

How do Occupational Therapists and Physiotherapists working in an acute hospital perceive their role and value in facilitating discharge home for patients who are receiving end-of-life care?

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# Introduction

- Clinical Lead Occupational Therapist
- Gloucestershire Hospitals NHS Foundation Trust
- MSc Palliative Care at Newcastle University
- My experience/observations

# Priorities for an end-of-life hospital discharge

Early recognition of dying

Documentation

Communication between services

Patients are involved in decision making

Communication – with patient, with family and with MDT who understand the patient is dying

Caregivers are supported

Personalised care plan

# End-of-life care

# Aims

- To understand the facilitators and barriers in OTs and Physiotherapists working with patients who are receiving end-of-life care and are aiming to go home from the hospital.
- To understand the perceptions of OTs and Physiotherapists on their value within the MDT when working with patients who are receiving end-of-life care.

# Setting



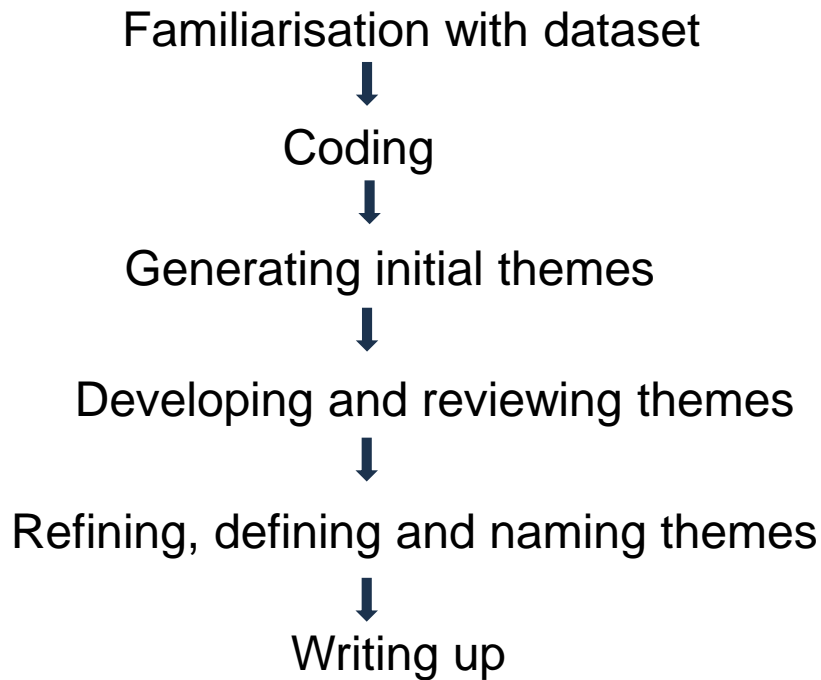
# Data Collection

- Semi structured interviews
- Interview guide
- Audio recording
- Transcribed verbatim
- Field notes
- Reflexive journal

# Participants

Inclusion	Exclusion
HCPC registered	
OT/PT	Support workers
Inpatient	Outpatient
Medical wards	Elective and medically fit wards

# Reflexive thematic analysis



(Braun and Clarke, 2022)

# Technical terms

Codes	Segment of data
Themes	A recurring pattern
Central organising concept	Summarises the meaningful pattern of the data

(Braun and Clarke, 2022)

