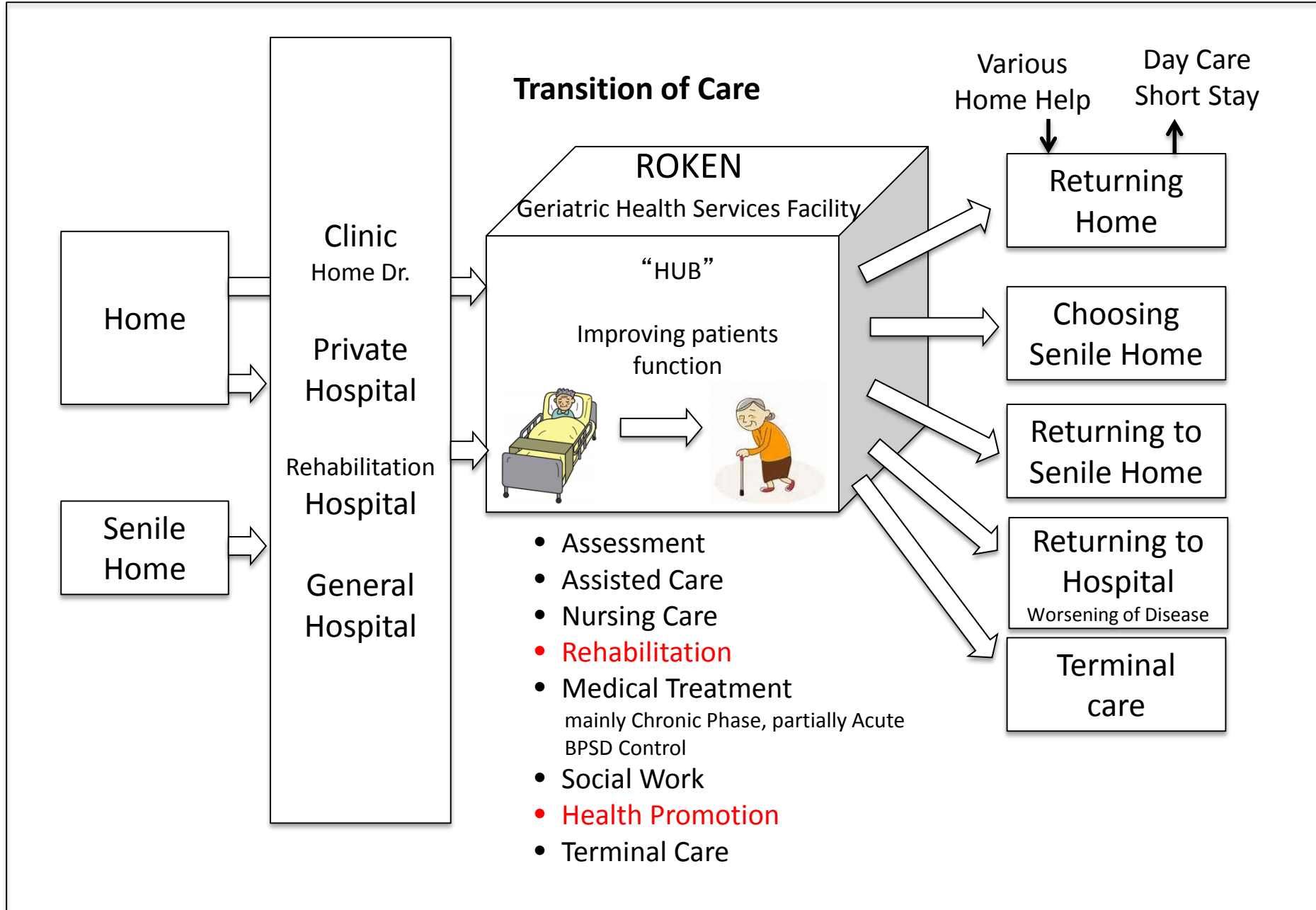


Effectiveness of Rehabilitation and Health Promotion Activities in Japanese Intermediate Facilities (Roken)

