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Background

University Hospital Southampton (UHS) partnered with Saints Foundation (SF), to test the feasibility and acceptability of a non-registered Exercise Practitioner (EP) to work alongside the therapy team to promote physical activity (PA) of hospitalised older people. Our aim was to collect trust level data to review the impact the EP had on outcomes such as length of stay (LOS) and discharge destination (DD) and identify and address any additional challenges that arose.

“Really enjoyed cycling, looking forward to the next one”

“Loved getting off the ward”

Methods

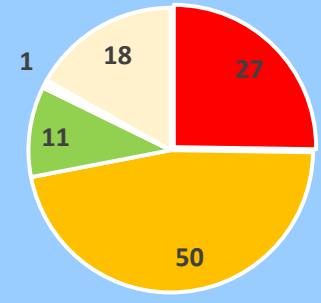
The EP delivered twice weekly gym-based group interventions as well as regular 1:1 rehabilitation and education sessions to hospitalised older patients. Interventions were ward based or within the acute therapy gym and included a warm-up, seated resistance and body weight exercises, cardiovascular exercise and movement based interactive games. Demographics were collected for each patient in addition to initial predicted discharge destination and actual discharge destination.



Results

Between June and August 2023 the EP reviewed 82 patients, mean age of 88 years. 15 (18%) patients underwent 1:1 rehabilitation whereas 67 (82%) patients underwent gym-based rehabilitation sessions. Median LOS for patients reviewed by the EP was 15 days compared with average departmental LOS of 8 days, however the majority of patients receiving interventions were awaiting onward care including social care set ups, inpatient rehab beds or care home placements that would contribute to their LOS. 53 (65%) patients were able to either maintain or improve their predicted to actual discharge destination, compared with 10 (12%) patients whose physical capability declined. Of those remaining, 1 patient died and 18 others had not yet been discharged. High patient satisfaction levels continued to be reported.

Predicted vs Actual Discharge Destination



■ Deteriorated ■ Maintained ■ Improved ■ RIP ■ Inpatient

Conclusions

Intervention by a non-registered EP appears to have a positive impact on patients’ ability to maintain or improve level of function and physical dependency during acute hospital stay. Factors such as outbreaks of infectious illness and staffing challenges prevented more frequent EP led intervention. Next steps include introducing daily class-based interventions. Participants will be encouraged to attend at least three classes. Anticipated benefits include improvement in patients’ overall functional levels and reductions in physical dependency on discharge as well as increased confidence in mobility. Additional data will be collected on fear of falling, confidence in function, Elderly Mobility Scale, gait speed and grip strength as well as uptake of post discharge activity and readmission. We will also look to refine the exercise intervention and aim to develop a best practice programme to address function in hospitalised older adults.