National Objectives for development of Physical Rehabilitation care in Sri Lanka

Certification of Authorisation

(Not Available)

Introduction

Currently emphasis is given mainly for management of acute conditions in hospital settings. However with an aging population and high incidence of accidents the need for rehabilitation care is increasing. Although the burden from diseases that require rehabilitation care has not been specifically assessed, the prevailing epidemiological transition in the disease pattern and the demographic changes indicate a growing need to develop rehabilitation services.

Rehabilitation encompasses a range of care of care needs in range of clinical fields. The key areas are as follows:

1. Mental impairment
2. Mental retardation
3. Physical disabilities
4. Visual disability
5. Hearing Impairment
6. Speech related disability
7. Disabilities in the sexually abused
8. Geriatric disabilities

The objective of this policy discussion paper is to highlight the need to develop a development framework to improve physical Rehabilitation care in Sri Lanka. Hearing and speech related disabilities are also included under the scope of work to be carried out herein. The paper specifically discusses the scope and mechanism by which future development could take place.

Physical Rehabilitation care encompasses a range of health services. These include specialized service areas such as Rheumatology, orthopedic surgery, physiotherapy, Occupational therapy, Speech therapy, orthotics, prosthetics, Hydrotherapy and supply of assistive devices in addition to general medical care.

The Ragama Rehabilitation Unit attached to the Teaching Hospital Ragama, with bed strength of 230 is the only Rehabilitation hospital currently available in Sri Lanka that is organized to provide some of the above mentioned services in rehabilitation care. Patients are referred to this hospital mainly from the National hospital Sri Lanka and other teaching hospitals, provincial hospitals and Base hospitals in and around Colombo.

Background

The potential for development of rehabilitation care

Sri Lanka has tertiary care in almost all provinces and a good coverage of hospitals designated to provide secondary level care. Secondary level care is provided through District General and District Base hospitals which have the 4 major general specialties

(Surgery, Medicine, Pediatrics, GYN & Obstetrics) . Other relevant units for Rehabilitation care that will be provided at this level of hospitals are the Rheumatology unit and the orthopedic surgery unit. Physiotherapy and Occupational therapy services too should be available in all secondary care level institutions.

Refer annexure I – policy paper of ministry of health on Re-categorization of Hospitals

Although the cadre relevant to these services in many hospitals is not filled, it must be emphasized that the health care delivery structure in Sri Lanka does have ample provision for development of Rehabilitation care at provincial level.

Rehabilitation care can only be provided to a very 'low' level in the provinces outside Western province as comprehensive care cannot be provided due to the shortages in professional staff and specialized facilities. Most often the follow up care for rehabilitation following acute case management is lacking in these hospitals. Considering the long stay in hospital for rehabilitation and the need for more patient career contacts for rehabilitation care on an outpatient basis, there is a grave need to develop such facilities at provincial level to make this service more accessible to patients.

Due to shortage of trained physiotherapists Occupational therapists, patients cannot be effectively rehabilitated. Occupational therapy assessments are often inadequate or ineffective as assessments are not done considering the actual home environment of the patients. Hence rehabilitation therapy benefit often ends with the discharge of patient from hospital.

A list of the Teaching Hospitals, provincial hospitals, district General and District base Hospitals are shown in annexure II.

Annexure III indicates the availability of human resource and other selected facilities for rehabilitation care in Teaching hospitals, provincial hospitals and other hospitals coming under the provincial Health Ministries.

