

The Role Of The Occupational Therapist In The Emergency Department

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Introduction

- Welcome, and thank you!

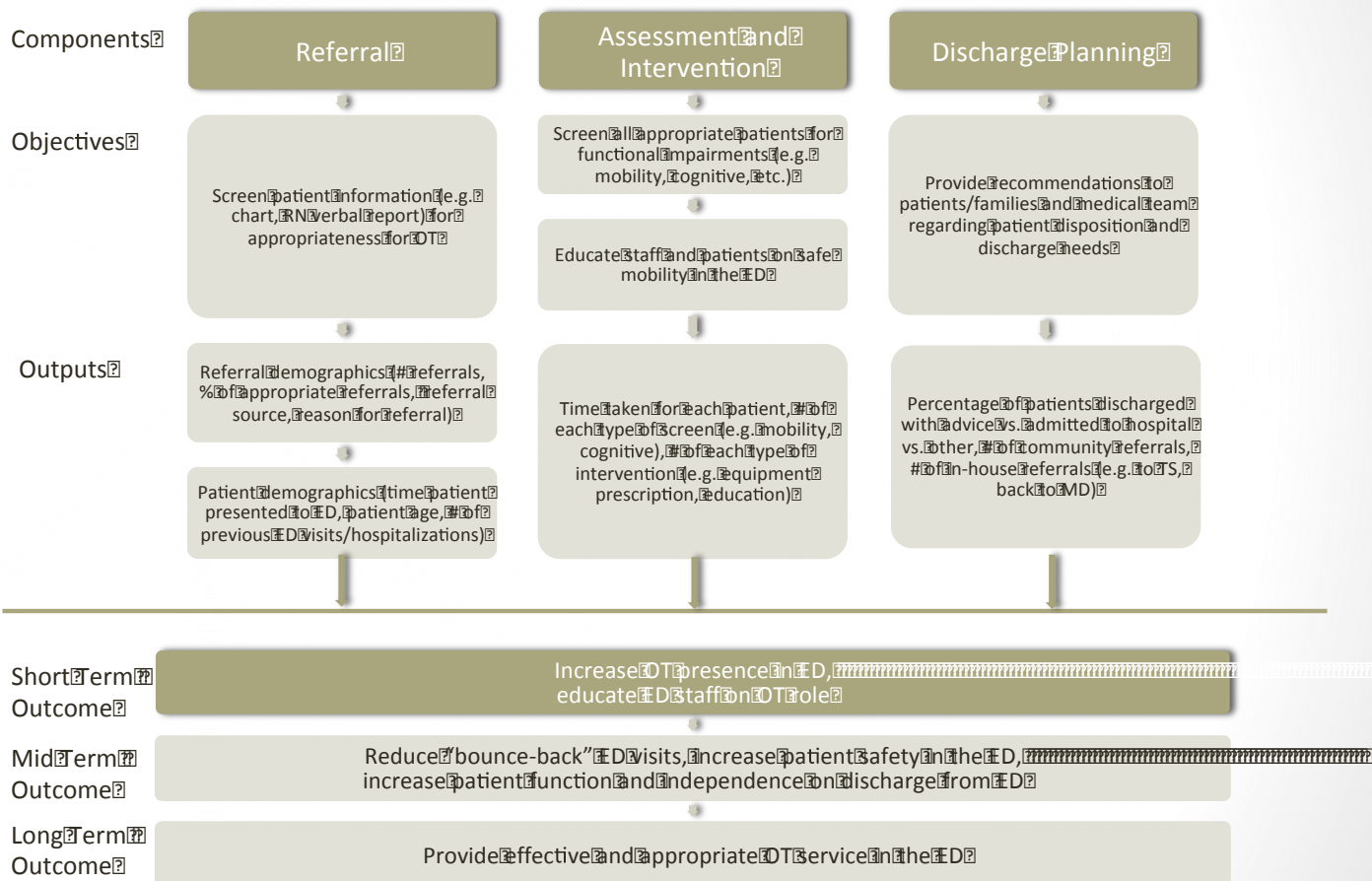
Disclaimer

- Opinion and impressions, not rigorous qualitative research
- Details in case studies have been changed to maintain patient confidentiality
- Conflicts of interest

