The Role of the Occupational Therapist in Cardiac Services

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Occupational Therapy provides support to people whose health prevents them doing the activities that matter to them (NHS Choices)

• "Occupation" refers to practical and purposeful activities that allow people to live independently and have a sense of identity

• Occupational Therapists are skilled professionals who play a critical role in finding solutions to everyday problems as a result of a health condition.

• We consider all of an individual’s needs - physical, psychological, social and environmental
Our contribution to patients...

- Activity analysis
- Pacing & energy conservation
- Sleep hygiene
- Provide equipment
- Relaxation
- Support in returning to work
- Goal planning
- Return to meaningful occupations

Support in returning to work
Contributions to developments and All Wales practice...

• Policy and guidance

• Involvement with the BHF

• Events / Conferences
What can an Occupational Therapist bring to your Cardiac Rehab Team?

One of the key roles that an Occupational Therapist can lead on within a Cardiac Rehab team is enabling patients to return to and remain in work!

Occupational Therapists identify that ‘Work’ is more than just paid employment.............
College of Occupational Therapists (COT) Vocational Rehabilitation Strategy (2008) sets out belief that:

‘Everyone in the UK has the right to information, help and support to be able to work, whether this is paid employment, voluntary work or work to care for family or home.’
Return to Work – A Brief Overview.

- What I found.
- What I did about it.
- Where we are today.
- Future Plans – ‘The Vision’.
Patient’s concerns relating to work

- Increased questions and concerns from patients relating to work...am I going to lose my job? Will I ever work again? When is the right time to return? Should I retire?

- Patients feeling torn between an early return to work and attending cardiac rehab.
Easy option...........

KEEP CALM AND BURY HEAD IN SAND
Reflective Process

• How can we (CR team) help our patients?
• Who is the right team member for this?
• How do we manage this within the current finances, time pressures and workload?
• Will we need extra training?
• Implications for the patients if we do not make the change?
Gathering evidence to support practice change!

- Discussions with OT colleagues – Themes!
- Reading/research – COT/BAOT.
- Local/National policies/ key drivers.
- All Wales OTs (Cardiac Rehab Special Interest Group).
- Links to specialist work related services (widened knowledge and portfolio of contacts).
- Cardiac networks/Cardiac journals/BHF.
What did the evidence demonstrate?

- Studies show that work is generally good for physical and mental health and well-being. As well as the financial aspect it promotes self esteem, companionship and status (ACAS, 2012).

- Absence from work can have adverse effects on the individual and their family, employers and wider society (Black and Frost 2011).

- Department of Work and Pensions (2006) add that work is therapeutic and aids with recovery.
‘Government aims to enable more people with disabilities and health problems to remain in employment are embedded in a range of key policies and drivers’ (COT VR Strategy 2008).

This document promotes that,

‘Occupational Therapists understand the importance and significance that occupation and employment have on a persons health and wellbeing.’
Occupational Therapy Tool Box!

- Condition management.
- Promoting independence – working with patients rather than doing something to them.
- Activity analysis/ergonomics.
- Problem solving.
- Understand the interaction between physical, psychological and social functioning.
- Goal setting/pacing/fatigue management.
Where are we today?

- MDT approach – asking the ‘work’ question/pathway.
- OT - leads with all patient work related issues.
- OT – preparing the Pt to become work ready!
- OT - Education session – work related stress!
- OT – linking in with employers/GP/access to work teams/DEA.
- OT – using the AHP Advisory Fitness for Work Report.
- OT – shared/transferred these skills to the LTC service.
Outcome….evidence!

• Cardiac patients do return to and remain in work.

• Patient feedback is positive - attending Cardiac Rehab and having the support from the Occupational Therapist enables them to move on, return to work and return to everyday activities.

• Positive feedback received from GPs, employers and Occupational Health teams.
Future Plans - The Vision

• Capturing data (Research/ Audit).

• Sharing of information across Wales/UK.

• All Heart Failure and Cardiac Rehab services to have an Occupational Therapist as part of their team.

• Encouraging all cardiac services to ask the ‘work’ question and address negative thoughts or misconceptions about returning to or remaining in work (including work to look after a home, care role and access to voluntary services).
A Thought for Today

• In pursuit of evidence and outcome measurements, we should not lose sight of whose outcomes we are measuring and whose health we are trying to promote.

• There are times when the evidence is best captured by listening to the patients themselves.
Stephen.
Applying Evidence to Practice

Key Messages:

• OTs are valued and essential members within teams, offering a wide range of skills

• Work is an important role to consider for all our cardiac patients - OTs have the key skills and training to take the lead on this

• OTs are unique health care professionals who look beyond illness and disability, creating ways for individuals to live life to its fullest.

• OTs would benefit from gathering more evidence to show how we can and do make a difference to the lives of cardiac patients.