

An exploratory study on the feasibility of telerehabilitation in a hospice day care setting

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Background

Occupational therapy (OT) in palliative care uses a client-centered approach to identify patients' roles and interests to optimize their meaningful engagement (Yeh & McColl, 2019). Within the hospice day care service, the occupational therapists review patients' strengths and barriers to engage in valued occupations by adapting the activity or the environment to support participation.

However, at the height of the Covid-2019 pandemic, our hospice day care centre had to be closed temporarily. Caregivers raised concerns on management of patient's engagement at home during this period as they tend to spend more time in bed.

Aim

Through 3 case studies,

- Determine the feasibility of applying telerehabilitation as an alternative service delivery model in OT practice within a hospice day care setting
- Determine whether individualized intervention by an OT via telerehabilitation resulted in an improvement in patient and caregiver reported outcomes

Method

Upon identifying family's level of comfort in using Zoom, interviews were conducted online to identify patient and caregiver's coping during centre closure.

Interviews were conducted to understand problem areas related to:

1. Patient's physical and cognitive status
2. Environment – physical and social
3. Patient's participation in occupation – ADL, IADL and leisure

Interventions include:

1. Provision of physical sources or adapting existing resources to facilitate leisure engagement (Fig.1)
2. Lifestyle redesign to incorporate physical and recreational activities for a balanced routine (Fig.2)
3. Caregiver training to assist in maintaining physical and cognitive function at home (Fig.3)

Interviews were conducted prior to the reopening of the centre to determine:

1. Patient' time use at home post intervention
2. Subjective account of caregiver's experience of telerehabilitation

Results



Improvement in time use

- Able to stay engaged in valued occupations while incorporating adequate rest breaks

Increased in well being

- Patients reported that they feel less bored and more supported with the resources provided

Increased awareness by caregivers

- Understanding the importance of staying engaged



Fig.4. Caregiver facilitating music singing



Fig.5. Patient engaged in cognitive puzzle

Conclusion

Initial findings in this review suggest the potential in providing OT service via telerehabilitation to optimize patients' engagement at home. Further studies may be conducted to determine the feasibility of provision of inter-disciplinary services via telerehabilitation in situations when patients are unable to attend hospice day care physically.



Fig.1 Individualized Activity Package for patients to stay engaged

Time	Activity
830am	Wake up
9am	Exercise – Music and movement YouTube video; Theraband exercises
930am	Shower
10am	Breakfast
	*Medication
1030am	Mind stimulating activity - Newspaper reading
	*Family can facilitate questions based on the topic e.g. any interesting news today? Would you like to share more?
11am	Walking by the corridor
12pm	Lunch
	*Medication
1-3pm	Nap
3pm	Tea break
4pm	Recreational based activities
	E.g. Dominoes, Music Therapy Youtube video, Puzzles
5pm	Walking exercise
6pm	Rest
630pm	Dinner
	*Medication
730pm	Walking exercise
9pm	News
	*To take morphine if patient still exhibits cough symptoms
9.30pm	Rest

Fig.2 An example of an individualized activity planning designed together with caregiver based on patient's routine

Fig.3 Screenshot of a caregiver training session held over zoom to assist patient in keeping active at home



References

Yeh, H,E. & McColl, M. (2019). A model for occupation-based palliative care. *Occupational Therapy In Health Care*, 33(1), 108-123. doi: 10.1080/07380577.2018.1544428