

Community Rehabilitation Inpatient Specialist Program (CRISP) - an RANP-led Program for Frail Older Adults. (Prospective Cohort Study: 2021-2022)

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Background

CRISP is a bespoke, RANP-led program, providing direct access for community-dwelling older adults to short-term (2-weeks) in-patient intensive multidisciplinary rehabilitation based on a Comprehensive Geriatric Assessment. The program is designed in line with the NCPOP and Slaintecare Strategy, focusing on falls and frailty. CRISP promotes community-based health promotion with the aim to reduce crisis presentations to acute care. Admissions are to an Age-Related rehabilitation centre occurs within 4-8 weeks of referral. The study was undertaken in a specialist rehabilitation hospital that provides post-acute care to older adults.

Aim

This Prospective cohort study aims to examine the short to medium-term effects of the CRISP program.

Method

Functional, mobility and quality of life (QOL) measures were collected on admission and discharge. Falls rates, QOL and carer stress are measured four months after completion of the program. Data were analysed using Microsoft Excel.

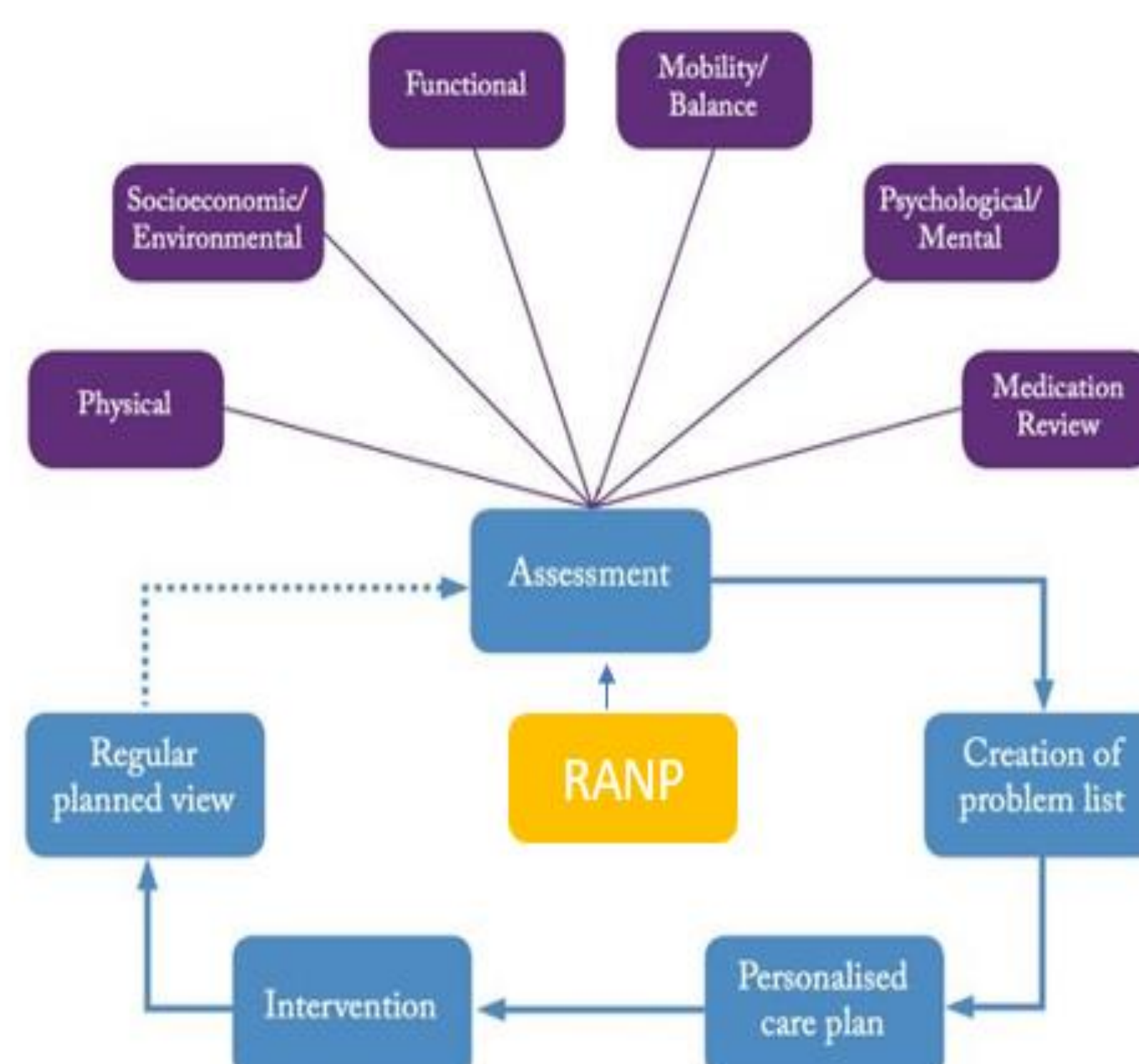
Functional outcome and QOL measurements were compared using a paired t-test. Data were analysed using Microsoft Excel.