# Data analysis

TRANSCRIPT  
OT 1

④ involving family  
1:10 4:7  
2:8 7:7  
3:4

⑥ pt deteriorating  
5:4

⑫ communication i family  
1:8  
1:10  
2:6

⑧ symptoms  
3:6 3:8 4:7

② flexibility  
3:8

⑦ dlc dest  
5:6

⑤ community services  
6:7 6:9 7:3  
5:12 7:0  
7:8

③ speedy  
7:3 7:8

① coordination  
7:7 7:2  
4:2

⑨ not  
2:2  
5:6 2:4  
5:10 2:6  
6:1 6:5

⑩ preventing a crisis  
4:6 4:7 4:10

④ admin  
6:10

⑩ dlc delays  
4:2 7:6

② honesty  
2:8

⑥ subjectivity of other prof.  
5:10 6:5

⑤ preparation  
2:2 7:7  
2:8

⑩ taking risks  
5:12 6:1  
6:5

⑩ dlc dest  
2:8

③ practicalities  
2:8 3:6  
3:8 4:4  
4:7

⑫ equipment  
3:6 7:2

⑤ being at  
4:7

① all on the same page  
2:4

⑧ dealing i pt  
3:4

⑦ informing the pt  
6:7

R 1	What about getting the care in place	
P	See again that hasn't been an issue lately	
2	I'm finding that's ok	
	During COVID it was a complete nightmare	frustration
	In the last 6 months I think everything is back to how it used to be	
community	Care is coming up really quickly	speedy dlc
	Sometimes the same day	all needs to come together
equipment	Equipment still has its challenges but that seems to be going in the next day again this week	
	So those are the main challenges	
R 3	So when those services are in place and they have capacity and are running as they should be	speedy dlc
P 4	Yep	
	It's smooth	
R 5	Whereas then the challenge can be when their capacity is an issue	frustration
	When those external services cock things up really	
P 6	And you don't get the equipment in	
community	Or (there's a delay) because they've got no drivers and things	frustration
	pt's staying in hosp longer	
R 7	And you can't really prepare families for that very well	involving family
P	No and then if the hospice at home team doesn't pick it up quickly it goes out to an agency but then again the	preparation
community	last agency definitely picked it up within 48 hours	speedy dlc
R 9	Yep	

Communication	Other healthcare professionals	Therapy intervention	Discharge destinations	Family	Coordination	Preparation
Discharge conversations with family (OT1, 1:8)	MDT in agreement (OT1, 2:4)	Equipment in place (OT1, 2:8)	Equipment for home (OT1, 2:8)	Honesty with family (OT1, 1:10)	Ensuring equipment is in place (OT1, 2:8)	Prepared for end of life care (OT1, 2:2)
Doctors making patients and family aware of EOLC (OT1, 2:2)	Disagreements about d/c destinations (OT1, 5:6)	Not providing rehab (OT1, 12:1)	Died at home (OT1, 4:1)	Re-iterating communication with family (OT1, 2:6)	Ensuring community services are in place in order to prevent a crisis (OT1, 4:7)	Going through all the options for discharge (OT1, 2:8)
Having confident discussions (OT1, 2:4)	Subjectivity of other professionals (OT1, 5:12)	Stair ax (OT1, 12:6)	Discharge to a nursing home (OT1, 8:1)	Making family aware of community resources (OT1, 2:8)	Managing uncertainty (OT1, 9:4)	Giving family time to come to terms (OT1, 4:2)
Informing the patient (OT1, 6:7)	Waiting for doctors to make a decision (OT1, 10:4)	Forward planning by issuing equipment (OT1, 12:12)	Job satisfaction when getting a patient home (OT1, 16:1)	Recognising the toll on family (OT1, 3:6)	Ensuring care and equipment are in place (OT1, 11:9)	Planning for a bad day (OT1, 4:7)
Unable to make any firm plans with family (OT1, 8:2)	Communication (OT1, 10:6)	Initiating discussions about aiming home (OT1, 21:4)	Satisfaction when knowing a pt has died in the preferred place of death (OT1, 15:4)	Giving family time to come to terms (OT1, 4:2)	Having a clear pathway (OT1, 32: 6)	Managing symptoms at home (OT1, 4:7)
Dealing with uncertainty (OT1, 10:3)	Emotional support (OT1, 13:10)	Awaiting an invitation to start d/c discussions (OT1, 22:8)	Discussing preferred place of death with a patient (OT1, 16: 8)	Difficult communication due to the family living overseas (OT1, 8:11)	Everything comes together at the same time (OT2, 6:11)	Preparing patients for risks (OT1, 5:12)
Communication with the MDT (OT1, 10:6)	Disappointment when other professionals do not want a patient to go home (OT1, 16:5)	Less need for therapy (OT2,3:2)	Awaiting an invitation to start d/c discussions (OT1, 22:8)	Unable to make any firm plans with family (OT1, 8:2)	Taking the lead for the discharge (OT2, 8:10)	Preparing families for delays (OT1, 7:7)
Informing the family (OT1, 11:3)	No professional boundaries causing confusion (OT1, 19:6)	Equipment needed for bed bound patient (OT2, 3:3)	Discussions led by the palliative care team (OT1, 22:9)	Mixed communication with family (OT1, 20:7)	Having to trust that things will get done by someone else (OT2, 9:6)	Unable to make any firm plans with family (OT1, 8:2)
Preparing for physical deterioration (OT1, 12:10)	Conversations about home from other professionals (OT1, 20:3)	Ordering beds (OT2, 11:7)	Other professional trying to halt a discharge home (OT1, 32:7)	Family prepared for deterioration (OT1, 27:9)	When everything is in place (PT1, 6:4)	Managing expectations (OT1, 9:4)
Discussing preferred place of death with a patient (OT1, 16: 8)	Job roles merging (OT1, 20:7)	Is it a therapy need? (OT2, 12:1)	Transporting a dying patient (OT1, 33:1)	Lack of time communication end-of-life with family (OT1, 31:1)	No cohesive plans (PT1, 8:3)	Preparing for physical deterioration (OT1, 12:8)
Some patients do not want to	Feeling that you have to	Getting things done quickly	Facilitating patient choice		Input from other	Preparing the home for

