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Review Article

Reablement, Reactivation, Rehabilitation and Restorative Interventions With Older Adults in Receipt of Home Care: A Systematic Review

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A B S T R A C T

Objective: To systematically review the impact of reablement, reactivation, rehabilitation, and restorative (4R) programs for older adults in receipt of home care services.
Design: Systematic review.
Data sources: We searched the following electronic bibliographic databases: MEDLINE, EMBASE, PsycINFO, CINAHL (Cumulative Index to Nursing and Allied Health), SPORTDiscus and The Cochrane Library and reference lists.
Study selection: Randomized controlled trials that describe original data on the impact of home-based rehabilitative care and were written in English.
Data extraction and synthesis: Fifteen studies were identified. Study details were recorded using a predefined data abstraction form. Methodological quality was assessed by 2 independent reviewers. If there were discrepancies, a third author resolved these.
Main outcomes and measures: Given the tailored and personalized approach of the 4R interventions, a range of primary outcomes were assessed, including functional abilities, strength, gait speed, social support, loneliness, and the execution of activities of daily living (ADL) and instrumental ADL (IADL). 4R interventions are intended to reduce the long-term use of home care services. As such, health care resource utilization will be assessed as a secondary outcome.
Results: There are 2 distinct clusters of interventions located in this systematic review (defined by hospitalizations): (1) "hospital to home" programs, in which participants are discharged from hospital wards with a 4R home care, and (2) those that focus on clients receiving home care without a hospital stay immediately preceding. Reflecting the highly tailored and personalized nature of 4R interventions, the studies included in this review assessed a wide range of outcomes, including survival, place of residence, health care service usage, functional abilities, strength, walking impairments, balance, falls efficacy and rates of falls, pain, quality of life, loneliness, mental state, and depression. The most commonly reported and statistically significant outcomes were those pertaining to the service usage and functional abilities of participants.
Conclusions: From cost savings to improvements in clinical outcomes, 4R interventions show some promise in the home care context. However, there are several key issues across studies, including questions surrounding the generalizability of the results, in particular with respect to the ineligibility criteria for most interventions; the lack of information provided on the interventions; and lack of information on staff training.

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Home care is vital on the continuum of care to older people, and to those in need of assistance in order to live in their homes and communities.[1] The overall objectives of home care are to support people to live at home safely, to prevent or delay admission or readmission to acute care or to residential care facilities, avoid unnecessary visits

to acute care, minimize decline in health and function, promote recovery, improve functional status, increase independence, promote optimal quality of life, and to provide comfort care.[2]

As populations age in most industrialized countries, the demand on home care has increased. This increased pressure has prompted a shift in many countries that serves fewer clients with greater health needs, often focused around postacute, short-term care and in a context of "increased privatization of risks associated with dependency."[3] A "quick fix" approach to home care policy is ultimately not sustainable; despite political agendas and realities, the development of longer-term planning windows is imperative.[4] Certainly, there is ample evidence in Canada of the implications of short-term planning strategies, in a largely reactive mode. As the home support sector has shifted away from a preventive and maintenance model, clients increasingly experience unmet needs,[5] requiring workers to adapt their approach to caregiving in order to meet those needs. Although both service users and providers present a rationale for improved service models, there is also an economic rationale. Studies in Canada[6] and the United States[7,8] have demonstrated that stronger investments in home- and community-based services result in savings to other segments.

In response to the increased demand for home care services in many parts of the world, the concept of "reablement" or "restorative care" has emerged as one approach to improving home care services. The 4R interventions that encompass reablement, reactivation, rehabilitation, and restorative, are intensive, short-term programs that aim to help home care recipients regain or retain the ability to manage some aspects of their care. These tailored, personalized care programs are typically delivered by an interdisciplinary team, in the home, and focus on client's functional capabilities, including the ability to complete activities of daily living. Delivered by rehabilitation aides and physical and occupational therapists, home support workers, and nurses, 4R interventions may include rehabilitative exercises, home modifications, task redesign, education regarding self-care, falls prevention, nutrition, etc.[9]

Reablement and reactivation aim to reduce the need for long-term support by helping service users to regain confidence and relearn the skills necessary for daily living to maximize independence.[10] A number of studies have reported positive results, including beneficial effects on service users' lives and a reduced need for ongoing support.[10,11] Restorative care has been described as one approach to improve home care services, as it is a multifaceted approach to service delivery. Definitions vary; however, conventionally restorative and rehabilitation care focuses on restoration and maintenance of older people's physical function, aiding compensation for impairments, so that the highest level of function is achieved.[12] Few studies have investigated restorative care in the community setting, and those that have are limited to acute short-term home care episodes[13,14] and frail older people with high and complex needs.[15] These studies have reported beneficial outcomes for older people. Restorative care is similar to reablement services used in UK home care. Given the widespread issues within home care, there is clearly a need to identify and explore approaches, which improve the quality of home care services.[16] The purpose of this review is to examine the impact of 4R interventions on patient and system (health care utilization) outcomes.

Review Methods

From March to May 2016, our team conducted a systematic review examining the question: What is the impact of reablement, reactivation, rehabilitation and restorative (4R) programs for older adults in receipt of home care services? We registered the review with the International Prospective Register of Systematic Reviews (PROSPERO, registration number CRD42015020200), and conducted it in accordance with the registrar's guidelines. Details of the protocol for this systematic review can be accessed at www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42015020200.

Search Strategy

We searched the following electronic bibliographic databases: MEDLINE, EMBASE, PsycINFO, CINAHL (Cumulative Index to Nursing and Allied Health), SPORTDiscus, and The Cochrane Library. The search strategy (see Table 1) used terms relating to or describing the 4R interventions. In addition to the 4R interventions, the MEDLINE search strategy consisted of terms pertaining to older adults and aging, community dwelling, home care, and the primary outcomes [eg, activities of daily living (ADL), strength, and balance] (see Table 1). Our search strategy used Medical Subject Headings (MeSH); if MeSH were not available, we used appropriate subject headings. We used the Cochrane MEDLINE filter in order to obtain controlled trials of interventions. We conducted the initial search in MEDLINE, and search terms were then modified, as needed, in order to be used with the other databases. Studies were limited to human studies, published in English, and we did not apply date restrictions. We also completed a secondary examination of the reference lists of the included papers, and used Google Scholar to conduct forward citation searches (of all included papers).

Study Selection PICO: Population, Intervention, Control, and Outcomes

The inclusion and exclusion criteria for studies to be included in this review were as follows.

Participants/population

Inclusion: community dwelling older adults (65+) in receipt of home care services. We also included studies in which the average age of the participants was 65+. Exclusion: residents of long term care. We defined those in residential care as those who were living in a publically or privately funded facility with nursing care. We did not explicitly exclude those living in assisted living facilities as individuals can still receive home care services in some assisted living facilities.

Intervention/exposure

Inclusion: studies delivering a 4R intervention in the home. Exclusion: rehabilitation programs or other 4R interventions delivered in hospitals, rehabilitation clinics, community centers, etc. As focused, intensive interventions, we only included interventions that lasted up to 6 months.

Comparator/controls

A group of home care recipients not in receipt of any 4R interventions but who continued to receive home care services. Only randomized controlled trials were included. Observational, naturalistic, and cross-sectional studies were not included.

Primary outcome(s)

Given the tailored and personalized approach of the 4R interventions, a range of primary outcomes were assessed, including functional abilities, strength, gait speed, social support, loneliness, and the execution of ADL and instrumental ADL (IADL).

Secondary outcomes

4R interventions are intended to reduce the long-term use of home care services. As such, health care resource utilization will be assessed as a secondary outcome.

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