

Integrating an EAP (Engagement, Activity and Physical Health) team within a clinical setting.

Lisa Dervan – EAP Team Leader

Vukile Bhila – Staff Nurse

Montpellier Unit

- Montpellier Unit – 12 beds – male.
- Stand alone unit – on the grounds of Wotton Lawn acute hospital and PICU.
- History of the unit

Aims/Objectives

- The role of the EAP team in a clinical setting.
- How it is integrated into the day to day delivery of care.
- Understand the benefits of an EAP team in a clinical setting specifically physical health benefits.
- Application of this model to other secure units.

EAP Team

- Background of the team
- As a result of the initiative of 2gether EAP now features in National Minimum Standards for PICUs.
- In recent years CQC have focused on dignity and choice.
- Shared Pathway approach.

EAP Team

- HCR-20 & SAPROF
- CCQI – how we fit in with standards.
- CCQI review last year – positive.
- Physical health monitoring – delivering commissioner agenda through this team.
- Generated interest.

EAP Team Model

EAP Team Leader

(Health & Exercise Practitioner, Physiotherapist,
Occupational Therapist or Nurse Practitioner)



Occupational Therapist



3 x EAP Practitioners

Shift pattern: 9 – 5 and 1 – 9. 7 day working. Weekends 9-5. Ward based.

What we Do?

- Assessment e.g. MOHOST, Par-Q, MUST, OCAIRS, Lester tool
- Re-motivation
- Rapport Building
- Skills Acquisition/ Development/ Maintenance
- Role/Routine Adaptation
- Specialist Advice/Education
- Meaningful Engagement
- Social Inclusion – link in with local organisations
- Vocational
- Environmental Adaptation
- Health Promotion - Physical Activity/ Nutrition/Smoking Cessation
- Fulfilment

EAP & Physical Health

- Weekly physical observations clinic
- Par-Q/MUST/Lester review /EOC/ECG/Vena-puncture
- 1:1 & group gym sessions.
- 1:1 & group health promotion e.g. smoking cessation, nutrition, sleep hygiene, sexual health, oral hygiene, physical activity, men's health etc.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08.30 - 10.30	BREAKFAST						
	Individual breakfasts and ADL's						
10.30 - 13.00	Ward Round	PO & Measurements Clinic	1:1 appointments/activities with care team	Natural & Local History Group / Health Promotion Group	Positive Futures Group 11:30 – 12:00	Shopping for Sunday Lunch	Rambling Group
		Bowling (every 2 nd week)	Shopping for HEN				
13.00 - 14.00	LUNCH						
14.00–17.00	Relaxation 1:30-14:00	Allotment Group 13:30-16:00	Recovery Group 14:00 – 14:45	Positive Futures 13:30-14:30	Construction Group 13:30 – 15:30	1:1 appointments/activities with care team/Free Time	Sunday Roast
	1:1 appointments/activities with care team/Free Time 14:00-17:00		Healthy Eating Night 15:30 – 18:00	1:1 appointments/activities with care team/Free Time 14:30 – 17:00			
17.00-18.00	DINNER						
18.00- 20.00	Rec Group	Cinema (1 st & 3 rd)/ Music (2 nd & 4 th)	Community Meeting	New Initiatives Group	Swimming/Racquet Sports	Free Time/Leisure	Free Time

Nurses Perspective

Without EAP team

- Delivering the EAP agenda left to nurses on the ward.
- Staffing levels.
- 'The ward is boring, there is nothing to do'.

With EAP team

- Focus on re skilling patients.
- Practice core interventions e.g MERT, PMVA, Risk Assessment.
- Holistic Approach
- 'The ward is boring, there is nothing to do' – more equipped to deal with this.

Benefit to patients

- **Patient A** – ↓ body fat, ↓ weight, ↑ strength, ↑ cardiorespiratory fitness.
- 27/02/15 – 215.6kg
- 14.10.15 – 193kg – **weight loss of 22kg**
- 23.10.16 – 167.5kg

Total weight loss of 58.1kg.

Benefit to patients

- **Patient B**
- 29.12.15 – 84kg / 23.10.16 – 74.2kg
Weight loss of 10.2kg in 10 months.
- ↑ cardiorespiratory fitness, ↓ weight,
↓ cholesterol & ↓ HbA1c.

Thank you for listening.
Any Questions?