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### Acute Care Back to the Basics Virtual Conference

**Guest Editors:** Lyndsay Laxton, OTR/L; Meghan Morrow, OTR/L

<table>
<thead>
<tr>
<th>Date</th>
<th>Session Title</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon 2/17</td>
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</tr>
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</tr>
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<tr>
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<td>Acute Care Back to the Basics: Gerontology</td>
<td>Marianna Marie Andrews, MS, OTR/L, BCG, MSW</td>
</tr>
</tbody>
</table>
Acute Care Back to the Basics: Gerontology
Marie Andrews, MSW, MS OTR/L, BCG

3 Learning Outcomes

- Participants will be able to identify 4 primary functions for an acute care OT working with older adults.
- Participants will be able to distinguish the differences between delirium and dementia.
- Participants will be able to list commonly recommended discharge environments for older adults post-hospitalization.
Agenda

- OT Evaluation
- Discharge Recommendations: Destinations and Insurance Considerations
- Interventions for the Hospitalized Geriatric Patient
- What is an ACE Unit?
- Future Directions
- Q & A

Higher Hospital Spending On OT Is Associated With Lower Readmission Rates

- OT was the ONLY service category where there was a statistically significant relationship between increased spending and lower readmission rates.
  - Rogers, Bai, Lavin, & Anderson (2016)
Hospital Readmission Among Older Adults Who Return Home With Unmet Need For ADL Disability

- Many older patients are discharged from the hospital with new ADL disability.
- Older patients are particularly vulnerable to readmission.
- Implication: Patients’ functional needs after discharge should be carefully evaluated and addressed.
  - DePalma et al., 2012

Occupational Therapy Role

- Assessing functional level and providing discharge recommendations
- Skilled engagement in routine
  - promote recovery
  - prevent decline
- Patient and family education
- Collaboration with team

(*Q2)
Evaluation

Beginning the Evaluation:

- Chart review
- Ensure orders
- Medical history and admitting information
- Labs
- Any baseline or social information
- Nurse check-in

(*Q3)
Evaluation Components:

- Prior Level of Function
  - ADLs
  - IADLs
  - Functional Mobility
  - Valued Occupations

- Environment
  - Physical
  - Social
  - Cultural
  - DME

Building an Occupational Profile

Pertinent History: Ely is a female with a history of MI, Breast Cancer, and MI who presents with cough and wheeze.

Precautions: Fall risk.

Occupational Profile & Current Occupational Performance:

**Prior Level of Function**
- **Mental Ability:** Independent
- **Social support:** Family
- **Living situation:** Home

**Functional Mobility**
- **Wheelchair:** Home
- **Using a cane:** No
- **Stair use:** No

**CMAE/CMA Daily Activity Form:**
- **Daily living:**
  - **Dressing:** Independent
  - **Toilet use:** Stand-by assist
  - **Grooming/hygiene:** Stand-by assist
- **Degree of impairment:** 47%

How much help from another person does the patient currently need:
- 1) Putting on and taking off regular lower body clothing: 3A little
- 2) Bathing (including washing, rinsing, drying of body): 3A little
- 3) Toilet use, which includes using toilet, brush teeth or mouthwash: 3A little
- 4) Putting on and taking off regular upper body clothing: 3A little
- 5) Taking care of personal grooming such as brushing teeth: 3A little
- 6) Eating meals: 3A little
- 7) Total Raw Score: 18

**Functional Independent:**
- **Wheelchair:** Home
- **Using a cane:** No
- **Stair use:** No

**ADLs:**
- **Dressing:** Stand-by assist
- **Toilet use:** Stand-by assist
- **Grooming/hygiene:** Stand-by assist
Evaluation: Functional Performance

Evaluation: Basics of Self-Care Mobility

- Set up the room prior to initiating –
  - chair set up
  - obstacles removed
  - lines manageable
  - have a back up plan if needed

- Pay attention to positioning and body mechanics

(^Q3)
Basics of Self-Care Mobility

- Encourage the patient to perform as much of mobility event as possible
- Step-wise progression of milestones
- Hospital policies for use of bed and chair alarms

Gait Belt Basics

- Gait belts should be used for transfers or ambulation with high fall risk patients, per the hospital’s policy
- Most patients can use a gait belt around waist with a few exceptions:
  - Large sternal or abdominal incision
  - Multiple rib fractures
  - Large burns or other wounds
  - Trunk flap
  - Colostomy
  - Chest tube

(*Q5)
Evaluation Considerations

- Strength
- Endurance
- Balance
- Performance Skills
- Vision
- Falls history
- Safety awareness
- Functional Cognition

