Life Rehabilitation
The right choice for acute rehabilitation
Life Rehabilitation is a specialised healthcare service dedicated to treating and rehabilitating clients who have become acutely disabled by a stroke, major trauma, brain injury, spinal cord injury, or by complex orthopaedic, neurological or other medical conditions. Life Rehabilitation forms part of the Life Healthcare Group, which is a JSE-listed company operating 60 private acute care hospitals in South Africa.

Since its inception in 1997, Life Rehabilitation has grown to become the largest provider of acute rehabilitation services in South Africa and Africa as a whole with seven centres, a total of 265 beds and more than 400 healthcare and rehabilitation professionals including some of the most respected acute rehabilitation doctors and therapists in the country.

All seven facilities are custom built and equipped with modern equipment to suit the specific needs of all our acute rehabilitation clients and to meet legal criteria set by the Department of Health.

Our rehabilitation model

Acute rehabilitation aims to address underlying medical issues and restore acutely disabled clients to an optimal level of functioning. The purpose of rehabilitation is to help our clients cope with their disabilities by achieving maximum independence and minimum reliance on on-going professional support. We facilitate their return – as valuable contributors – to their communities.

We follow international best practice, which indicates that better clinical outcomes are achieved when clients with acute stroke, spinal cord injury or other disabilities are treated in a setting that provides co-ordinated, multidisciplinary impairment-specific evaluation and services.

Moreover having acutely rehabilitated nearly 10 000 clients over 15 years, Life Rehabilitation has developed a vast body of expertise and experience to help our clients achieve the greatest possible benefit within reasonable time frames.

**Our offering includes:**
- a multi-disciplinary clinical team providing comprehensive, specialised and specific therapy and nursing;
- a goal driven and coordinated client journey;
- a service that is focused on outcomes, quality and clinical excellence; and
- cost efficiency.

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“My stay at the Life Rehab Centre has been an awesome experience. I am truly grateful to all the staff and therapists for what they have done for me. I am so excited to be going home tomorrow strong, full of confidence and quite sure I will be able to head a normal life again.”

Dennis Nicholas – stroke survivor
acute rehabilitation versus sub acute care

Life Rehabilitation (and the Department of Health) make a clear distinction between acute physical rehabilitation and sub-acute, (also referred to as step-down care):

- Clients who suffer major medical and functional problems as a result of an acutely disabling condition require specialised medical care and intensive multi-disciplinary therapeutic interventions to help them address a multitude of problems and regain as much functionality as possible. For instance, a stroke client might suffer from a combination of impaired swallowing, speech, mental function, gait and continence. Unless this client has access to a range and depth of specialised therapies, as is usually offered in an acute rehabilitation environment, the chances of restoring the quality of life are significantly diminished.

- Sub-acute or step-down care, in contrast, offers nursing and individual therapies that are limited in range and intensity and are only indicated if the client is recovering from one isolated problem. Individual therapists function often in isolation and there is usually a lack of a co-ordinated or team approach.

our inter-disciplinary team

Each acute rehabilitation centre employs a comprehensive team of healthcare professionals solely dedicated to providing coordinated and expert services to the clients and their families:

- Rehabilitation doctors take overall responsibility for the client’s safety and wellbeing by specifically managing the client’s medical problems. They also coordinate the entire rehabilitation process by liaising with the referring specialist, the family and other stakeholders.

- Nurses provide daily support, medical care and assist in functional retraining.

- Physiotherapists (physical and mobility training), occupational therapists (functional and cognitive training).

- Speech therapists (swallowing and communication), psychologists (counselling, cognitive training).

- Social workers (liaise with work and family, plan and prepare the discharge).

- Dieticians (nutrition).

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Additional staff support the team in each unit:

- Rehabilitation admissions consultants conduct initial client assessments and liaise with referring doctors and units. They also manage the admissions process and communicate with funders.
- Managerial and administrative staff manage the units' operations and processes to ensure clinical excellence and high quality service delivery.
- Head Office support staff ensure best practice and coordination between units and funders.

