

# A review of occupational therapy and physiotherapy rehabilitation services provided on an acute HIV in-patient ward

Esther McDonnell, Darren Brown, Austin Claffey and Dr Mark Nelson  
Chelsea and Westminster Hospital, London

## Introduction

People living with HIV requiring in-patient hospital care have complex care needs, including physical and cognitive rehabilitation, as well as timely discharge planning. This was reinforced by the publication of the 2013 BHIVA Standards of Care for People Living with HIV<sup>(1)</sup>.

The HIV inpatient ward at Chelsea and Westminster Hospital has a specialist physiotherapy and occupational therapy service, consisting of a static Band 7 physiotherapist (PT), Band 6 rotational physiotherapist, and a static Band 7 occupational therapist (OT).

Rehabilitation is the process of restoring a person to previous and/or optimal levels of function following illness and disability.

A review of the activity of the rehabilitation service was completed to investigate the role played by the OTs and PTs with this complex patient group.

## Methods

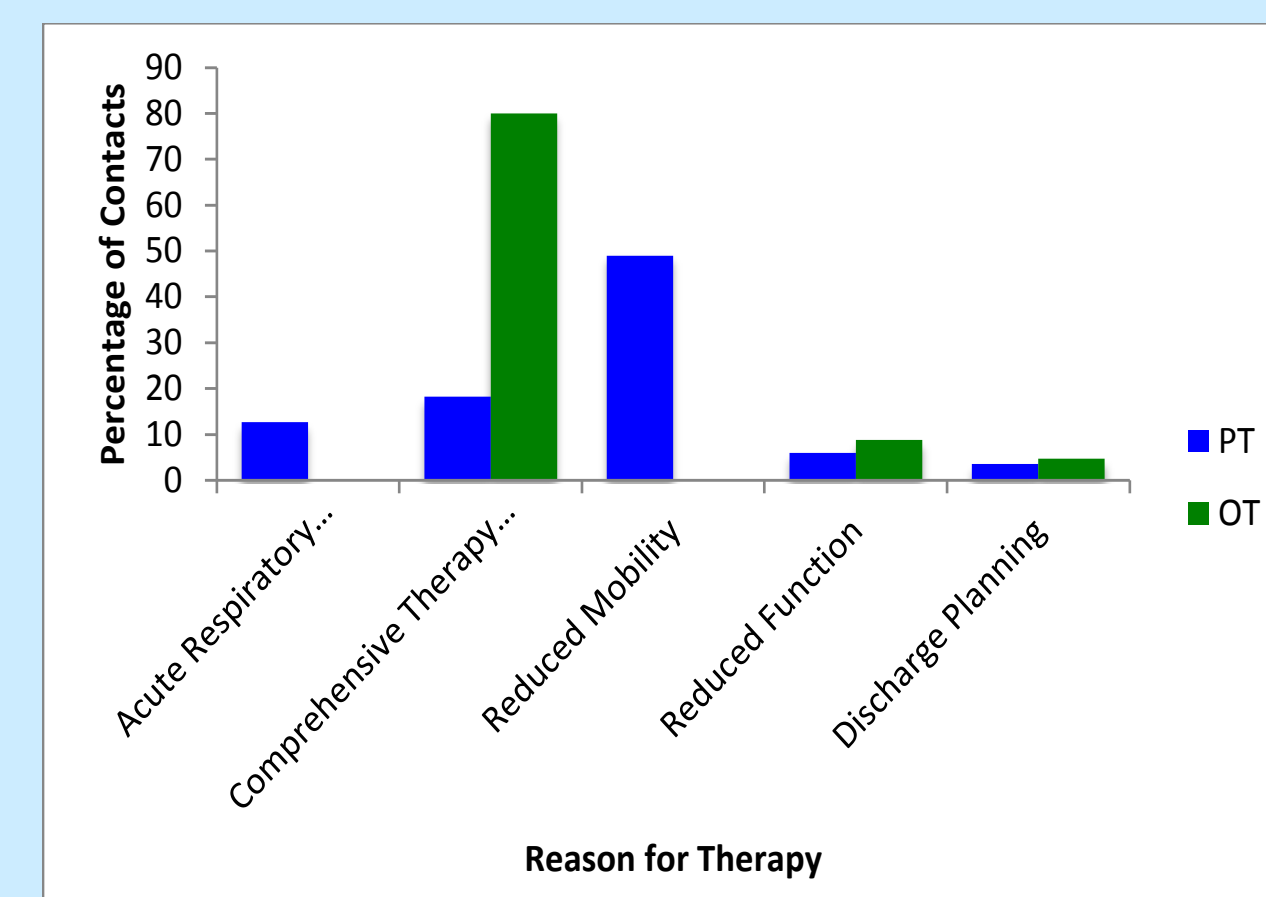
Data were extracted from the electronic patient record (EPR) linked Therapy Activity System (TAS). The TAS is completed by each therapist on a daily basis to record the therapist activity related to each patient, and the time taken to do this.

