

Reconsidering rehabilitation in Renal Medicine: assessing the impact of Therapy Assistant Practitioners in the inpatient environment.

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Background:

Physical activity has been found to have positive outcomes on patients with CKD and features in the KDIGO clinical practice guidelines for patients with CKD. It is not however routinely supported within renal units across the country.

We wanted to explore whether length of stay (LOS) could be reduced and patient flow improved by additional input to promote physical activity, particularly in older patients and those with complex needs. It was suggested that this could also improve functional outcomes and patient experience in this cohort.

Method:

2 Band 4 Therapy Assistant Practitioners (TAP) were recruited to provide an additional 75hours of therapy input per week across 30 inpatient Nephrology beds. This input consisted of both Physiotherapy (PT) and Occupational Therapy (OT) assessments for patients over the age of 80, plus anyone with complex rehabilitation needs. They also worked with nursing staff completing transfers, therapeutic washes, dressing and personal care. Further rehabilitation consisted of MotoMed for bedbound and dialysing patients, and a Breakfast Club.

LOS and patient flow (indicated by the number of renal outliers across the hospital) were measured prior to recruitment and repeated at 6 and 12 months post recruitment. Functional outcomes were measured during the project, using the Functional Independence Measure and Functional Assessment Measure (FIM/FAM) on admission and discharge between September 2017 and March 2019 and analysed using a t-test ($p=0.005$). Patient experience was measured using a questionnaire administered at discharge.

Results:

When comparing the figures pre- and post-recruitment:

- 15% decrease in renal outliers demonstrating improved flow
- LOS did not change as we had anticipated.

Furthermore, we assessed the effectiveness of the therapy delivered during the project and found:

- High level of patient satisfaction demonstrated, with a mean score of 25.6/30
- Functional scores improved in both FIM (mean 25%) and FAM (mean 10%). However, the improvement was only statistically significant in the FAM ($p=0.0038$), but not in the FIM ($p=0.0815$).

Conclusion:

The introduction of 2 Band 4 TAPs has improved patient flow within the renal inpatient environment with the number of outlying patients into other specialities reduced. Patients are demonstrating a good response to the therapy provided, both functionally and in terms of patient satisfaction. This could indicate a changing culture of the renal ward towards rehabilitation of older and more complex patients. Nurses, therapists and other ward staff work collaboratively to improve patient uptake of rehabilitation opportunities such as washing and dressing, attending groups away from bed spaces, and early mobilisation.