Our rehabilitation healthcare professionals remain abreast of new developments and current best practice by attending international and national conferences. We also arrange special workshops and skills seminars for neuro-rehabilitation therapists which are presented by recognised rehabilitation experts. Our professional staff are accredited for continuous professional development (CPD) by the Health Professions Council of South Africa. In addition, Life Healthcare’s Life College of Learning offers basic rehabilitation training for rehabilitation attendants.

the client journey

**Selection**
Clients who benefit from rehabilitation usually fall into the following categories: stroke; multiple trauma; brain injury; spinal cord injury; complicated neurological; complicated orthopaedic; or complicated medical cases.

**Assessment**
To maximise any rehabilitation potential, acute care specialists are advised to refer potential clients for a formal functional assessment as soon as possible after the disabling incident.

When referring a client for an assessment, the specialist should contact the nearest Life Rehabilitation unit, which will send a rehabilitation admissions consultant to formally assess the client whilst he/she is still in acute care and in a trauma, neurosurgical, orthopaedic or medical ward. The rehabilitation admissions consultant and the specialist doctor will then discuss, with the client and the client's family, what potential benefits rehabilitation might offer and when the client might be suitable for transfer from the acute care ward to the acute rehabilitation unit.

- Clients can commence rehabilitation as soon as they are medically stable and capable of actively participating in a structured therapy programme.
- All our units have the expertise to deal with adult clients suffering from a multitude of debilitating conditions, including cognitive impairment. Clients who have tracheostomies or who require Continuous Positive Airway Pressure or PEG feeds can also be admitted.
- Clients suffering from debilitating pulmonary or complicated orthopaedic conditions will benefit from specific rehabilitation programmes available at all our units.
Clients under 12 years are advised to undergo highly specialised paediatric rehabilitation therapy at the Life Rehabilitation units at either Life New Kensington Clinic or Life Entabeni Hospital.

**Timing of referral**

We therefore recommend that clients are referred to acute rehabilitation services as soon as possible. Clients who initiate rehabilitation early (within seven days after stroke) have better long term outcomes than those who initiate rehabilitation later. It is recommended that stroke rehabilitation begins as soon as diagnosis has been established and life-threatening conditions are under control, with care being taken to prevent complications from the current stroke and stroke recurrences. Similar research supports early rehabilitation for clients with spinal cord-injuries.

**Referral and admission**

If and when the acute care doctor refers the client for rehabilitation and depending on bed availability, our rehabilitation admissions consultant (case manager) will discuss options and the rehabilitation process with the client and family, request funder authorisation and coordinate the transfer of the client to one of our nearby rehabilitation units.

Within 24 hours of client admission, each member of the multi-disciplinary team will conduct an in-depth medical and functional assessment measuring all areas or domains of function relevant to the person’s daily life, using internationally proven clinical outcomes measures. The team members will discuss their findings and agree upon a set of medical, physical, cognitive and psychosocial treatment goals, which are then also discussed with the client, the client’s family and carers in a formal family meeting. The goals need to be relevant, integrated and focused. An indication will be given of the required length of stay (usually 4-8 weeks).

**rehabilitation interventions**

Members of the multi-disciplinary team will see the client daily and provide the necessary medical and nursing care as well as a number of different therapy sessions appropriate to the agreed set of treatment goals. The rehabilitation team monitors client progress daily, and formally scores the progress once a week, and adjusts the therapy accordingly to ensure an optimal recovery process.

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vii Functional Independence Measure (FIM), Functional Assessment Measure (FAM), Oxford Stroke Classification, Amigos Los Ranchos
In addition to the above mentioned team disciplines we place emphasis on educating and enhancing coping skills of the client, the family and carers. Family and caregivers are invited for training and to participate in the therapy sessions, and are given educational material as well as access to support groups. This enables the transition from being an in-patient to ensuring long-term self-management in the community.

The discharge planning process begins early, with social workers and team-members conducting home visits, if required and advising on appropriate equipment and modifications required in the home.