When entering data in the TAS, tick boxes are completed to describe reason for therapy, assessments completed and treatment provided – multiple boxes may be chosen. These categories are standardised across the therapy department.

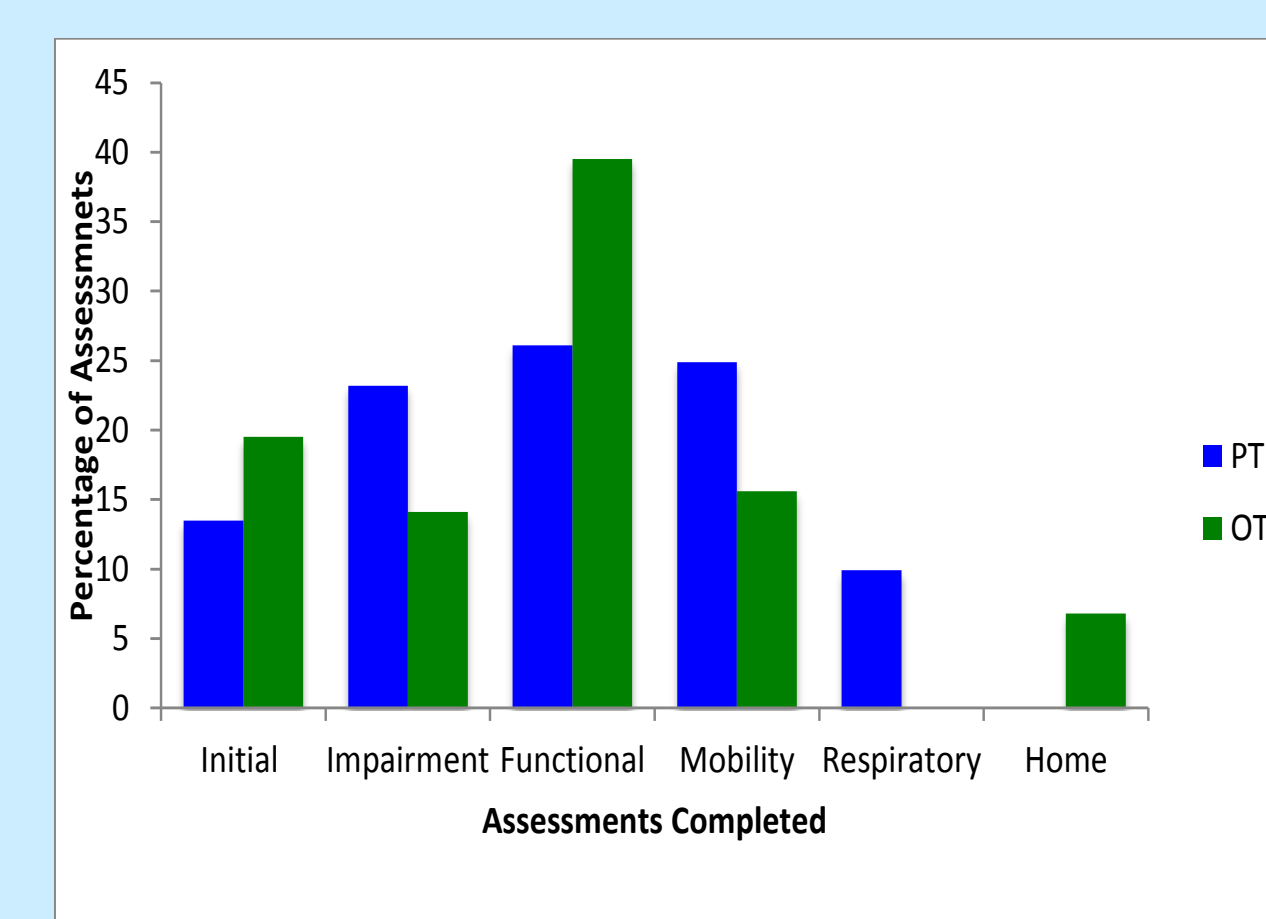
The data were analysed using Microsoft Excel pivot tables to determine the most common reasons for therapy, assessments made and interventions provided over the period from November 2011 to November 2012.

