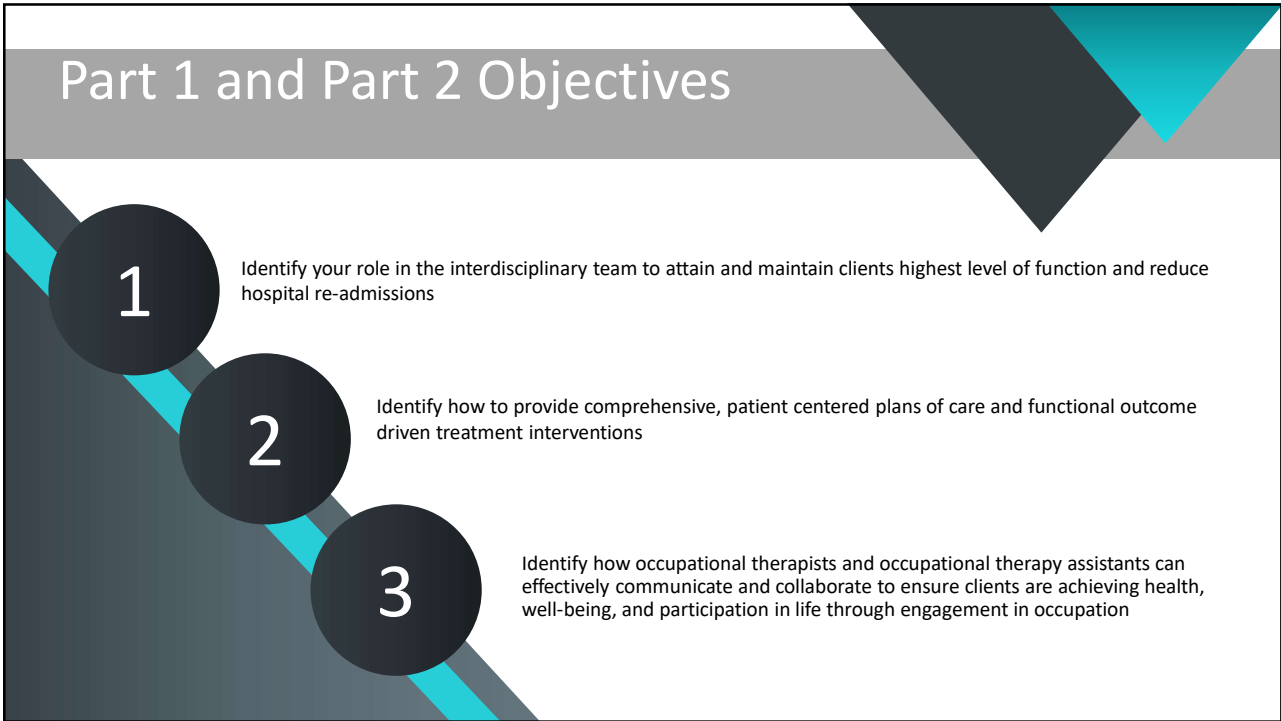


*Elevating the Occupational Therapy Practitioner Role in Post-Acute Care Settings Following the COVID-19 Public Health Emergency
Part 2*

April 27, 2022

*Jennifer Bogenrief, Sabrena McCarley, Mark McDavid,
Linda Riccio & Melissa Tilton*

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Part 1 and Part 2 Objectives

- 1 Identify your role in the interdisciplinary team to attain and maintain clients highest level of function and reduce hospital re-admissions
- 2 Identify how to provide comprehensive, patient centered plans of care and functional outcome driven treatment interventions
- 3 Identify how occupational therapists and occupational therapy assistants can effectively communicate and collaborate to ensure clients are achieving health, well-being, and participation in life through engagement in occupation

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Our Role In Achieving Highest Level of Function & Reducing Re-Hospitalizations

- What suffered during the PHE
- Underlying Impairments versus Functional Deficits
- Sedentary versus mobilization - *Example: working the trunk*



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Interdisciplinary Collaboration = Maximizing Outcomes

- Nursing collaboration



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Collaboration with PT, ST



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Interdisciplinary Collaboration = Maximizing Outcomes



- Collaboration with Events



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Interdisciplinary Collaboration
= Maximizing Outcomes


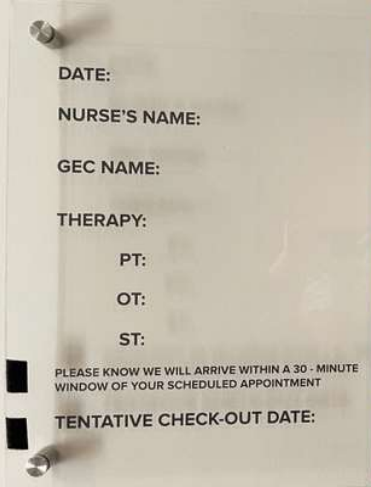
- Collaboration with Cuisine Care



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Interdisciplinary Collaboration
= Maximizing Outcomes

- Communication and Collaboration



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Discharge Planning

Guest: _____ Anticipated D/C: _____

☐ PAN ☐ Edwards-Elmhurst ☐ MoreCare

☐ Other (Traditional Med A, Commercial Ins, etc.)

→ Goal is safe discharge to the next level of care

→ Goal is maximum functional level / return to PLOF

The IDT needs to work together to achieve the best possible outcome for each guest.

	YES	NO	N/A - Why?
1. Ambulating (walking/rolling) to/from the restaurant for meals x 3 days minimum?			
2. Shower, Dressing, Grooming, Toileting at maximum functional level prior to D/C and for safety assessment x 3 days minimum?			
3. What does the guest need to do (safely and well) in the discharge environment? (i.e. steps, simple meal prep, call for help, toilet safety, etc.) - Has the guest performed these tasks x 3 days minimum prior to discharge?			
4. Car Transfers with guest / family?			
5. Family Training completed with <u>all</u> care givers supporting the guest?			
6. Medication Management			
7. Clinical Management of health conditions (diabetes, wounds, etc.) as well as assistive devices and adaptive equipment at maximum functional level for safety?			

Therapist

Date

Therapist

Date

☒

☒

☐

☐

3D character checking items off a list

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OT / OTA Collaboration

3D character running

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OT / OTA Collaboration

- Supervision/collaboration meeting
 - Practice Act
 - Schedule, schedule, schedule
 - If it is not scheduled, it will not happen. Chatting at lunch or “all the time” is not collaborative supervision
 - Utilize telehealth options
 - Join virtually for progress notes, recerts and evaluations



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OT / OTA Collaboration


- Collaborative Relationship
 - Work together for growth and development with care, commitment and trust
- Responsibility
 - Initially supervisor directed
 - OTA actively involved
 - Documentation



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Partnership

- End of shift huddle
 - Transition from work to home
 - <https://bioethics.jhu.edu/wp-content/uploads/2019/10/END-OF-SHIFT-HUDDLE-descriptionFINAL.pdf>
- Engage in a meaningful, non-work conversation each day
- Journal club
- Schedule a break in your day...together
 - Laugh, talk about non-work events, plan your meals




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Communicating Effectively

Need to articulate how you like to give and receive feedback/communication:

- How do you like to communicate?
- How do you like to receive feedback?
- How do you learn?
- How do you teach?
- How do you coach?



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