

The impact of providing additional Saturday therapy on self-care and participation.

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Background: Allied health rehabilitation services are often reduced or not provided on weekends.

Objective: To determine the effect of providing additional occupational therapy and physiotherapy on a Saturday during inpatient rehabilitation on self-care, participation and length of stay.

Methods: A multi-centre single blind randomised controlled trial in two metropolitan rehabilitation facilities in Melbourne, Australia. Adults admitted for inpatient rehabilitation were included. Patients admitted for slow stream rehabilitation were excluded. Patients were provided with usual care Monday to Friday occupational therapy and physiotherapy. Patients randomly allocated to the intervention group received usual care Monday to Friday and additional therapy on Saturday. Outcomes included the FIM self-care scale and the Personal Care Participation and Assessment Resource Tool (PC-PART) on admission and discharge from rehabilitation. Demographic data and length of stay were recorded.

Results: A total of 996 patients (mean age 74 years) were allocated to the intervention (n=496) and control (n=500) groups. There was no difference in the FIM self-care scale between the groups at discharge (mean difference 0.6 units, 95%CI -0.2 to 1.3). There was no difference between the groups at discharge for PC-PART scores (mean difference -0.3 restrictions, 95%CI -0.9 to 0.3). Patients who received additional therapy appeared to have a shorter length of stay in hospital by 2 days (95% CI 0 to 4) when compared to the control group.

Conclusion: Providing additional occupational therapy and physiotherapy on a Saturday may help patients achieve similar levels of self-care functional independence and participation in a shorter time.

Contribution to practice: Providing additional allied health therapy helps to reduce length of stay during inpatient rehabilitation without adversely affecting self-care and participation outcomes at discharge.