## Results

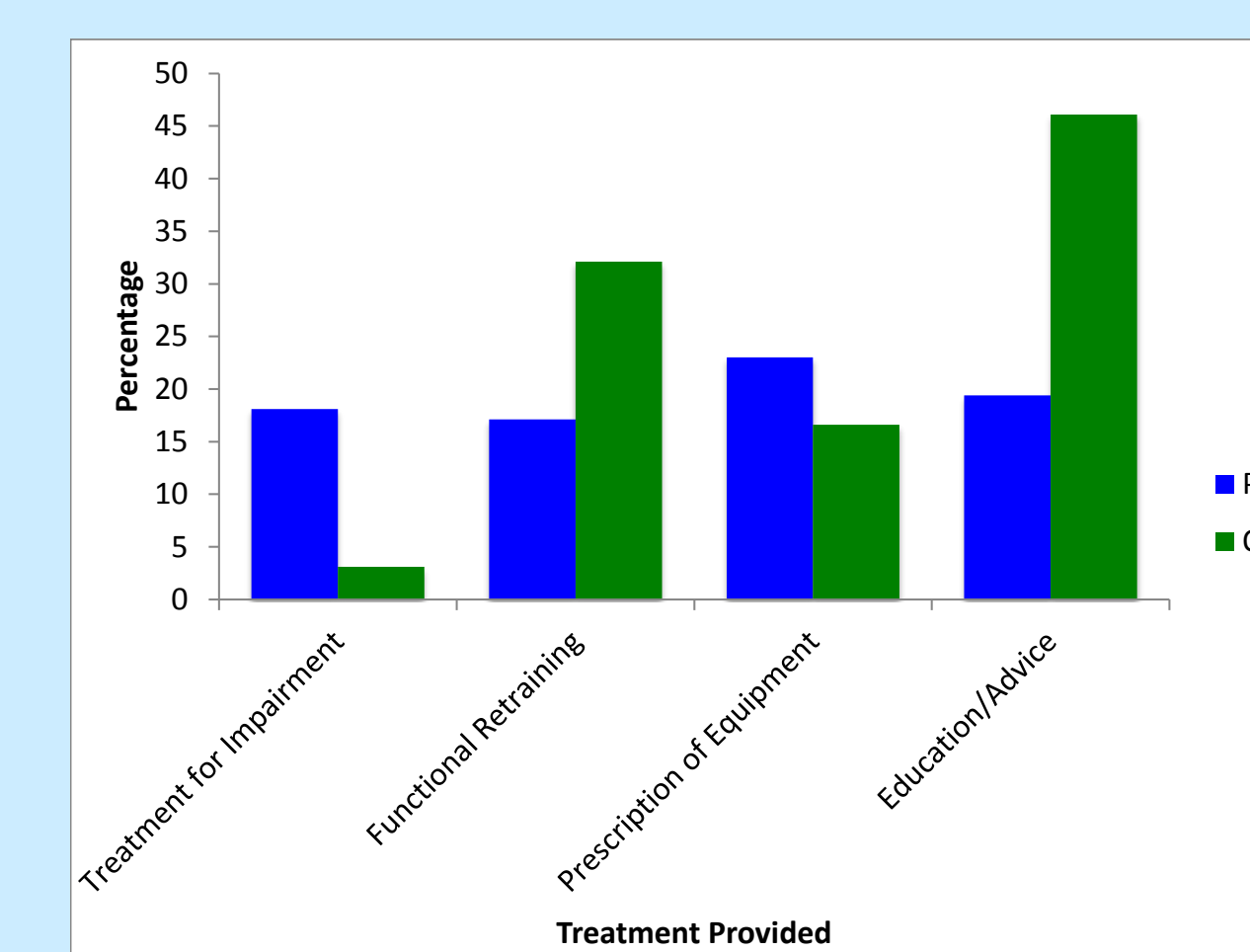
- OT saw 116 new patients, with a mean of 3.4 contacts per patient. Each contact lasted a mean of 63 minutes.
- PT saw 316 new patients, with a mean of 4.2 contacts per patient. Each contact lasted a mean of 42 minutes.



- Comprehensive therapy needs is used for patients who may have several co-morbidities, requiring advanced clinical reasoning to assess and treat appropriately
- Patients who have complex social histories also fall into this category



- Impairments assessed include strength, balance and cognitive (both pen and paper and functional task completion)
- Functional assessments include transfers, functional mobility (e.g. in bed, getting to toilet), meal preparation and washing and dressing
- 7% of OT assessments were of the home environment and 10% of PT assessments were for respiratory management demonstrating the specialist skills of each discipline



- Education/Advice provided by both OT and PT includes information about managing day-to-day life with a long term condition
- This may include fatigue management, the role of exercise and physical activity and on-going rehabilitation options post-discharge
- Psychological and social support is another main component of this treatment

## Conclusions

At Chelsea and Westminster Hospital, specialist OT and PT provide rehabilitation services to the in-patient HIV ward. The patient group frequently have complex and multiple needs, as demonstrated by the variety of reasons for therapy.

Both OT and PT assess and treat a person's function and impairments, and are instrumental in providing advice and education on managing day-to-day life with a long term condition, and frequently multiple other co-morbidities.

The review of the service using the data currently collected demonstrates both the range of services provided, but has also highlighted discrepancies in data entry for example OT

frequently identified comprehensive therapy needs, as opposed to PT who identify a wider range of reasons for therapy.

It has also highlighted the lack of specificity of the data categories, for example for OT it is difficult to highlight the role cognitive assessment and treatment using the current system.

The review has demonstrated the role of specialist OT and PT on an acute HIV in-patient ward providing rehabilitation services, and also in supporting people living with HIV to manage their health, in line with Standard 5 (inpatient care) and Standard 9 (Self-management) of the BHIVA Standards of Care for People Living with HIV<sup>(1)</sup>.

## References

1. British HIV Association. BHIVA Standards of Care for People Living with HIV. 2012

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