Clinical conditions that will be managed through Rehabilitation care

1. Neurological diseases:
   1.1. Spinal cord Injury
   1.2. Strokes
   1.3. Guilin Barra Syndrome
   1.4. Tran verse Myelitis
   1.5. Parkinson Disease
   1.6. Peripheral Nerve Diseases
   1.7. Myopathies
2. Rheumatologic l Illnesses
   2.1. Rheumatoid Arthritis
   2.2. Osteoarthritis
   2.3. Ankylosing Spondylitis
   2.4. Psoriatic Arthritis
   2.5. Connective Tissue diseases
   2.6. Soft tissue Rheumatism
3. Orthpaedic Illnesses
   3.1. Rehabilitation various fractures after orthopaedic interventions
   3.2. Amputation both upper and lower limb

3.3. Foot deformities

4. Paediatric
   4.1. Cerebral palsies
   4.2. Lower Limb Deformities
   4.3. Cerebral and Myelopathies resulting from various conditions
5. Head injuries
6. Cerebral palsy
7. Fractures
8. Epilepsy
9. Speech disorders

Specialized components of Rehabilitation care

1. Rheumatology
2. Orthopedic surgery
3. Physiotherapy
4. Occupational therapy
5. Orthotics
6. Prostherapy
7. Speech therapy
8. Provision of Assistive devices
9. Vocational training centre
10. Social care services

In addition to above the patients require General clinical care

Ragama Rehabilitation Hospital:

Ragama Rehabilitation Hospital is the premier hospital in Sri Lanka to provide physical rehabilitation services. This hospital commenced Rehabilitation care services in 1971 after the shifting of the tuberculosis Sanatorium which was housed at the location at that time. Hence the buidings were not primarily designed for rehabilitation care and most of the hospital buildings have continued to be used in the conditions as it were built. The hospital which has strength of 230 beds provides the following services:

1. Services of consultant Rheumatologist
2. Visiting orthopedic surgeon
3. Physiotherapy unit
4. Occupational therapy unit
5. Limited training facilities
6. In patient facility – total beds 230
7. The total bed strength includes 120 beds for spinal care
8. Specialized Rehabilitation programmer for spinal cord injuries- this is the only hospital which provides rehabilitation care for patients with spinal cord injuries.
9. Construction and supply of wheel chairs compatible to the disability as per individual patients requirement
10. Designing and construction of special seating for children with disability.
11. Vocational training

3 & 9 facilities of the hospital are spread out on a 40 acre plot of land and have ample provision for future expansion and development into a Centre of excellence.

Current policy on the development of Rehabilitation care services:

The prevailing policies relevant for development of rehabilitation services are those that refer to institutional development and reference has been made to this above and in annexure I. apart from this there is no policy framework that is operational for this specialty. Also there is no reference to development of Rehabilitation care in the recent Health sector Master plan of the Ministry of Health assisted by JICA. However a document prepared for application for Japanese Grant aid in 2001, titled "The project for the improvement of the Rheumatology & Rehabilitation Hospital Ragama " that refers to development of the Ragama Rehabilitation Hospital is available.

Clinical guidelines:

Specific clinical guidelines have been prepared and are in use for selected care components of physical rehabilitation.

Deficiencies currently identified in providing Rehabilitation care in Sri Lanka

1. Deficiencies at the Ragama Rehabilitation hospital

1.1. Occupational therapy division – buidings need renovation
1.2. Need to set up a Hydrotherapy unit
1.3. Improvements to the physiotherapy unit
1.4. Need to establish a speech therapy unit
1.5. Prosthetics and orthotics unit to be set up with work shop
1.6. The need to make a suitable arrangement to provide assistive devices at a reasonable cost through private sector or NGO collaboration.
1.7. The need to set up a surgical unit

Overall the image of the Ragama Rehabilitation hospital needs to be improved for it to function as the National Centre of excellence and to provide quality care. The necessary Administrative and Financial authority should be given.

2. Poor accessibility to rehabilitation services in the periphery

2.1. Poor coverage
2.2. Lack of trained staff
2.3. Lack of facilities for acute management
2.4. Lack of facilities for long stay management Refer annexure III
2.5. Above deficiencies are further confounded by the fact that a clear guide as to the minimum standards/ resources including that for trained human resource is not available.

3. Poor follow up care

Lack of resources for clinic follow up care . Apart from the limited clinic care there is no community based tertiary care rehabilitation programmer. A community based rehabilitation programmer with staff categories to deliver services, clear job description, a mechanism of operation, a clear mechanism for programmer supervision and for resource management needs to be identified. However for such an intervention to be cost efficient a sufficient community need must exist justify the creation of separate community based cadre or for inclusion of community extension work in present job categories. The prevalence of physical disability in the community should be known.