<b>Coordination &amp; leadership</b>	<b>Appreciation of the unique role of therapy</b>	<b>Early recognition a person is approaching end-of-life</b>
	Assessments Advocacy Managing emotions End of week rush Risk taking	

# Appreciation of the unique role of therapy

“Being able to access equipment quickly or having enough stock on site to issue. If they need a bed, we have to order it and that can delay things”

“Positioning is important in end-of-life care. Especially where people get quite chesty and educating others about that so they can care for the patient as best as possible. I have experience of manual handling, moving patients, the safest way”

“I see my role as helping the patient to progress, seeing what new baseline we could get her to and managing expectations of her family. Then putting the right care and equipment in place so she could live safely at home.”

“Dealing with whether the stretcher can fit and all the practicalities or knowing that the patient lives in a third floor flat. Or they might be a hoarder.... I just don't think another member of the MDT would think of those things”

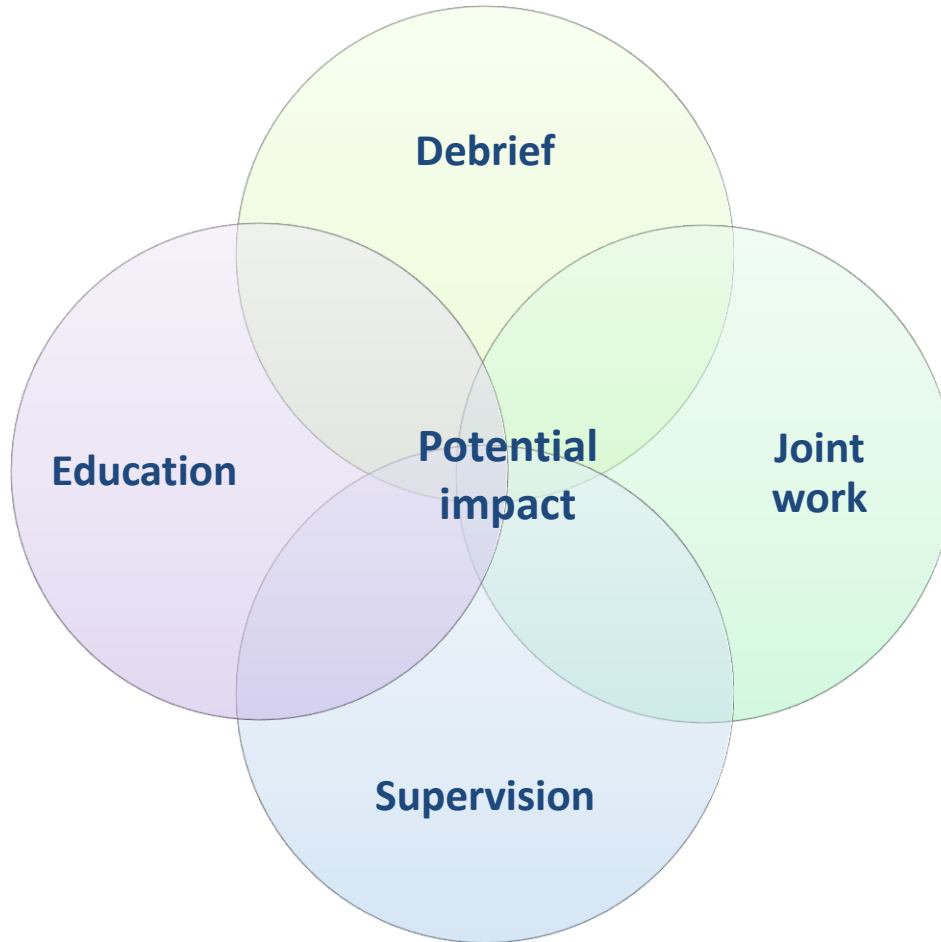
# Discussion

- **Appreciation of the unique role of therapy**
  - **Not just a discharge planner**
  - **Advocating**
  - **Positive risk taking**
  - **Experience**

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# Study considerations

- novice researcher
- participant sample involved professions of similar bandings and different clinical experiences
- the perceptions of OTs and Physiotherapists are different
- unlikely to be similar to other acute NHS trusts



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**Gloucestershire Hospitals**  
NHS Foundation Trust

# Thank you