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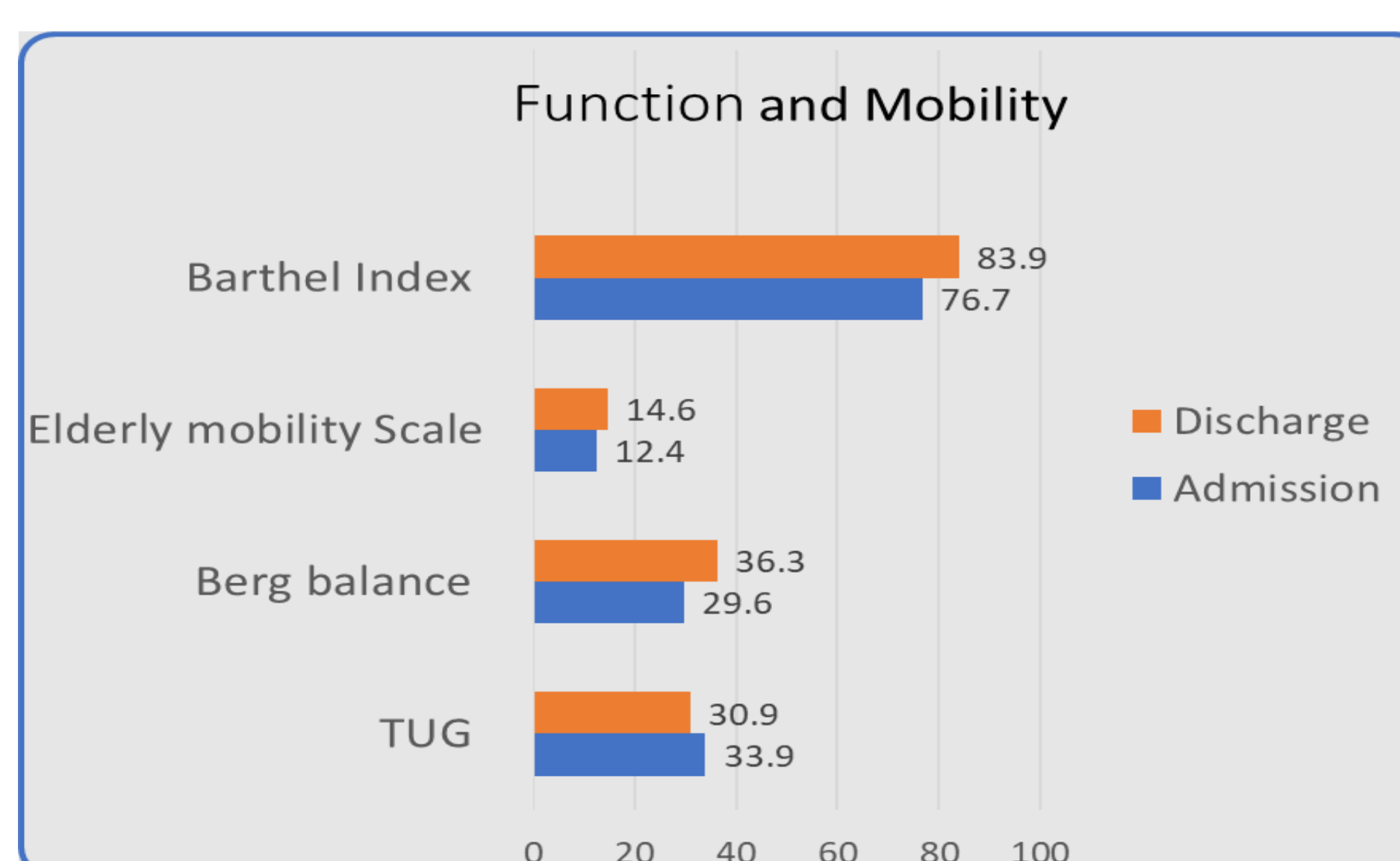
Results

A total of 76 patients (78%) completed the program and attended for follow up (2021-2022), Average age: 80.9yrs, SD-6.6yrs, Male 52% Frailty index 5.6 (mild to moderate frailty)