Cognitive Performance = Predictor for Failure at Home

- Cognition is one of the strongest predictors of medication non-adherence.
- Falls are also highly prevalent in individuals with cognitive decline.
Prevalence of Cognitive Dysfunction

- Parkinson’s Disease
- Various dementias
  - Alzheimer’s, Vascular, FTD, Lewy Body
- Delirium
- Cerebral Vascular Accident (CVA)
- Hypotension
- Diabetes
- Brain damage
- Multiple sclerosis

Poorer Outcomes And Greater Healthcare Costs For Hospitalized Older People With Dementia and Delirium: A Retrospective Cohort Study

- Patients with cognitive impairment experience a greater length of stay
- When discharged to their usual residence are more likely to be readmitted to hospital within 28 days as compared with those without cognitive impairment.
  - Tropea, LoGuidice, Liew, Gorelik, & Brand (2017)
Dementia? Delirium? Or Both

Delirium: Confusion Assessment Method (CAM)

Requires Both:
- Acute change in mental status with a fluctuating course (Feature 1)
- Inattention (Feature 2)

Either:
- Disorganized thinking (Feature 3)
- Altered level of consciousness (Feature 4)

(*Q7)
Delirium

- Hypoactive:
  - Characterized by lethargy and somnolence

- Hyperactive:
  - Restlessness
  - Agitation

Vision

- Many seniors have eye conditions: cataracts, glaucoma, macular degeneration, etc.

- Reinforce need for sensory devices, such as glasses. Ask family to bring

- Reinforce eye care with medical provider
Evaluation:

- AM-PAC “6-Clicks” – inpatient daily activity
- Mini-Cog
- Montreal Cognitive Assessments (MoCA)
- Menu Task

Evaluation:

- Executive Function Performance Test (EFPT)
- Allen Cognitive Level Screen (ACLS)
- Cognistat Neurobehavioral Exam
- Routine Task Inventory (RTI)
- Barthel Index/Modified Barthel
Evaluation: What is patient's living situation?

- Private residence
  - Stairs
  - Bathroom set-up
  - Support
  - Habits/routines
- Independent living/senior housing

Assisted Living

- Traditional
- Memory Care
Long-Term Care

Interventions
Activities of Daily Living

Discharge Planning

- DC planning begins during the initial evaluation
- Continue to be assessed over hospital course
Discharge Destinations

- Home
- Home Therapy
- Sub-Acute Rehab
- Outpatient Therapy
- Acute Rehab
- Long-term Acute Care Hospital

Other Considerations

- Insurance
- Inpatient status vs. observation status -> may impact dc options
Patient and Caregiver Education

Fall Risk Factors

- Physiologic/Individual
- Hazards in the Environment
Home Safety Recommendations
Home Safety - Bathroom

- Use of seat in the shower
- Tub/shower can be modified with a tub transfer bench

Home Safety

- Clutter
- Remove or tape down area rugs
- Pets
- Adequate lighting
Vision and Lighting

- Individuals with severely impaired vision may benefit from:
  - Low vision OT evaluation
  - Support groups

Community Resource Information

- Caregiver Education
- Support Groups
- Diagnosis Specific Services
Community Resources: What is in your area?

- Local agencies
- Senior transportation options
- A Little Help
  - https://www.alittlehelp.org/
- Rebuilding Together
  - https://rebuildingtogether.org/?gclid=EAIaIQobChMI84KIhKmn5wlVhcDACth3DfAHTEAAYASAAElUffD_BwE
- Parkinson’s Association
  - https://parkinsonrockies.org/
- Alzheimer’s Association
  - https://www.alz.org/

What is an Acute Care for the Elderly Unit (ACE)?
It Takes a Team

Common diagnoses

- Frequent dx: PNA, UTI, s/p fall, AMS, orthopedic issues (often 2/2 fall), “FTT”
- Comorbidities
Future Directions for OTs in Acute Care

<table>
<thead>
<tr>
<th>Policy and Payment Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost-effective services</td>
</tr>
<tr>
<td>Decreasing lengths of stay</td>
</tr>
<tr>
<td>Avoiding costly post-acute rehab</td>
</tr>
<tr>
<td>Quality outcomes</td>
</tr>
<tr>
<td>Hospital-acquired conditions (falls, skin, infection)</td>
</tr>
</tbody>
</table>

Pritchard, Fisher, Rudnitsky, Ramirez (2019)
Upstream Opportunities for OT in Acute Care!

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Questions?

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