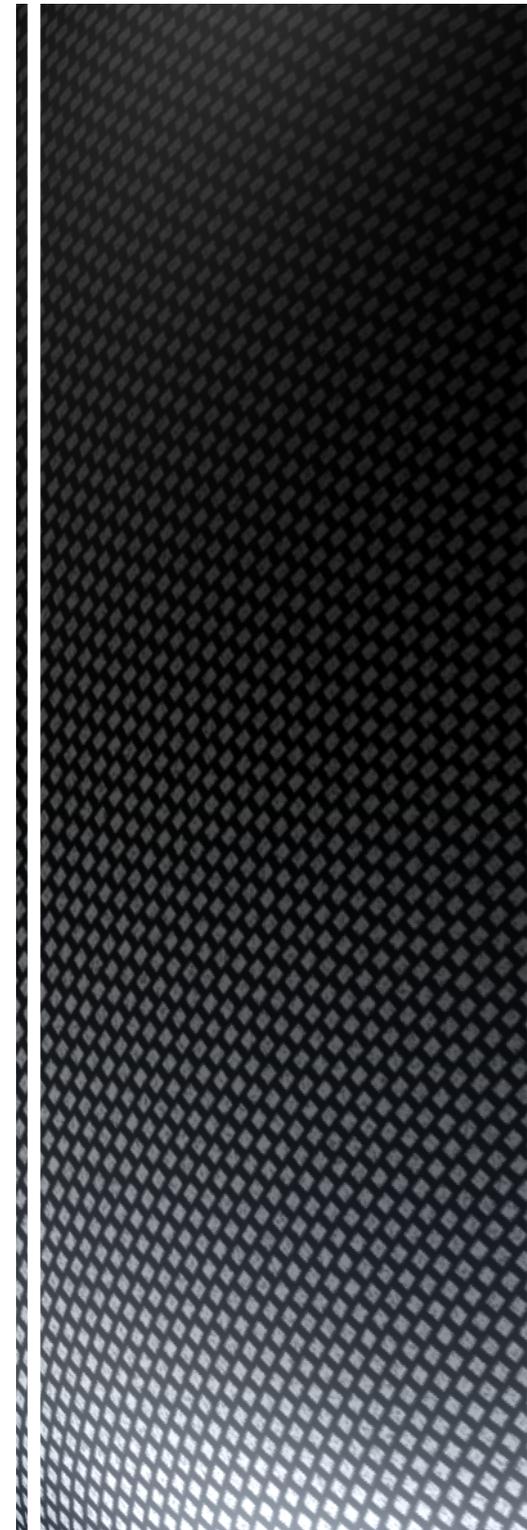




Improving Lives through the Development and Success of a Parkinson's Exercise and Support Group

Saint Francis Memorial Hospital
West Point, NE





Process of Identifying Need

- Increased prevalence of patients with Parkinson's Disease
- “Revolving door” phenomenon – Patients not able to independently maintain skills gained in therapy.
- Evidence-based research demonstrating
 - benefits of exercise and specific intervention programs
 - high rates of caregiver burnout and stress
- Physician communication, community outreach
- Survey



Process Improvement Methods

Rapid Cycle Improvement with PDSA

Pilot Program

- 6 week program initially
- Pre and Post Test Measurements
- Exercise group meeting twice a week for one hour

Program Advancements

- Development of Caregiver Support Group
- Environmental changes – improve safety and maximize functional abilities
- Inclusion of Veteran’s affairs representative, social worker, physicians, inspirational speakers
- Senior Fitness Testing
- Splitting group into sections based on abilities

11:00- 11:30: Group A	High level balance, strengthening, and gait training exercises Cognitively stimulating activities
11:30-12:00: Group A and B	Seated stretching and voice training Social support
12:00-12:30: Group B	Low level balance, strengthening, and gait training exercises Cognitively stimulating activities

Encouraging improvements observed in Pilot Program

Baseline

1 Month later with Exercise Group

Timed Up & Go

12.38

Sit & Reach

9.14

10 Meter Walk

8.17

6 Minute Walk

5.27

9.93

7.78

7.36

6.25

20% Increase in speed

15% Increase in flexibility

10% Improvement in speed

19% Increase in distance





Results

Qualitative data gathered through focus groups and individual interviews:

■ Patient outcomes:

- Reduced social isolation, improved spirits and camaraderie
- Improved functional abilities, gait, speech, strength, endurance, quality of life
- “Without this group, I would be going backwards!”
- Living at home longer (aging in place), reduced readmissions, fall reduction

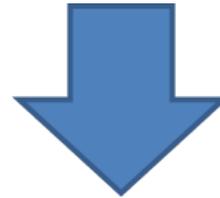
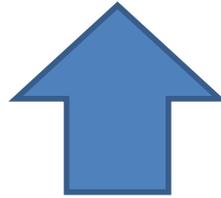
■ Caregiver outcomes:

- Form of respite and support provided, camaraderie
- Decreased burnout and stress

■ Community improvements:

- Provides service in hometown, reduces patient travel time
- Increased membership to SFMH’s wellness center
- Knowledge regarding use of Sr. Fitness Testing = Testing to all community members >65 years
- Development of exercise program as St. Joseph’s Retirement Center (Assisted Living)

Mixed Results seen after 1 year



- 25.6% Increase in Flexibility
 - Chair Sit & Reach
- 14.5% Increase in Flexibility
 - Back Scratch
- 15.6% Increase in Distance
 - 2 Minute Step
- 8.7% Increase in Speed
 - 8 Foot Up and Go
- 16.4% Decrease in Strength
 - Arm Curl
- 15.4% Decrease in Speed
 - Chair Stand
- 11.4% Decrease in Distance
 - 6 Minute Walk



Lessons Learned

- Therapist Perspective:
 - See the “research in action” – apply principles to other patients with neurological conditions
 - Confident Discharge: Patient can maintain skills gained
 - Transfer of knowledge, skills sets, and creativity
- Sustainability:
 - Participant and volunteer recruitment
 - Education to physicians, care coordinators
 - Marketing strategies: radio/newspaper, community outreach, health fairs
- Next Steps
 - Continue to provide the exercise and support group with up-to-date evidence based interventions, educational opportunities, social outings/activities
 - Use of Senior Fitness Testing and surveys to keep program individualized to participant to address specific impairments/needs