CONFERENCE ABSTRACT

Development and feasibility of the Geriatric Activity Program Pellenberg with the Caregiver as an exercise partner (GAPP+Care).

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The Geriatric Activation Program Pellenberg (GAPP), among other programs for geriatric rehabilitation, improves patient functioning. However, hospitalized patients rarely move enough to meet the WHO recommendation of 300 minutes of moderate-intensity exercise per week.

Increasing exercise time by physiotherapy is hindered by staffing and financial restrictions both being dependent on health care and hospital financing. Integrating unpaid caregivers in an geriatric rehabilitation program could close this gap.

Along with the physiotherapist, we wish to make the patient's informal caregiver an exercise partner. We want to teach the caregiver how to literally support their family member in hands-on sessions and to enable them to take part in the pluridisciplinary geriatric rehabilitation team.

The development of the Geriatric Activity Program Pellenberg with the Caregiver as an exercise partner (GAPP+Care) was founded on three aspects: 1) the WHO daily activity guideline; 2) the current program GAPP; and 3) a systematic review on the effect of informal caregiver involvement on self-efficacy of hospitalized older adults.

We conducted semi-structured interviews to determine the overall perception of patients and caregivers toward the GAPP+Care concept. Based on the findings, GAPP+Care was finalized. The questions were divided into 3 domains: 1) reasons to participate, 2) exercise moments (number, duration and time), and 3) the exercise booklet. The interview started with explaining GAPP+Care and a prototype of the exercise booklet was given. Sixteen patients from UZ Leuven's geriatric rehabilitation ward, as well as 15 informal caregivers, took part in the study. 75% of patients and 80% of family caregivers stated that they would participate in the GAPP+Care exercise program. The main motivations for participating were activation of the patient, to follow their progress, as well as to learn more about their abilities. The main reasons for refusal were a lack of time, greater care load for the caregiver, and the patient's lack of motivation. Although 52% of participants agreed to four additional exercise moments per week, 45% prefers less moments. All participants reported that the instruction booklet was clear, easy to read, and simple to use. With some adjustment GAPP+Care appears to be acceptable for implementation on a geriatric rehabilitation ward.

The GAPP+Care program consists of GAPP plus three additional 30-minute exercise sessions each week led by an informal caregiver (+Care). One of these three exercise sessions is always carried

out in partnership with a physiotherapist, while the other two can be independently given by the caregiver at any time, such as in the evening or on the weekend. These +Care practice sessions, in addition to the individual physiotherapy treatment, continue in the patient's home for the first six weeks following discharge.

GAPP+Care requires an integrated approach towards patients and their family caregivers. We initiated a feasibility study of GAPP+Care (March 2022 - March 2023). In this study we are investigating: 1) the feasibility, appropriateness, barriers and facilitators of GAPP+Care, 2) the fidelity to GAPP+Care, and 3) the percentage (proportion) of eligible individuals and their willingness to participate in GAPP+Care.