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Patient flow of Roken



Two recent services by specialists team at Roken facilities

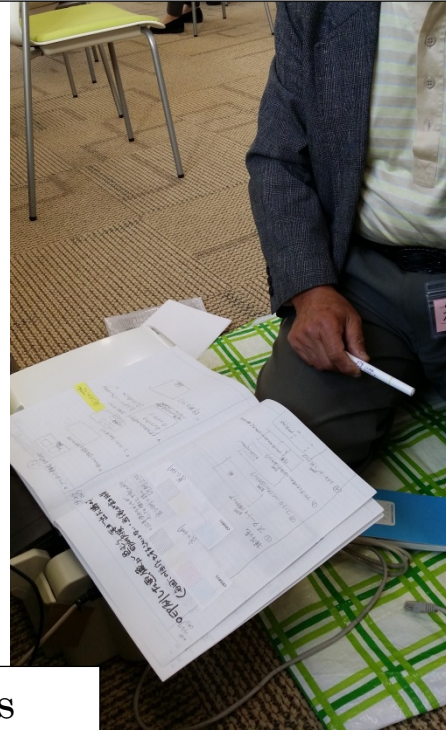
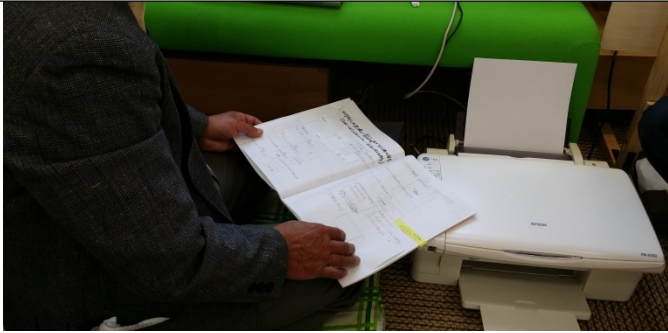
- Intensive Rehabilitation for Dementia patients
 - For elderly inpatients eligible for public long-term care insurance (LTCI) services
- Health Promotion activities (Kaigo-Yobo Salon)
 - For elderly persons in the community not eligible for LTCI, but with risks of developing disabilities, including cognitive deteriorations

Health Promotion activities (Kaigo-Yobo Salon)

- Aimed at Prevention of Frailty of the elderly people living in the community
- Roken provides the facility space
- Participants take initiative on deciding the activities in a group discussion.
- Staffs and therapists provide help as needed.

Making an Original New Years Greeting Card

Facility staff gives an instruction on how to use a PC and printer while he takes a note.



He designs his own card.



Intensive rehabilitation for dementia patients

- The rehabilitation program was designed in a **tailor-made** manner to meet individual needs
- The personal sessions were carried out **three times a week for three months** by physical, occupational or speech therapists

Assessment of functional profile with regard to both abilities and disabilities

Selection of training activities

Training Sessions
Three times/week x 3 months
(Group therapies in the control group)

