



Problem statement: In March 2023, patients receiving their pulmonary rehabilitation (PR) via the Home telephone based programme, received an average of 2.3 education sessions about their health condition compared to 9.4 sessions for patients who attended face-to-face rehabilitation groups. The British Thoracic Society standards for PR state that education is key part of rehabilitation which enables patients to gain a better understanding of their condition, learn how to manage their symptoms and understand lifestyle choices which can improve their long-term health.

SMART aim: To improve patient understanding and management of their respiratory condition by increasing the number of education sessions completed on the Home telephone programme, from an average of 2.3 sessions, out of a possible 12, to five sessions by October 2023.

Measures to track improvement:

Reducing the difference in the number of education sessions attended links to Putting Communities First from our We care strategy, by ensuring that patients who are unable to attend face-to-face groups still have access to the full rehabilitation programme of exercise and education.

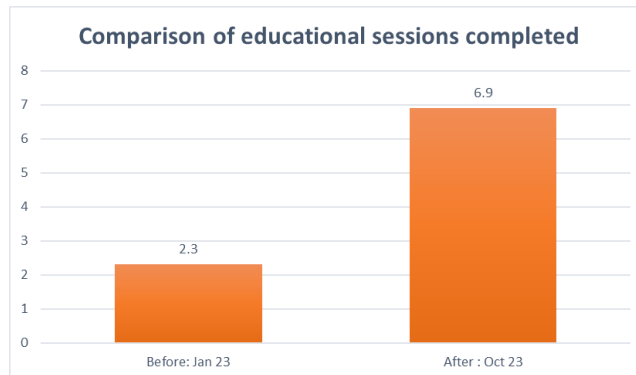
Collecting patient feedback about receiving a more complete pulmonary rehabilitation programme over the telephone and having increased rehabilitation potential links to our Better Patient Experience objective.

Data:

“I enjoyed learning about my lung disease, exercise routines, breathing exercises, recovery positions, and managing medication”

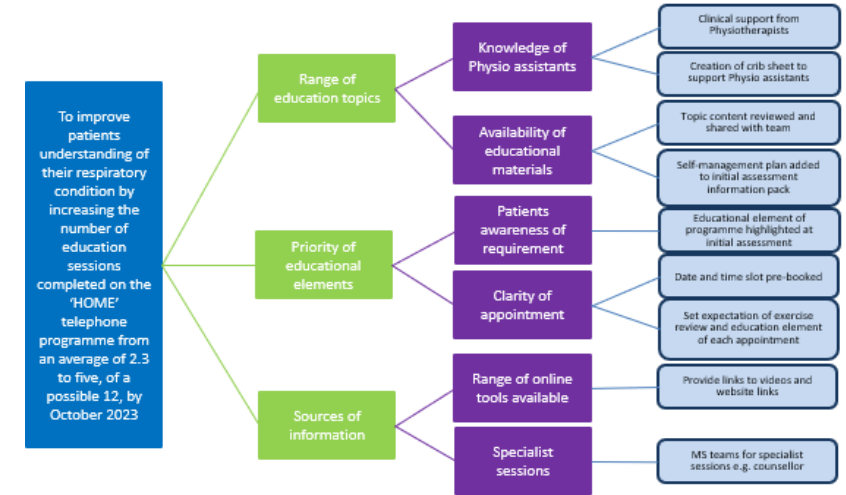
“I liked the structure, (being) able to plan the call into my week, and read up ahead of the call on the topic for that week. Which allowed me to think of questions for the call”

“Allowed me to access the course without attending a venue twice a week, which I wouldn't have been able to do as I don't drive”



Tests of change:

1. Crib sheet created to support physiotherapy assistants with each element of the education topics.
2. Appointments booked with agreed start times and call length, to ensure expectation clear for sessions.
3. Patients provided with more background of education available and importance of these sessions.
4. Colleagues initially led by providing core topics first, then the patient can choose from optional topics, as required, for a personalised education package.



Results, what we learned and what's next:

By October 2023, the 20 patients who completed the Home programme received an **average of 6.9 education sessions** compared to 2.3 before the project started.

Patients liked that the sessions were one-to-one, allowing them a space to ask questions and have education personalised for them. Most patients said they are happy with telephone calls rather than video calls. Those who were computer proficient also found video links to support educational topics useful

The team found that it is useful to give the self-management plan to patients at the initial face-to-face assessment, to aid telephone discussion later on in the course. The availability of the crib sheet gave the physiotherapy assistants confidence to guide patients through educational topics.

There is now more flexibility for patients with visual and hearing difficulties - completing calls with relatives and home visits as required.

What's next?

To look at interactive/online resource which patients can be given access to, once completing the programme, to support ongoing exercise.

Adapting the sessions for the long Covid referrals.