**efficient and effective teamwork**

To ensure maximum effectiveness and efficiency, every team member is involved in coordinating and integrating the care with each other and with outside stakeholders throughout the client’s journey:

- Initially, the rehabilitation admission consultant consults with the acute care doctor and nurses on underlying conditions and feeds back the initial assessment findings to the rehabilitation team.
- Interdisciplinary team members meet daily and formally every week to measure the client's outcomes, discuss progress, review goals, provide input into the progress report and agree on how the therapy needs to be adjusted to ensure optimal outcomes.
- The rehabilitation doctor consults with the referring acute care doctor on admission, then regularly reports on client outcomes and progress to the client, family, funder and referring doctor, who the client is referred back to after discharge.
- Central to the entire therapeutic process is the involvement of the client and family to review goals, progress and to manage expectations.

**outcomes based rehabilitation**

To ensure maximum progress, the client is regularly monitored and assessed using internationally researched and recognised methods including the Functional Impairment and Functional Assessment Measure (FIM™ and FAM) as well as the weeFIM™ for paediatric clients, which is central to goals-driven and outcomes-focused therapy. This process –

- provides a useful baseline overview and measurement of a client's impairments;
- informs the rehabilitation team, the client and family of the potential that can be reached;
- helps set goals;
- forms the basis of progress reports sent to referring doctors and funders; and
- ensures clinical excellence and constant improvement of our teams.

"The nurses and all the staff are just phenomenal and friendly, and one gets a sense of ease knowing that their loved one is in the best of care."

Sanele family member of Ellen Shabane – stroke survivor
Our adult rehabilitation units are legally licenced to use the FIM™ and our paediatric units in the weeFIM™. They undergo bi-annual accreditation in order to maintain this licence.

**quality**

Our Life Rehabilitation units meet the international ISO-9001:2008 standard of quality management systems. We are the only rehabilitation group certified in this standard in South Africa. This means that our risk management, general operating processes as well as quality management systems are of international standard and undergo rigorous testing through both internal and external audits to ensure this is maintained.

Standardised guidelines and best operating practices have been implemented in order to mitigate any risks related to both client and employee incidents. These incidents are monitored monthly, quarterly, annually, tracked and trended and managed. It forms the core of our delivery of quality services, having done this since inception, it makes us the market leaders.

Client satisfaction is measured by state of the art electronic devices which collate data and provide feedback to our units for their management. We take pride in the fact that the vast majority of our clients report that they are satisfied with our service and that we take any negative client feedback very seriously, using it as an opportunity for improvement by implementing changes where necessary.

**funding**

All Life Rehabilitation facilities have received unique exemption from the HPCSA and are licensed by the Board of Healthcare Funders as a 59 practice, which enables the payment of one fixed daily/global fee that covers: the ward tariff, the acute rehabilitation doctor’s consultation fees, as well as individual and group therapy sessions.

The global fee excludes medication, special tests and investigations, specialist consultations, assistive devices and equipment. These are usually all covered by the funder. The funder and clients benefit from global billing, because it:

- provides transparency;
- avoids complexity;
- ensures comprehensive high quality service delivered in an integrated manner by one team employed and supervised by the hospital; and
- is less costly.

*If you have any further questions, please contact us using the details at the back of this brochure.*

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viii Excludes costs that vary with individual clients and therefore excludes medication, equipment and any diagnostics or specialist consultations.
contact details

LIFE ENTABENI HOSPITAL
(includes separate paediatric rehabilitation ward)
148 Mazisi Kunene Road, Berea, Durban 4001
Telephone number: 031 204 1300 (ext 360)
Fax number: 031 261 3439
Email: rehab.entabeni@lifehealthcare.co.za

LIFE EUGENE MARAIS HOSPITAL
696 5th Avenue, Les Marais, Pretoria 0084
Telephone number: 012 334 2603
Fax number: 012 334 2999
Email: rehab.eugenemarais@lifehealthcare.co.za

LIFE NEW KENSINGTON CLINIC
(includes separate paediatric rehabilitation ward)
23 Roberts Avenue, Kensington, Johannesburg 2094
Telephone number: 011 538 4700
Fax number: 011 614 3037
Email: rehab.newkensington@lifehealthcare.co.za

LIFE PASTEUR HOSPITAL
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LIFE RIVERFIELD LODGE
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LIFE ST DOMINIC’S HOSPITAL
45 St Mark’s Road, East London 5201
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LIFE VINCENT PALLOTTI HOSPITAL
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