



# OUT-PATIENT PHYSIOTHERAPY: SYSTEM-WIDE IMPACTS

## It's about fair access.

The Nova Scotia Physiotherapy Association calls on hospitals and the provincial government to work collaboratively with stakeholders to ensure that every Nova Scotian has reasonable access to physiotherapy services regardless of age, geography, or ability to pay.

The physiotherapy profession is a primary care, autonomous, patient-focused health profession, uniquely qualified to assess, improve and maintain functional independence and physical performance and to prevent or manage pain, physical impairments, disabilities and limits to participation in work and life. Physiotherapists are qualified to promote health, to help prevent injury, disability and disease, and to coordinate comprehensive services and management programs. Physiotherapists regularly function in interprofessional collaborative teams in in-patient, out-patient, community and private practice settings to ensure continuity of care for Nova Scotians across their lifespans.

In some parts of Canada, hospital-based out-patient physiotherapy services have been eroded as part of cost-cutting measures. Restructuring has often been done without strategy or coordination, and decisions have been made by one sector without taking other sectors into account. The effects of these cutbacks have been devastating:

- Where out-patient physiotherapy wait-lists are still in place for chronic / non-acute patients, they average six months to a year. Many hospitals have simply stopped adding chronic / non-acute patients to their wait-lists altogether. These patients are left on their own to find alternatives, which often do not exist.<sup>1</sup>
- Vulnerable populations – elderly, low income, rural populations, those with chronic conditions – have taken the brunt of the changes.<sup>2</sup>
- Patients often stay in hospital longer because of a lack of available out-patient rehabilitation. Aside from the high cost of in-patient beds, longer hospital stays often result in loss of mobility due to muscle atrophy, resulting in the need for additional rehabilitation to regain lost mobility.<sup>3</sup>

### Where physiotherapy is integrated into patient care, the results can be astonishing:

- Patients with mild to moderate disability following a stroke are often able to avoid in-patient rehabilitation altogether when out-patient rehab services are available. Out-patient stroke rehabilitation costs approximately \$2,000 per patient – a very modest sum compared to the in-patient care that would be required in the absence of out-patient services.<sup>4</sup>
- In Alberta, innovative hip and knee assessment clinics, which include physiotherapists, have achieved declines of approximately 80% in consultation waiting time, a decline of almost 90% in surgery waiting time, a decline of 30% in hospital stay, enhanced patient accountability and education, and no increase in cost per case from time of referral to time of discharge from hospital.<sup>5</sup>
- In one British Columbia hospital, a pilot project is currently under way in which patients are discharged from in-patient care as soon as 24/7 nursing was no longer required and are placed in comprehensive out-patient rehabilitation. Although only half way through the pilot, the investment in comprehensive out-patient rehabilitation has reduced the length of stay in the rehab in-patient unit by 10 days. This targeted investment in comprehensive out-patient rehab maintained similar or better functional outcomes, and has a much higher degree of patient satisfaction.<sup>6</sup>

**Publicly funded out-patient physiotherapy ensures that all members of our community have access to the care they need.**

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<sup>1</sup> Ontario Physiotherapy Association. Briefing Note: Access to Publicly Funded Physiotherapy in Ontario. May 4, 2010.

<sup>2</sup> *ibid*

<sup>3</sup> Ontario Ministry of Health and Long-Term Care. "Maximizing the Impact of Rehabilitation and Complex Continuing Care on Reducing ER and ALC Lengths of Stay: Core Messages. Roundtable with Ontario Hospital Association and LHINs, June 18, 2010.

<sup>4</sup> Te4asell, RW et al. "A Blueprint for transforming stroke rehabilitation care in Canada: the case for change" *Arch Phys Med Rehabil*, 2008 Mar, 89(3): 575-8. <http://www.ncbi.nlm.nih.gov/pubmed/18295641>.

<sup>5</sup> Alberta Bone and Joint Institute. Alberta Hip and Knee Replacement Project [http://www.albertaboneandjoint.com/projects\\_hipandknee.asp](http://www.albertaboneandjoint.com/projects_hipandknee.asp).

<sup>6</sup> Personal communication: Scott Brolin, Program Director, Rehabilitation/Allied Health, Eagle Ridge Hospital, Port Moody, BC.