

# Acceptability of a telerehabilitation intervention for fatigue and breathlessness in palliative care

## Background

- ❖ Hospice Isle of Man's (IOM) Fatigue and Breathlessness (FAB) follow-on programme aims to help those with palliative care needs to manage these symptoms through a weekly 1-hour, self-led group exercise class supervised by the Rehabilitation Team.
- ❖ With the Covid-19 pandemic, FAB follow-on was delivered in real-time via two-way videoconferencing technology (Zoom Video Communications, Inc.) to enable members to continue participating from home. Sessions became staff-led and relaxation elements were incorporated. Members were offered one-to-one telephone calls with a Rehabilitation Team member for advice and support.
- ❖ Telerehabilitation interventions have demonstrated positive outcomes for various chronic health conditions.<sup>1,2,3</sup> However, this evidence is scarce for telehealth programmes in palliative rehabilitation.

**Aim: To evaluate the digital delivery of a palliative rehabilitation programme and obtain perceptions of users and staff**

## Methods

- ❖ All members of the FAB follow-on group ( $n=19$ ) were invited to complete a questionnaire on their experiences of the Zoom sessions.
- ❖ The Rehabilitation Team were interviewed about the encountered benefits and challenges when using digital delivery methods.

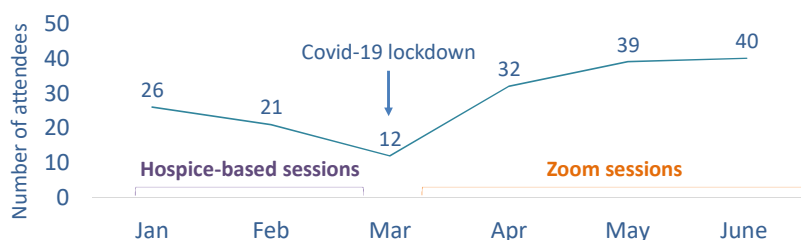
Ethical approval granted by Hospice IOM's Institutional Review Board (IRB).

### Analysis

- ❖ Descriptive statistics were calculated using Stata (Version 15; Statacorp, 2017).
- ❖ Qualitative data were analysed through thematic analysis.<sup>4</sup>

## Results

Monthly attendance 2020



Participants  $n=14$

9 Respiratory conditions (e.g. COPD)

23%  $n=3$

77%  $n=10$

4 Cancer 4 Other

### Staff perceptions

- ❖ Team working for planning and risk assessment: Additional staff member/trained volunteer to closely supervise those attending from home.
- ❖ Patients quickly learned and adopted the approach.
- ❖ Provided opportunities to try new activities.
- ❖ Challenges setting a pace due to differing abilities.
- ❖ Lack of two-way engagement: 'silent audience'.
- ❖ May only work with groups with existing rapport and trust.

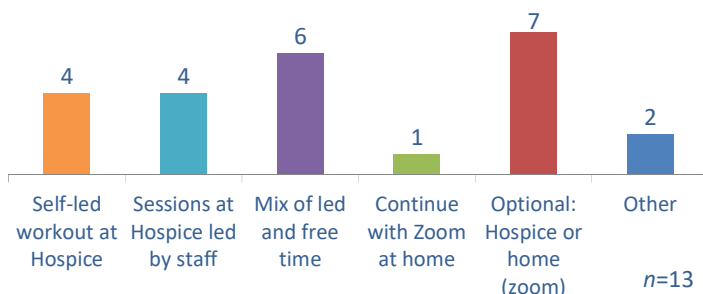
### Benefits of telerehabilitation:

- ❖ Maintained attendance.
- ❖ Eliminates requirement to travel, saving time and energy.
- ❖ Reduced reliance on family for transport.
- ❖ More focus on exercise and less on socialising.
- ❖ Exercise at own pace.
- ❖ Maintained motivation to continue exercising during the Covid-19 lockdown.

### Drawbacks of telerehabilitation:

- ❖ Technological challenges.
- ❖ Lack of specialist gym equipment.
- ❖ Social contact disjointed
- ❖ Some exercise better in a group.
- ❖ Preference for Hospice setting and gardens.

### Recommendations for future provision



**64%** felt that the Zoom sessions were 'no different' or 'better' than sessions held at Hospice (9/14)

**77%** found the one-to-one telephone calls helpful (10/13)

**71%** felt the Zoom sessions were helpful in maintaining social contact during the Covid-19 outbreak (10/14)

**64%** felt the Zoom sessions were helpful for psychological support (9/14)

## Conclusions

- ❖ The telerehabilitation sessions were deemed to be acceptable to service users. Improved access options provide choice and offer flexibility around changing condition status and personal factors. Hospice IOM's Rehabilitation Team now provide concurrent FAB follow-on sessions at home through Zoom and at Hospice.

### References:

1. Bhatt SP, Patel SB, Anderson EM, et al. Video Telehealth Pulmonary Rehabilitation Intervention in Chronic Obstructive Pulmonary Disease Reduces 30-Day Readmissions. *American Journal of Respiratory and Critical Care Medicine* 2019;200:511-513.
2. Zandbergen P, Hoogerhout H, Ligtvoet A, Rijkman A, Wouda R. Long-term exercise maintenance in COPD via telerehabilitation: a two-year pilot study. *Journal of Telemedicine and Telecare* 2012;18:74-82.
3. Huang R, Bunting J, Morris NH, Mandrusiak A, Russell T. Home-based telerehabilitation is not inferior to a centre-based program in patients with chronic heart failure: a randomised trial. *Journal of Physiotherapy* 2017;93:101-107.
4. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3:77-101.

