Subacute Care: A Vital Link for Long-Term Care

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With the population ageing increase in elderly patients with multimorbidity leading to overcrowding of hospitals is a significant challenge for modern medicine. Elderly experience a risk of nosocomial complications and functional decline that persists even after the correction of the acute problem as a result of hospitalisation. With continuing pressure to shorten the stay in the hospital, many elderly are discharged in a state which cannot be adequately managed at home. The concept of transition care or alternate level of care like subacute care evolved to facilitate transitions of frail elderly patients from hospital to a more appropriate setting. Subacute care facilities are likely to play an essential role in the health and long-term care systems for the care continuum for frail and elderly. In Canada, Europe, Australia, Singapore new organisational models for the care continuum are being worked out. The Subacute Care Unit for the Frail Elderly (SAFE) program launched in Ontario, Canada is designed to serve frail older patients who are at risk of deconditioning or disability associated with prolonged hospitalization but who may safely return home or to a retirement home following up to 4 weeks of subacute care in a restorative environment. The unit essentially moves aspects of the hospital to the long-term care home where specialised care and access to diagnostic equipment will be available, as well as other programs to help patients recover.

Subacute care facility fills the need for a place to continue ongoing medical and nursing treatment along with skilled rehabilitation and discharge planning for an eventual return to home. Subacute care facilities with the team of physician, nurses, rehabilitation therapist, pharmacist and social worker provide the least costly environment that meets their need. They have protocols for facilitating hospital transfers, assessing patients, delivering medical care, managing acute medical problems, minimising rehospitalisation, providing case management and proactive discharge planning. The program centres on an intense restorative and integrated care delivery model. Direct admission to subacute care unit might represent a potential alternative to acute hospitalisation for selected elderly patients.

Subacute care is specialised and multidisciplinary care in which the primary aim is the optimisation of the patient’s functioning and quality of life. Subacute care is a comprehensive and cost-effective inpatient programme for the patients who are recovering from an acute illness, injury or disease; have a determined course of treatment and who do not require intensive diagnostic or invasive procedures. Subacute care provides continuation of a treatment plan started in the hospital. The primary focus is on functional recovery. Most of the patients are transferred from a hospital and are expected to return home after a specific planned treatment course. Few may never be discharged and convert to long-term stayers while few may become medically unstable and rehospitalised. Individual patients with advanced disease receive end of life care and eventually die. Except for the dying patients, maximising return to home, and minimising hospital readmission and long-term placement are the worthy goals for subacute care.

The common diagnoses for subacute care is a hip fracture, other fractures (upper extremities or vertebral), stroke, cardiac and pulmonary conditions (including pneumonia), pressure and vascular ulcers, postoperative care and deconditioning.

Subacute care setting provides medical and rehabilitative services, end-of-life and palliative care. Inpatient subacute care services are provided in four main areas: rehabilitation, geriatric evaluation and management (GEM), psycho-geriatric care and palliative care. Rehabilitation care is care which improves the functioning of a patient who has an impairment or limitation due to a health condition. Palliative care is care which aims to optimise the quality of life of a patient with an active and advanced life limiting
illness. The patient will have complex physical, psychosocial and/or spiritual needs. Palliative care episodes can include grief and bereavement support for the family and caregivers of the patient.

Comprehensive Geriatric evaluation and management aim at an improvement in the functioning of the elderly patient with ageing related medical conditions like a tendency to fall, incontinence, reduced mobility, cognitive impairment and complex psychosocial problems. It addresses the multi-dimensional medical needs of the elderly. Geriatric evaluation and management is an individualised multidisciplinary management plan, which covers the physical, psychological, emotional and social needs of the patient. Psychogeriatric care is care in which the goal is an improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, age-related organic brain impairment or a physical condition.

Day therapy units for elderly provide access to multidisciplinary health professionals, access to a range of medical clinics, for example, falls, memory evaluation, rehabilitation services for dementia, Parkinson's, stroke, continence and amputees.

Services at sub-acute care unit usually include medication administration and monitoring, pain management, parenteral fluids and medications, diabetic care, rehabilitative care, respiratory care, ostomy care, wound care and care of catheter, central lines and various tubes.

Subacute care facilities benefit both society and patients by delivering the cost-effective quality of care. There is a need to develop them in our country which will be a vital link for the proper long-term care of frail elderly.

References