OT in ED Pilot Project

- Ten month pilot project implementing a full-time OT in the Emergency Department at a Rockyview General Hospital in Calgary, Alberta
- New concept
 - Prior to this pilot, very limited physiotherapy consultation available in the ED, and no OT at all

OT in ED Logic Model



Approach

- Information gathered on each patient-OT interaction (n=681)
 - Quantitative
 - Qualitative
 - Narratives
 - Comments sections
 - Notes from patient and staff interviews

Approach (cont'd)

- Filtered out the “bang for buck” patients (n=239)
 - Change in discharge disposition
 - Admissions avoided (n=65)
 - Unsafe discharges prevented (n=64)
 - Connections with specialized rehabilitation resources (n=110)



Approach (cont'd)

- Looking for commonalities between and across “bang for buck” patients
- Why was OT so effective for these people?

Practice Implications

Roles the OT plays in the ED

- The Advocate
- The Voice of reason
- The Connector
- The Second Set of Eyes
- The Detective
- The Functional expert
- The Teacher
- The Fortune-Teller
- The Eccentric
- The Visionary

The Advocate



- Advocating for the person
 - The patient looks fine on paper but not in person
 - “Red flags” identified by OT, nursing staff, physician, or patient themselves
- Patient benefits
 - Feeling part of their care
 - Better integration of health care team = better patient care

The Advocate – Case Study - Fred

- 83 year old man
- Lives at home alone
- Frequent falls
- Mild cognitive impairment
- Reluctance to accept Home Care



The Voice of Reason

"Common
sense is
not so
common."

Voltaire

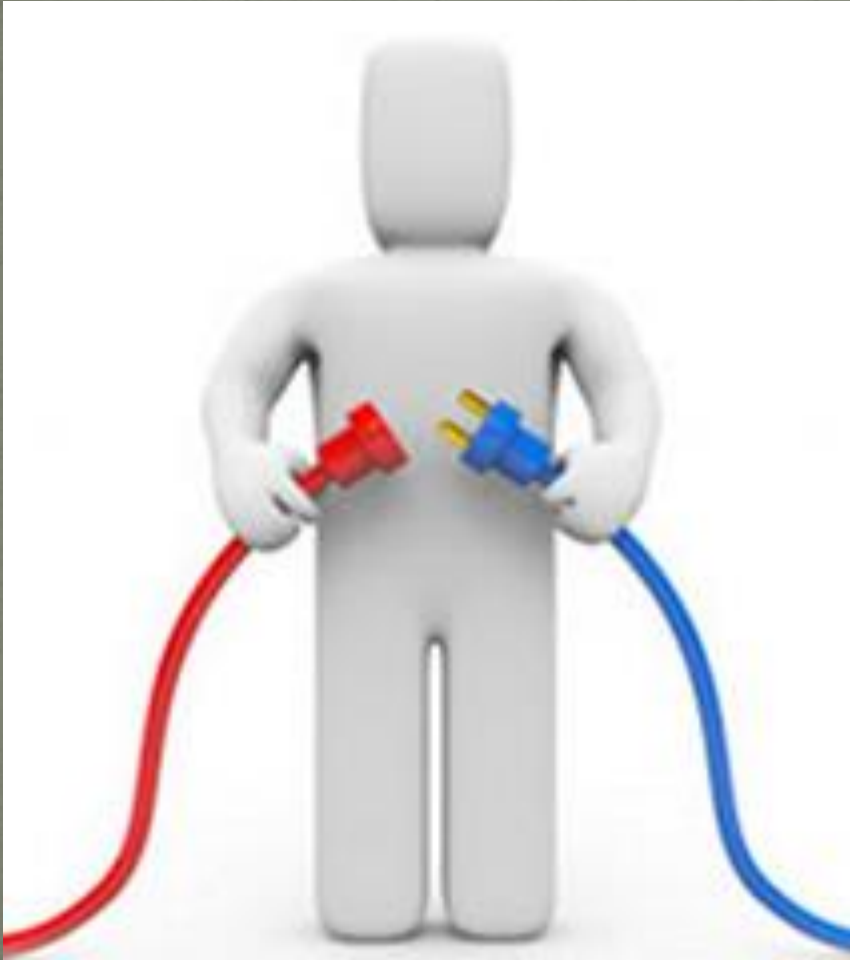
- “OT” = “Obvious Things”
- Focus on common sense and practicalities