4. Deficiencies in Occupational therapy assessment that enables effective rehabilitation of patients in home setting.

There are only 49 Occupational therapists in the country. Currently occupational therapy assessment is not carried out and there is no provision for the Occupational therapists to assess home environment before patient is discharged from hospital rehabilitation care. Hence frequently this results in a mismatch of therapy given and what can actually be practiced after discharge from hospital care.

5. Deficiencies in training of Occupational therapists and Physiotherapists

There is one training school to train physiotherapists and Occupational Therapists. This is located in Colombo, close to the National Hospital Sri Lanka. The training facilities need to be strengthened and increased as the intake is low and high dropout rates are experienced.

The present training programmers do not meet the 'current demand'. This is due to the following reasons:

5.1. Non availability of sufficient number of trainers.
5.2. Non availability of other required training facilities such as space and equipment to expand the programmer.

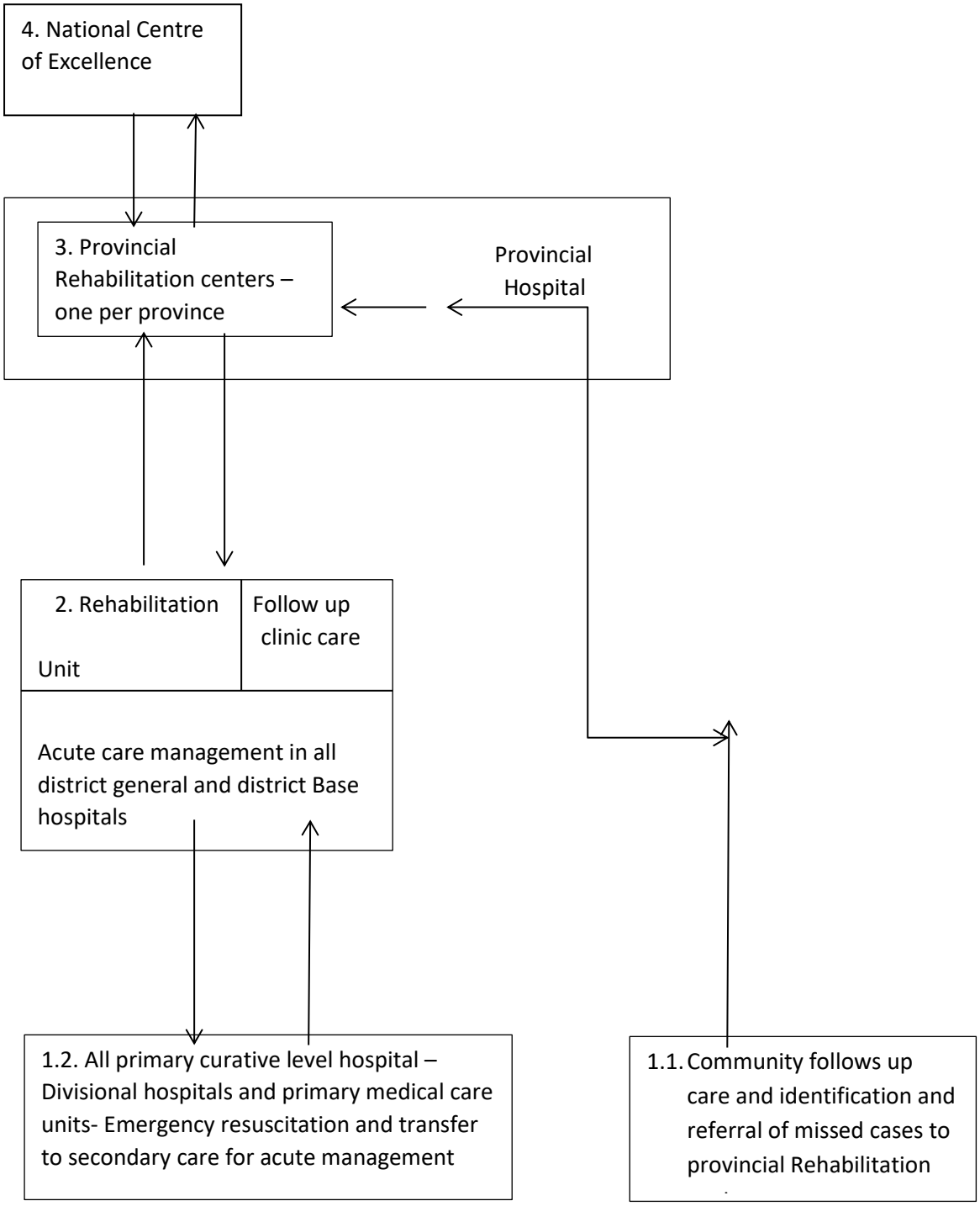
The lack of trainers is mainly due to the inadequacies in training allowance paid to trainers and the lack of avenues for their professional development.

