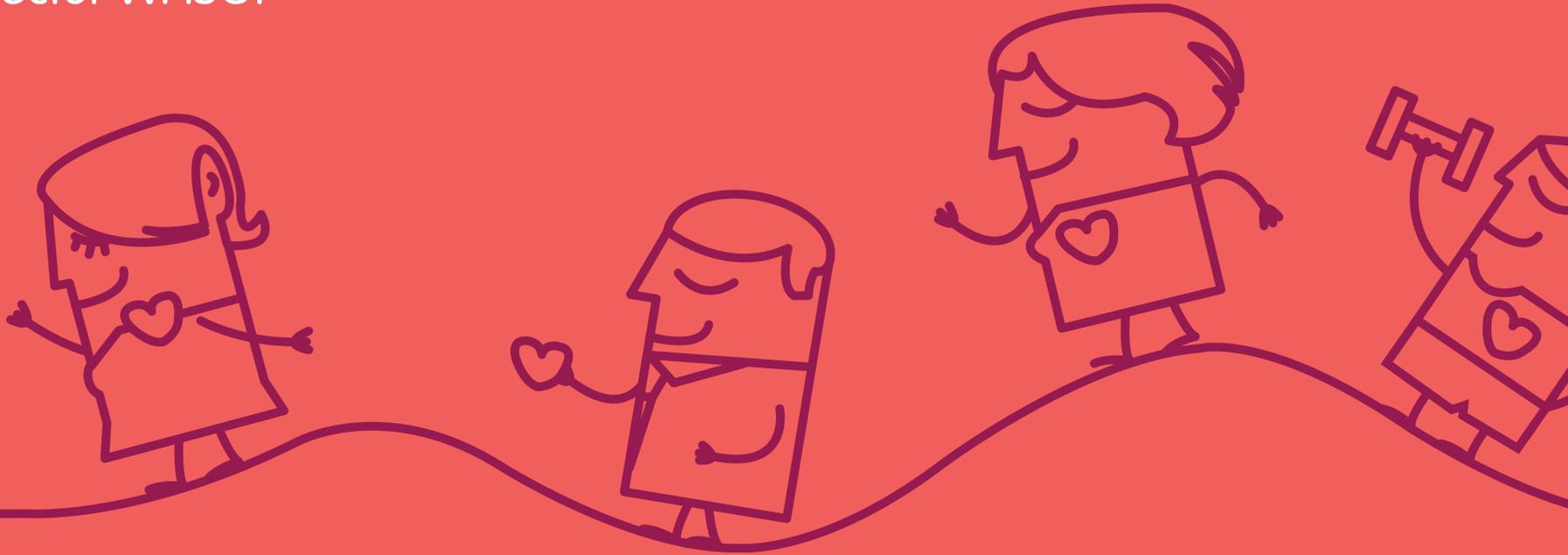


Pulmonary Rehabilitation

Southern Sector WHSCT



The project consisted of: the implementation of a community-based PR programme to fulfill the unmet need of patients with respiratory disease leading to improvements in quality of life, reduced breathlessness on exertion, increased exercise capacity, improved self-management and symptom control, improved independence and overall health.

Background Pulmonary rehabilitation has been shown through clinical research and numerous randomized control trials to have a statistically significant improvement on an individual's quality of life and exercise capacity (Grade A evidence). NICE COPD Clinical guidelines (2010) state that pulmonary rehabilitation should be available to all patients who find themselves limited by COPD MRC 3>. There was no availability of pulmonary rehabilitation within the southern sector. Hence the development of pulmonary rehabilitation came about to benefit the health of the population, as well aiding in the prevention of hospital admissions, reduced length of hospital stay and overall improvements in patients self-management.

Design The Pulmonary Rehabilitation service in the WHSCT Southern sector was initially set up in November 2010 and followed on from the development of the service in the Northern sector of the trust.

The framework consists of a 6-week programme of exercise and education run by a respiratory nurse and respiratory physiotherapist. Following initial assessment and inclusion on the course, the clients attend classes twice a week and are re-evaluated after six weeks. The exercise component consists of an hour of strength and endurance training. Exercise is then followed by an education and training session delivered by a variety of health care professionals, including an associate clinical psychologist who addresses anxiety and depression. Other subjects covered include; what is COPD? , smoking cessation, breathlessness management, chest clearance exercises, healthy eating and the lungs, medications and inhaler technique, energy conservation, disease management, relaxation techniques and social benefits. Clients are then referred on for ongoing support and exercise to local Chest Heart and Stroke group.

Outcomes The pulmonary rehabilitation programme has shown to effectively improve client's quality of life, exercise tolerance and patient experience. Example: Patient A could walk 126 metres had moderate breathlessness on exertion, high depression and high anxiety levels, had given up fishing because of his lung disease and was unable to clear his chest phlegm effectively. Following Pulmonary

rehabilitation, the client had significant improvement in his exercise capacity of 287metres and quality of life (breathlessness, fatigue, emotional function and self-management), a reduction in anxiety and depression, was able to clear his phlegm efficiently and started back to fishing.

Client's comments exceeded our expectations: **"I am a much more confident person equipped with ways and means of coping with my condition and maintaining and increasing my energy levels. The convenient provision of this very beneficial rehabilitation programme not too far from my home really clinched it for me"** "I enjoyed my class each week and looked forward to going to it. The staff were very good at helping each one and explaining everything to us. I do not drive very much now and I was picked up and left off" **"It is so convenient to have it held locally and the small number attending made it more personal, I am feeling the benefit of it already. I can go up the stairs now and only have to stop once were as before I had to stop at every other step"** "before the rehab class I would have lay about all day afraid that I would get myself into a state, now I am walking to the shops and into town and getting out more" **"I feel since doing the programme that I am ready for the Olympics next year"**