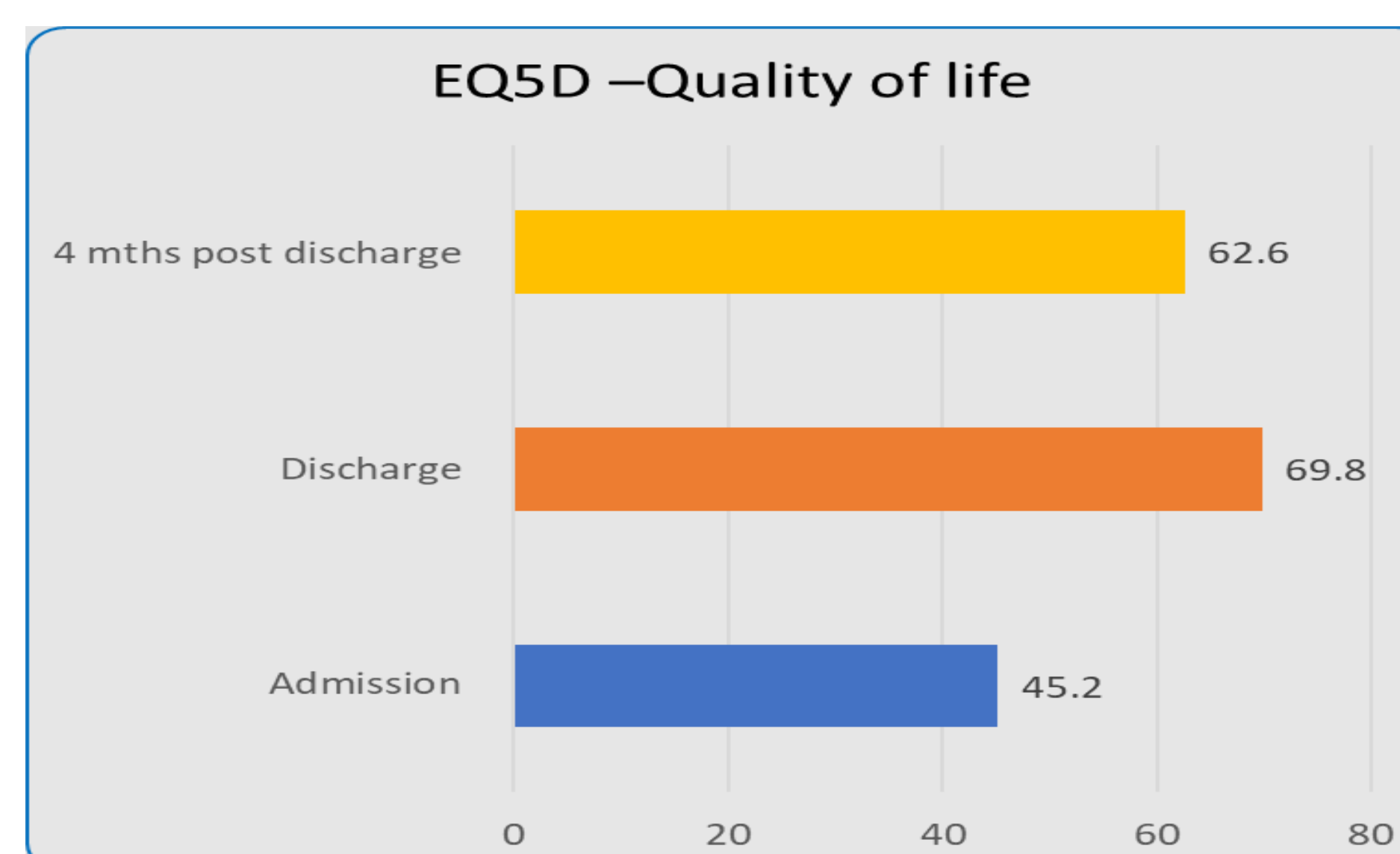
Comprehensive Geriatric Assessment - CGA