However it must be noted that the real demand has not been assessed and the cadre requirement as per facility location has not been assessed.

6. Insufficient awareness for diagnosis and referral of patients at the community level and at primary care level curative institutions

Currently the field health staff or health staff in primary care level curative institutions is not trained to identify or refer patients for rehabilitation care.

Recommended policy Framework for development of physical Rehabilitation services



Care components in the recommended policy framework for development of physical Rehabilitation care:

1. Strengthen primary care level management

1.1. Strengthen ability of primary health care staff to diagnose and refer patients in the community/ those attending primary health care facilities for other conditions, in whom the disabilities have not been taken care of.
1.2. Strengthening all primary medical care level institutions with the required resuscitation care facilities and transport facilities to transfer patients for secondary acute care management.
2. Strengthen acute care management in District base and District General Hospitals with a Rehabilitation unit to manage acute rehabilitation care

District base and district General Hospital i.e. secondary care level institutions will manage the patients in their acute stage and provide the necessary immediate rehabilitation care.

Based on the clinical condition and the need for further surgery and the level of disability patients may be either cared for at this level or referred to the closest provincial rehabilitation Centre with more specialized care.

3. Establishment of provincial rehabilitation centers with Tertiary care in each province

The following care components need to be included in provincial Rehabilitation Centre's:

a. Rheumatology & Rehabilitation physician
b. General physician -visiting capacity
c. Genitor Urinary surgeon - visiting capacity
d. Orthopedic surgeon - visiting capacity
e. Pediatrician - visiting capacity
f. Neurologist - visiting capacity
g. Neurosurgeon - visiting capacity
h. Psychiatrist - visiting capacity
i. Physiotherapy
j. Occupational therapy
k. Speech Therapy with Audiologist
l. Orthotics
m. Prosthetics
n. Hydrotherapy
o. Supply of Assistive devices
p. Social services officer

4. Development of the Ragama Rehabilitation hospital as the National Centre of excellence for Rehabilitation care with administration and financial authority
   a. The centre will be managed by a Medical Administrator
   b. A Rheumatologist will be overall in charge of the clinical management functions and will function as the clinical Director
   c. All facilities for a centre of excellence will be provided. The facilities/care areas will be

i. Rehabilitation Medicine
ii. General Medicine
iii. Orthopedic surgery
iv. Surgical Theatre
v. Physiotherapy
vi. Occupational therapy
vii. Speech therapy
viii. Prosthetics & orthotics

ix. Assistive devices with workshop
x. Hydrotherapy
xi. Visiting arrangement to enable services of Genito Urinary surgeon, pediatrician, neurologist, psychiatrist
xii. In patient facilities
xiii. Training facilities including conference room and auditorium and resource centre (library facilities)
xiv. Social services unit

