

## **An acute Parkinson's Therapy Pathway; bridging the gap between hospital and home**

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**Objective:** People with Parkinson's can often experience long hospital admissions, and are frequently not discharged to their own homes to continue their rehabilitation. Reports from people living with Parkinson's show that the hospital environment does not replicate their own home set-up, and home-based rehabilitation programmes have been shown to be effective (Ashburn et al 2007, Antonini et al 2008). Furthermore, home based therapy has been shown to have positive advantages over day hospital based rehabilitation (Parker et al 2009). The authors aim to develop a Parkinson's Therapy Pathway for the acute hospital setting, integrating early home-based assessment and therapy sessions, with seamless transition to community services.

**Methods:** The early home assessment aims to focus and specify further rehabilitation in the hospital environment, using photographs of key home areas to allow the full MDT to enable the patient in hospital. Home based therapy sessions and a staggered discharge aim to reduce readmission rate and ease transfer to the community services. We have found that an exercise program that works in hospital has not always been successful at home and may need adjusting. The staggered discharge allows the patient and MDT to troubleshoot any problems at home, which can subsequently be solved in the hospital environment. We aim to create a template therapy discharge summary which is e-mailed to the community services and PD nurse on discharge, to give a comprehensive therapeutic account of admission and expedite therapy at home.

**Results:** The measured outcomes will be patient satisfaction, length of stay and readmission rates, alongside Lindop and UPDRS scores.

### **References**

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