Re-assessment

Example of rehabilitation program



Learning session



Training with memory card



Music therapy



handicrafts session

Outcome of intensive cognitive rehabilitation

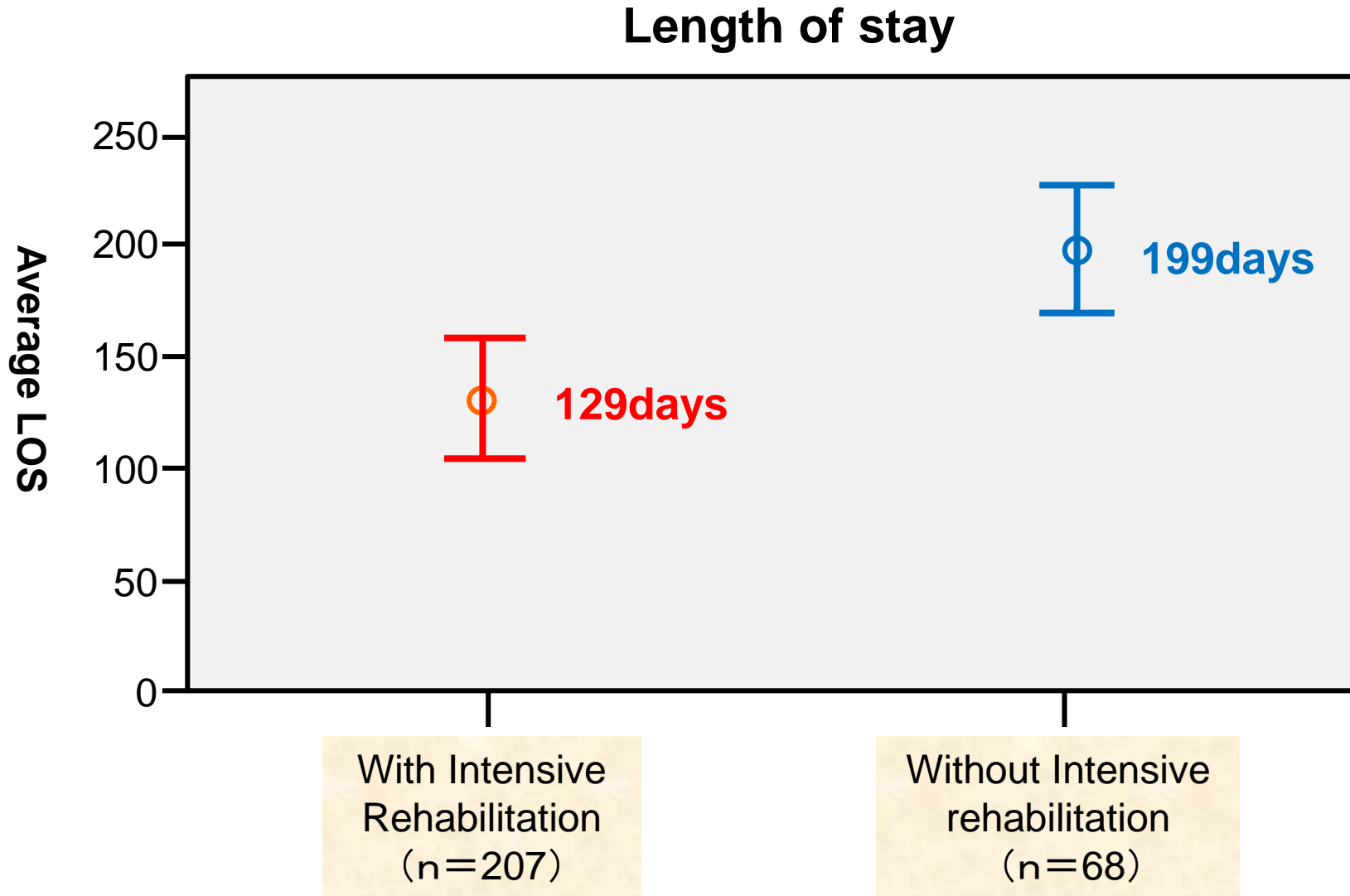
Table 2 Outcome of intensive cognitive rehabilitation

test item	Intervention group(n=158)					P value	Control group(n=54)				
	mean	SD	mean	SD	Before		After	Before	After	P value	
Short term memory	HDS-R	16.9	5.7	17.9	6.5	0.001	17	5.9	16.7	6.3	0.48
	N-Memory scale	30.4	9.1	32.1	9.5	P<0.001	31.4	9.8	30.7	10.9	0.38
Activity of daily living related scales	Barthel Index	16.4	7.1	17.3	7.1	0.001	15.7	7	15.9	6.9	0.621
	Social activity scale	8.6	3.3	8.8	3.4	0.038	8.5	3.1	8.6	3.2	0.972
Vitality and Depression	Vitality Index	8	1.7	8.2	1.6	0.004	8.1	1.8	8.2	1.8	0.864
	Geriatric Depression scale	2.5	1.8	2.4	1.9	0.042	2.3	1.5	2.4	1.5	0.634
Behavior Disturbance	Dementia Behavior Disturbance scale	4.5	5.1	4	4.1	0.004	4.5	4.2	4.8	4.7	0.413

Toba K et al GGI. 2014 Jan;14(1):206-11.

Higashi K. Monthly book medical rehabilitation (164), 66-71, 2013-11

Dementia Rehabilitation - Effectiveness on Length of Stay



Effectiveness of Roken stay

- As a result of rehabilitation, treatment and care at Roken, the functions of elderly persons improve during the stay
- When they go home...
 - functional deterioration is gradual
 - Social participation continue to improve

ICF staging and Five summary scales






Basic Mobility		Stage	Status	Illustration/ ICF code
		5	Maintain standing position	 d4154b
Maintaining standing position	Maintain standing position without help for 1 minutes	Yes	↑	
		No	↓	d4154b
		4	Does not maintain standing position but transfer from sitting position to lying position	 d4200
Transfer while sitting	As transferring from sitting to bed, transferring oneself from and to sitting level	Yes	↑	
		No	↓	d4200
		3	Does not transfer while sitting, but maintain sitting without assistance	 d4153a
Maintain sitting position	Maintain sitting position without assistance	Yes	↑	
		No	↓	d4153a
		2	Does not maintain sitting position, but change lying position	 d4208a
Change lying position	Change lying position (with/without holding assistive devices)	Yes	↑	
		No	↓	d4208a
		1	Does not change lying position	

Figure 1 Basic mobility scale.

