

Is a Therapy Led Rehabilitation for Wellbeing Service Appropriate within a Hospice Setting? Experiences from Dove House Hospice

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Background

Physical function and independence are important for patients with advanced illness and evidence suggests that maintaining autonomy, dignity, control and a sense of normality are priorities for them.



A recent shift in attitudes has encouraged a focus on enablement and living well with a progressive and life limiting illness

A benchmarking exercise confirmed the need for earlier approach to rehabilitation in our hospice.

Aims

1. To identify patients earlier in their palliative pathway and improve accessibility to hospice care.
2. To demonstrate a rehabilitative approach that promotes physical function, confidence, independence and psychological well-being.
3. To show benefits to patients and carers wellbeing through audit.

Method

- Referrals were received from health professionals and patients themselves.
- Patients were invited to attend a one-hour session, twice a week for 6 weeks.
- Individual goals were identified by the patient. The first session was educational, exploring areas such as fatigue, breathlessness, the benefits of exercise and nutrition. The second was more exercise focused where patients completed warm up and cool down exercises and had an opportunity to use our gym equipment. Patients were supervised by therapy staff and volunteers.
- Patients were asked to complete a weekly diary, as well as the following validated outcome measures: EQ-5D-5L, Health thermometer, NRS scores, MYCAW score and an overall satisfaction questionnaire. We also welcomed feedback from family members and carers.



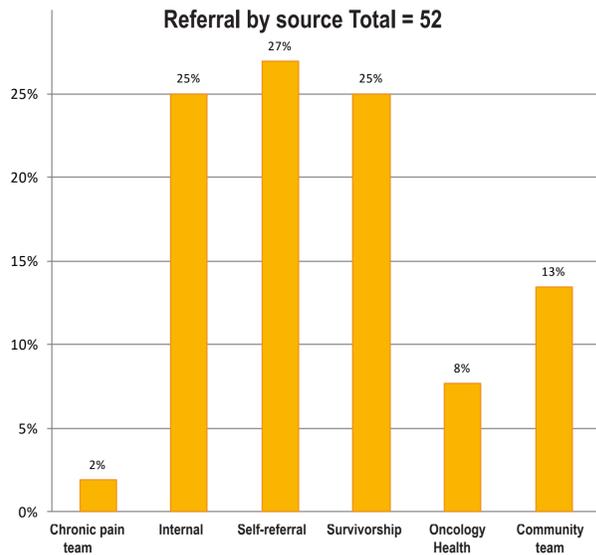
Wellbeing group exercise session.

Results:

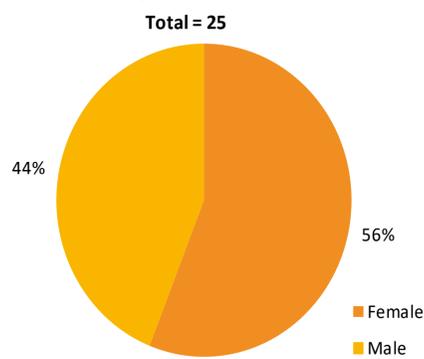
Referral and patients' characteristics

We have received 52 referrals to the service and have had 25 participants so far.

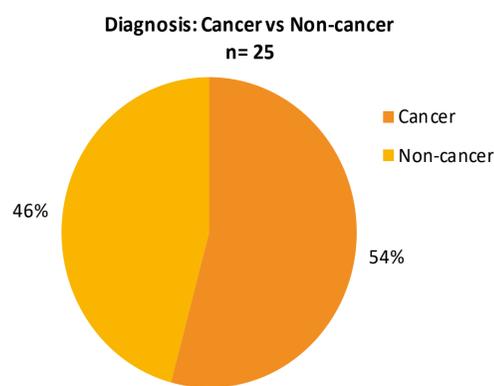
Referral sources were varied; however, the majority came from patient self-referrals, the local Cancer Survivorship Programme and internal hospice health professionals.



Slightly more female than male have participated in the groups so far.



More patients with cancer than non-cancer have participated in the groups.



Outcome

For the purpose of this report we are showing MYCAW outcomes. The results demonstrate an improvement in main concern scores. The list of main concerns were:

- Low confidence
- Breathlessness
- Am I active enough
- Lack of motivation and strength
- Fatigue
- Walking confidence
- Pain Control

Category	Average scores		
	First	Final	Difference
Main concern 1	5	3	2
Main concern 2	5	3	2
Wellbeing	3	3	0

Experience

- 86% reported that they were informed of the purpose of the group prior to attending
- 93% reported that they would recommend the group to others
- Average satisfaction rating of the group was 9/10

Examples of the patient comments so far:

"I feel healthier than I did 2-3 months ago"

"The group gave me confidence to do more activities but at a more moderate pace"

"Exercise has become a part of my daily routine"

"I would recommend this group to anyone going through an illness for both mind and body"

Every three months group members are invited back to the hospice for a social session, for reflection and to share experiences. They also received a certificate of achievement.

Comments

The results of our audit show that the majority of patients found the rehabilitation for wellbeing group very beneficial in terms of physical and psychological well-being. Participants so far have given fantastic feedback with improvements in confidence, self-esteem, mood, physical function and quality of life. Results also demonstrate it is possible to identify patients at an earlier stage of their palliative disease trajectory, and increase the accessibility of our hospice care. It has also helped to raise awareness of our hospice and educate staff to the benefits of a rehabilitative approach to personalised patient care. The results also show that this kind of service is sustainable, and may delay the need for funded social care and prevent hospital or hospice admission. This innovative project has rejuvenated rehabilitation in palliative care within the hospice.

Future Plans

The group has evaluated exceptionally well and Dove House Hospice will continue to fund the rehabilitation for wellbeing project after the original project funding has ceased.

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Reference

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2. Malcolm,L, Mein G, Jones, Talbot- Rice et al (2016). Strength in Numbers: Patient experiences of group exercise within hospice care. 15:97, BMC Palliative Care.
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