

P Draper¹ J Batchelor^{1,2}, N Diamante¹, P Hedges², M Gealer², R McCafferty¹, H Leli¹, HP Patel^{1,3,4}

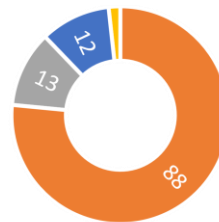
¹ Department of Medicine for Older People, University Hospital Southampton (UHS) NHS Foundation Trust; ² Saints Foundation, St Marys Football Ground, Southampton, UK; ³ Academic Geriatric Medicine, Faculty of Medicine, University of Southampton, UK; ⁴ NIHR Southampton Biomedical Research Centre, University of Southampton & University Hospital Southampton NHS Foundation Trust, UK

Introduction

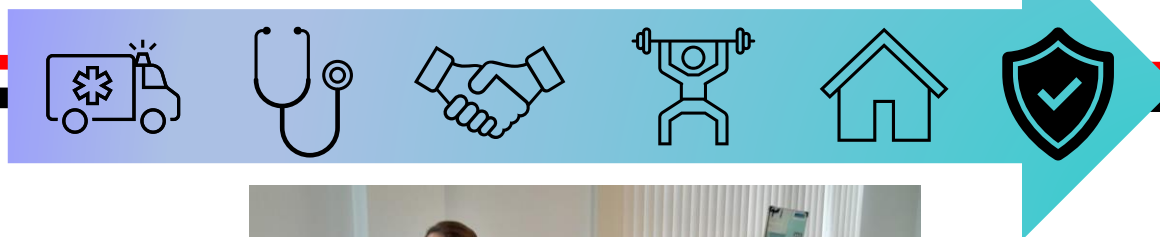
University Hospital Southampton (UHS) and Saints Foundation (SF) have partnered to test and deliver rehabilitation to hospitalised older adults via a non-registered Exercise Practitioner (EP) to promote physical activity (PA) and address hospital associated deconditioning. Now in its third phase, the project has evolved in response to patient and staff feedback. It delivers regular gym-based exercise classes and additional interventions, which have maintained or improved patients' dependency levels on discharge.



Predicted vs Actual Discharge Destination



■ Improved ■ Maintained ■ Deteriorated ■ RIP



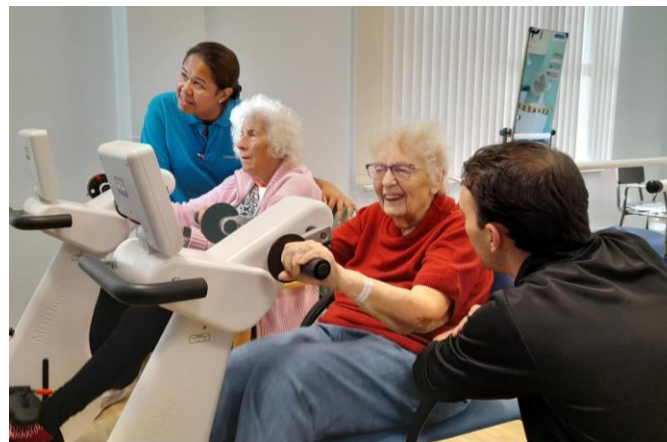
Methods

From September 2023, the EP has delivered daily gym-based group interventions as well as 1:1 rehabilitation to hospitalised older adults. In addition, exercise prescription education for staff and signposting to community-based interventions is provided. Interventions take place in the acute therapy gym or wards and involves strength, cardiovascular and balance exercise.



Results

Between October 2023 and February 2024, the EP reviewed 115 patients, with a mean age of 86yrs. 90 (78%) underwent group-based intervention whereas 25 (22%) received 1:1 input. 100 (87%) patients maintained or improved their predicted to actual discharge destination, compared to 13 (11%) whose physical capability declined and 2 (2%) who died. 20 (17%) were readmitted within 30 days of discharge. Elderly Mobility Scores (EMS) improved from a mean of 13.42 to 13.97. Most patients were reviewed twice or more. Most patients (79% after 2 interventions) maintained a 4m gait speed score of >0.8m/s. Patient satisfaction and confidence in function rated high.



Conclusions

Intervention via a non-registered EP continues to have a positive impact on older adults' ability to maintain or improve function during an acute hospital stay. Factors such as outbreaks of infectious illness, staff absence and vacancies and high patient acuity prevent more frequent EP led intervention. Although specific overall strength and functional gains are limited, patient confidence in function remains high. Our future aim is to expand the project across UHS and bridge the gap to community rehabilitation services.