Mobility

Basic mobility, Walking

ADL

Toileting, Bathing

Eating

Eating maneuver, Swallowing

Self care

Personal care, Dressing, Oral hygiene, **2**

Cognition

Orientation, Communication, mental activity **3**

Behavior

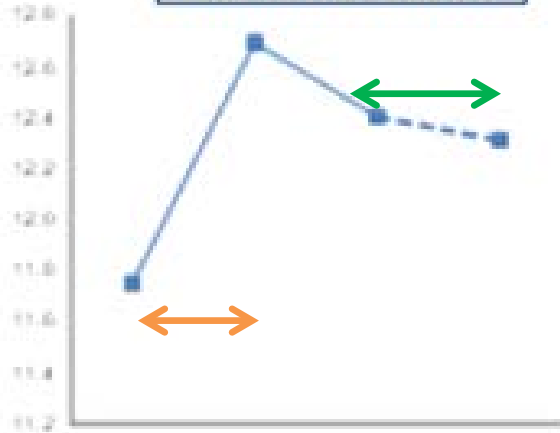
Behavior problems **4**

Participation

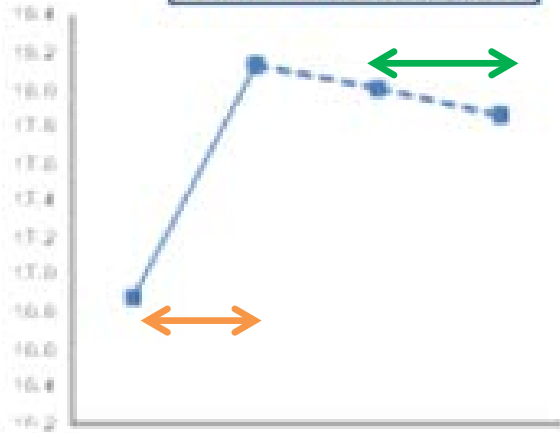
Leisure activity, Social communication **5**

Change of functional status during Roken stay and after discharge

Mobility+ADL



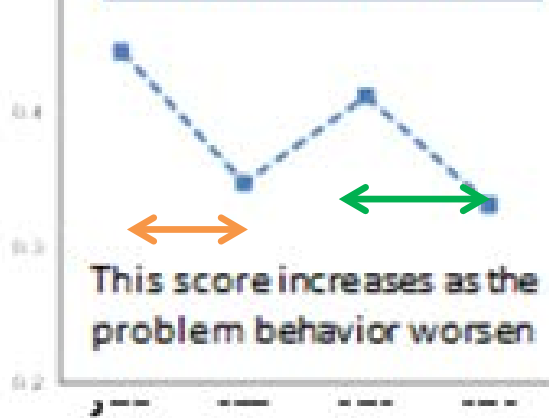
Eating+Selfcare



Cognitive function

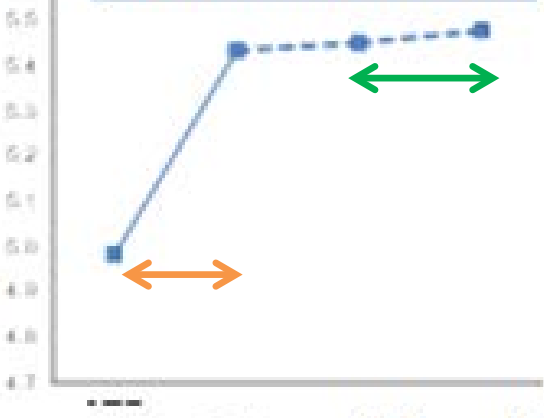


Problem behavior



This score increases as the problem behavior worsen

Social Participation



N=115 Elderly patient From 59 facilities Went back to home with ALOS 79days.

Okochi et al .BMC Health Service Research, in press
 Conference Report of 20th PCSI Working Conference

Conclusion

- Roken stay contributes to functional improvement, cognitive and physical
- Roken stay enhances Elderly person's dignity and promote their social participation