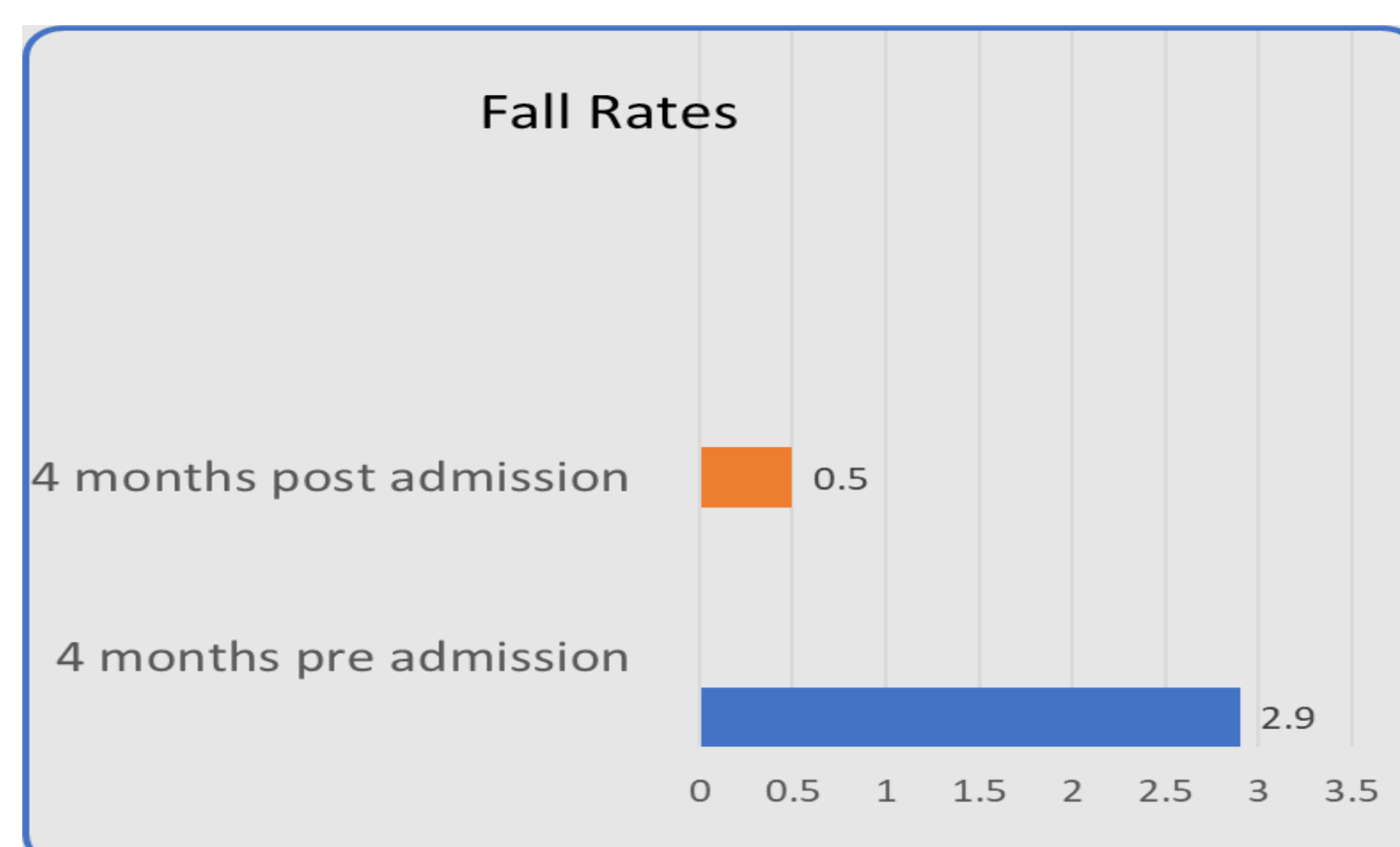
Results: Function and Mobility



Results: Quality of life (QOL)



Results: Falls rates at 4 months



Acknowledgments

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Results

There have been statistically significant gains made in performance (function and mobility) on comparison from admission assessment to discharge.

Functional Measurement

Barthel Index
76.7A vs 83.9 DC (p<0.001)

Mobility Measurements

Berg Balance Scale
29.6A vs 36.3 DC (p<0.001)

Elderly Mobility Scale
12.4 A vs 14.6 DC (p<0.001).

TUG
33.9 sec vs 30.9 sec DC (p<0.05)

CRISP also delivers long-term positive benefits including reduction in fall rates, improvement in self-reported quality of life and reduction in carer stress.

Falls rates
2.9 (4 months pre-admission) vs 0.5 (4 months following completion of the program) (p<0.001)

QOL
EQ5D: 45.2 A vs 62.6 at 4 months following completion of the program (p<0.001).

Carer Stress
Carers who reported stress 62% (n=45), 91% reported reduced stress levels at 4 months following the program.

Conclusion

CRISP provides early intervention at the lowest level of care complexity resulting in reduced fall rates and consequent crisis presentations to acute care. CRISP improves mobility and function promoting independence and improving QOL for community dwelling older adults