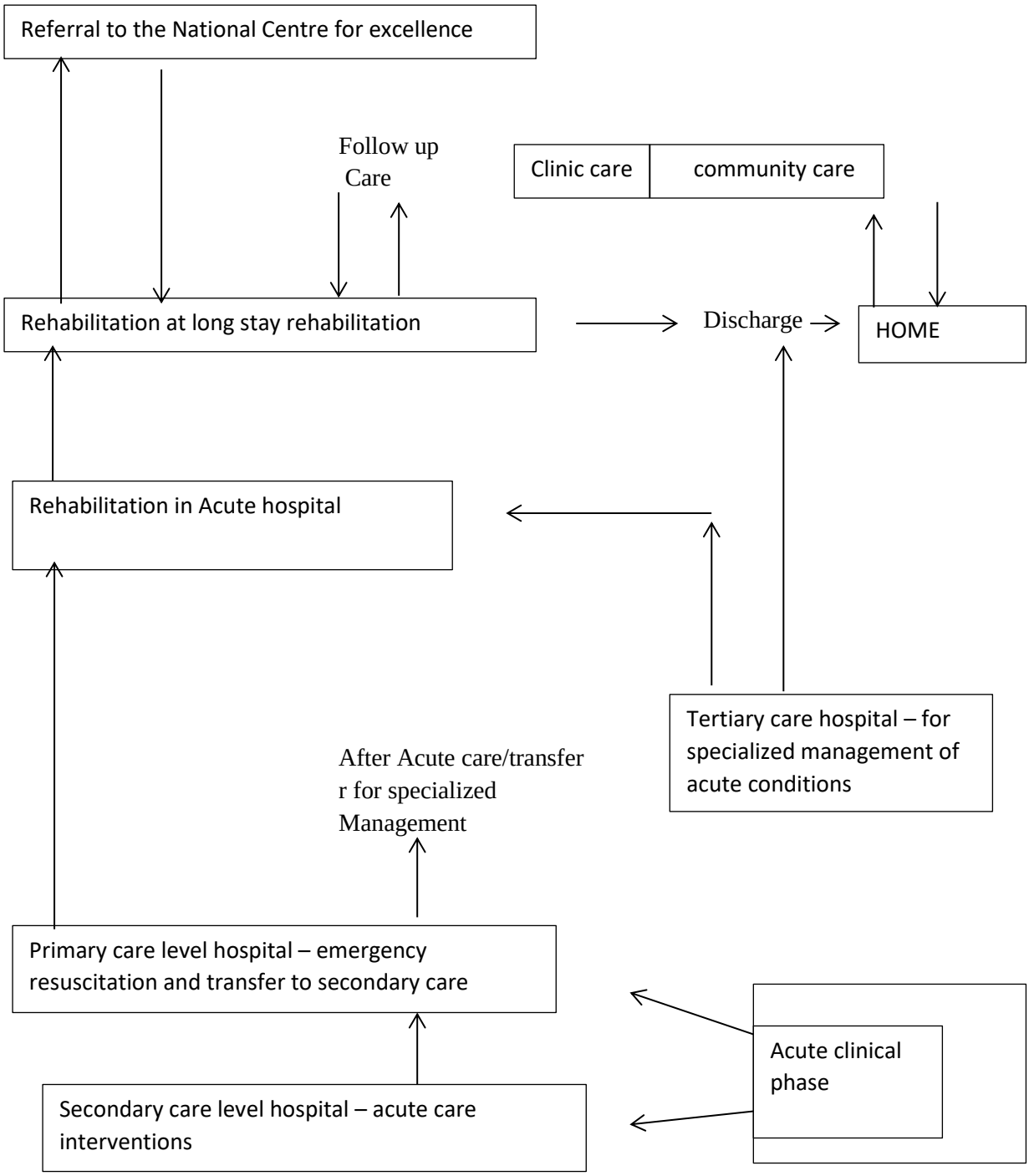
In addition to above, following services should be incorporated for it to function as a separate institution.

a. Administration and finance division
b. Medical records and information unit mini laboratory
c. Mini laboratory
d. Basic Radiology facilities
e. Outpatient department – special clinics
f. Counseling unit
g. Drug stores, indoor and outdoor dispensaries
h. Kitchen
i. Cafeteria, shops
j. Garden, road network and landscaping
k. Staff accommodation
l. Laundry facilities
m. Recreation facilities
n. Internet
o. Public pay phone

The Centre of excellence will be the main professional body at national level which will formulate national strategies and clinical guidelines for the improvement of physical rehabilitation care throughout the island.

