

Keeping it real: Implementing a national, evidence-based Parkinson's disease day program.



Joondalup
Health Campus

Part of Ramsay Health Care

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Introduction

Parkinson's disease (PD) is the second most common neurodegenerative disease worldwide. It is a complex disease which has both motor and non-motor symptoms. There are over 80,000 people currently living with PD in Australia, with the incidence predicted to increase at 3 times the rate of population growth. Research shows that specialist allied health rehabilitation programs specifically targeted at managing PD symptoms can help slow disease progression and optimise quality of life¹.

Day rehabilitation programs for people with PD offered by Ramsay Health Care (RHC) have been inconsistently implemented and with high variability in format. With a focused RHC organisational strategy to optimise quality, align clinical practice with best available evidence and to ensure that private health fund requirements are met, a national Specialist Matters Expert Panel (SMEP) in neurology was formed to perform a scoping review of current practices, perform a gap analysis against current best practice principles and implement changes as required.



Aims

- To identify current PD day programs currently implemented in RHC sites Australia-wide.
- To identify the best evidence-based practice (EBP) principles for a PD rehabilitation program.
- To conduct a gap analysis to determine whether current RHC PD day programs meet EBP principles.
- To ensure a standardised, evidence-based rehabilitation day program for people with PD is made available which meets the Guidelines for Recognition of Private Hospital-based Rehabilitation Services, operating from RHC day rehabilitation sites across Australia.

Method

- A literature search was conducted using the electronic databases CINAHL, Medline, Embase, Pubmed and Cochrane to identify current evidence-based principles in PD rehabilitation. Reference lists were hand searched to identify additional relevant articles. Articles included were limited to English publications between 2000 and October 2020. Key words used were Parkinson's disease, rehabilitation, multi-disciplinary, interdisciplinary, outpatients, program, community and team. Full text articles, published abstracts, Clinical Practice Guidelines and editorials were included. 35 articles were selected and analysed. Due to time constraints a full systematic review of the literature was not attempted.
- All 26 Ramsay Health Care sites which offer rehabilitation in a day/ outpatient format were sent a SurveyMonkey questionnaire. The information requested was:
 1. Whether the site currently offered a PD day/outpatient program.
 2. Whether a commercial PD program was used versus an ad hoc program.
 3. The decision-making process for determining the program content, resources used and delivery structure of the program.
 4. For those not currently running a PD program, whether they were interested in implementing one.

Results

- The literature review showed that PD programs yielding the most successful outcomes for managing symptoms and promoting long-term wellness are founded on principles of early intervention, a skilled multi-disciplinary team approach, high amplitude and intensity activities, home practice and patient/carer education². There were three commercial programs available which met these criteria: PD Warrior, LSVT LOUD and LSVT BIG.
- 21 sites (80%) responded to the survey:
 - a. 43% sites provided a PD program as part of a day or outpatient rehabilitation service.
 - b. 25% of sites currently running a program used a commercial/certified one
 - c. 33% of sites delivered an ad hoc program
 - d. 100% of sites not currently running a program were interested in implementing one.
 - e. There was large variability in the structure, intensity, outcome measures and resources used



to deliver the programs.

Conclusion

PD is complex and requires a multi-disciplinary team approach. It is best practice to be running a specialised, multi-disciplinary, PD-specific program which adheres to the principles of increasing amplitude of movement, sensory re-calibration, an intensive delivery format and patient/carer education sessions. The multi-disciplinary team should include physiotherapy, occupational therapy, speech pathology, exercise physiology, dietetics, psychology, social work and rehabilitation medicine.

The survey confirmed high variability in the delivery of PD day/outpatient rehabilitation services amongst RHC rehabilitation sites in Australia. To ensure that RHC rehabilitation facilities providing care to people with PD are complying with Clinical Practice Guidelines, the SMEP (Neurology) team has developed a detailed overview document which provides information on how to implement and run an evidence-based half or full day PD rehabilitation program which meets private health fund billing requirements, and developed multi-disciplinary patient/carer education resources in line with best practice. Sites will be re-surveyed in 12 months to compare with current data.

References: 1. Fox, Ebersbach, Ramig, & Sapiro, 2012; Frazzitta et al., 2015; Goodwin, Richards, Taylor, Taylor, & Campbell, 2008
2. Frazzitta, G., Bertotti, G., Uccellini, D., Boveri, N., Rovescala, R., Pezzoli, G., & Maestri, R. (2013). Short- and Long-Term Efficacy of Intensive Rehabilitation Treatment on Balance and Gait in Parkinsonian Patients: A Preliminary Study with a 1-Year Followup. *Parkinson's Disease* (20420080), 1-5.
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