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Virtual Home-Based Pulmonary Rehabilitation Programme for COPD Patients

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Aim: The purpose of this service development was to provide a live home-based group Pulmonary Rehabilitation Programme that delivers clinically significant results.

Context: In its current format, Pulmonary Rehabilitation results in a significant time, effort and cost expenditure for a participant to complete a full course, as a result of this people often do not attend or drop out. In Our Lady of Lourdes Hospital, Drogheda, the drop-out rate for 2018/2019 was 44%. Pulmonary Rehabilitation requires a space large enough to accommodate a group of patients exercising safely coupled with adequate parking space for participants. Other barriers to attendance included the time to travel and cost of travel and parking. On average for the closest geographical patient, thirty minutes minimum are designated to travel and parking time each way. For each individual participant fuel and parking costs are variable.

Brief description of the change/intervention and why you thought it would work: Virtual Pulmonary Rehabilitation is a live and interactive class which allows patients to exercise in the comfort of their own home. Classes are streamed from the Tech Hub in Drogheda's Boyne Primary Care Centre live to the individual's home alleviating the inconvenience and cost of travelling to a hospital or community centre.

Strategy for change: This was a physiotherapy led project for patients over 65 years of age with a diagnosis of COPD, living in Louth and Monaghan. Inclusion also stipulated that participants had access to an IT device and broadband. The project capitalised on an investment opportunity from mPower. The patients attended for a pre-class assessment and IT training. A group test call was carried out to ensure all patients could log in to the class. The programme involved 2 classes per week for 7 weeks.

Effects of changes: So far there has been a 100% completion rate. Clinically significant outcomes were achieved. 100% of participants agreed that they enjoyed exercising in their own home with reports of it being more convenient than travelling. Patient adherence is increased when the programme reduces the burden of travel and is delivered in their own home.

Lessons Learnt & Messages for Others: This is a low-cost easily replicable programme, but it is dependent on the available IT infrastructure and patient access to suitable devices.

Declaration of Interest: This was a European funded test of change initiative in collaboration with acute and primary care and mPower. mPower is an EU funded project that aims to enable people with chronic conditions to live well in their homes by self-managing their own health.