5. Community based rehabilitation care: Rehabilitation care in the community will require services of Occupational therapists, physiotherapists, social workers etc. at field level. A community based rehabilitation programmer that can be implemented island wide needs to designed. However in order to justify the cost efficiency of developing such a programmer there needs to be more information on the prevalence of physical disability and the need for physical rehabilitation care at community level.

Possible patient care pathways leading to physical rehabilitation care:



Strategies for implementation:

1. Development of the National Centre of excellence based on a phased out Master plan as per the resource availability.
2. The Centre of Excellence (Ragama) will serve as the main body for formulating and implementing clinical strategy and guidelines for physical Rehabilitation care through the

proposed network of tertiary/secondary /primary care component facilities identified in the framework.

The centre of Excellence (Ragama) will responsible to give technical guidance for formulation of basic minimum standards required for service provision (see section 3 above) implementation, and the monitoring and evaluation of the level of quality of care provided.

The Centre of excellence will work in consultation and cooperation with all relevant stakeholders and those with related interests (policy formulating, clinical and management) at national and provincial level for all practical purposes to achieve effective and efficient implementation of clinical strategies and guidelines.

3. Establishment of provincial Tertiary care rehabilitation centres – locations will be prioritized based on demand, accessibility, availability of human Resource
4. The provincial Rehabilitation Centre/ hospital will function as a separate unit managed by the consultant physician in rheumatology & Rehabilitation. There will be one Centre for each province. The administration of the unit will come under the Teaching/provincial/ General hospital in which it will be situated or linked from another location.
5. Standard requirements for development of provincial tertiary care rehabilitation centres and rehabilitation units in secondary care hospitals should be defined. This should include the facility requirement, equipment and human resources. However when setting up such services due consideration should be give to the local epidemiology of physical rehabilitation needs in terms of morbidity conditions. Hence the 'standard requirement' should be customized according to local conditions and needs.
6. Improve the coverage of services of occupational Therapists and physiotherapists. – identification of clear job description in the context of community care needs or
7. Establish a programmer for community rehabilitation care. Creation of new category of staff or revision of present job function as community physiotherapists and occupational therapists will be required.
8. Improve emergency resuscitation facilities at primary care level and divisional level curative institutions.
9. Develop diagnostic skills of primary health care level curative and field staff for diagnosis and referral of patients needing physical rehabilitation care.

List of Annexures

Annexure I

Policy paper of ministry of health on Re-categorization of Hospitals

Annexure II

List of the Teaching Hospital, provincial hospitals, District General and district base Hospitals

Annexure III

Availability of human resource and other selected facilities for rehabilitation care in teaching hospitals, provincial hospitals and other hospitals coming under the provincial health Ministries.

-will be provided later- current information not available

Annexure IV

Participants at the Discussion on the policy framework

Annexure IV

Discussion on policy framework

List of participants:

1. Dr. H.A.P. Kahandaliyanage Director General Health Services
2. Dr. Rajamanthri, Director Teaching Hospital, Ragama, chairperson
3. Dr. G. Maheepala, Directo,r tertiary care services
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5. Dr. Mrs L. Panangala, Consultant Rheumatologist, Ragama Rehabilitation Hospital
6. Dr. Lalith Weerarathna, Consultant Rheumatologist, TH Colombo, south
7. Dr. Narendra Pinto, Consultant Orthopedic surgeon, NHSL
8. Dr. Pradeep Fernando, Consultant Orthopedic surgeon, TH Ragama
9. Mrs. S.C.A.N. Samaranayake, Principle, School of physiotherapy & Occupational therapy
10. Dr. A.B. Padeniya, Secretary, GMOA
11. Dr. Susie Perera, public Health Specialist, Ministri of Health care Nutrition and UWD