The Voice of Reason – Case Study - Elsie

- 89 year old woman
- Lives in independent living senior's lodge
- Home Care: ostomy care, bath assist
- Fall with right humeral fracture
- Plan: “Zimmer, road test, d/c with cast clinic 2/52”



The Connector



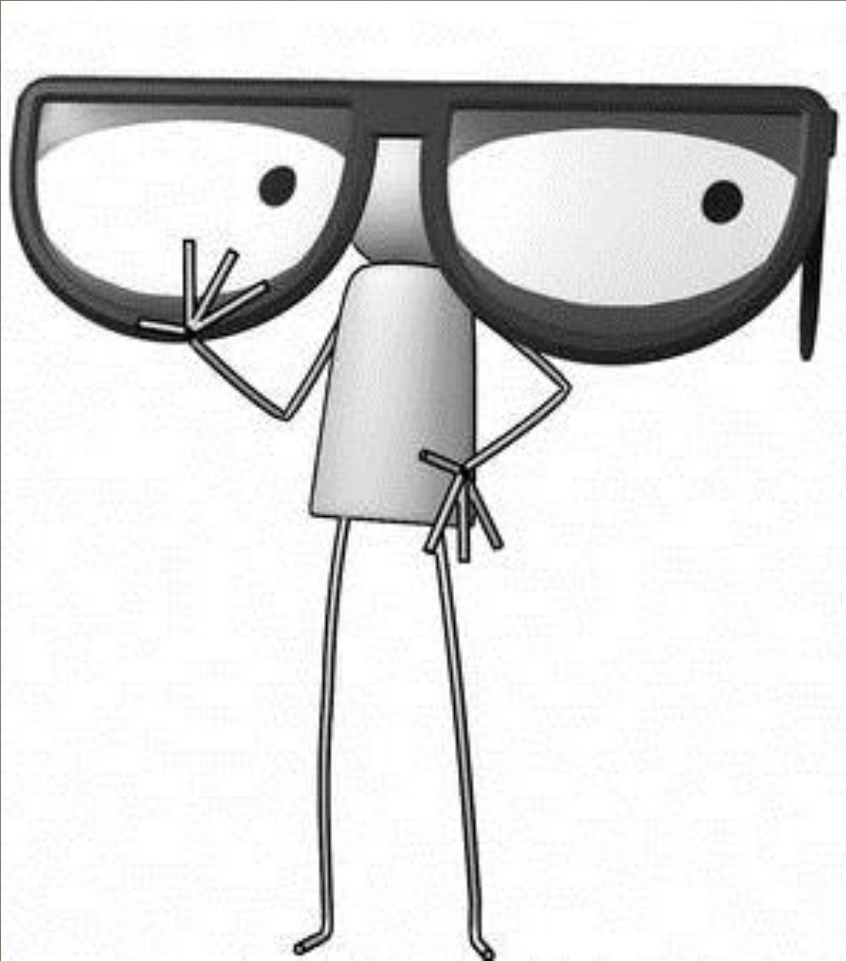
- Making linkages between patients and specialized rehabilitation resources
 - In-patient
 - Out-patient
- Patient benefits
 - Better follow-up on discharge
 - Earlier access to necessary hospital services

The Connector – Case Study - Lynn

- 67 year old woman
- Lives at home with husband (primary caregiver)
- In bed 80% of time, on pressure relieving mattress
- Diagnosis: relapse of primary progressive multiple sclerosis, pneumonia



The Second Set of Eyes



- Identifying medical complications or factors that only reveal themselves with activity
 - pain, dizziness, shortness of breath, unsteadiness
- Appreciated by medical staff
 - Staff satisfaction surveys
- Benefits for patients
 - Safer discharge plans
 - More comprehensive treatment

The Second Set of Eyes – Case Study - Frank

- 71 year old man
- Visiting from out of town
- Fall down the stairs early in the morning
- Loss of balance?
Syncope?
- Medical work-up negative



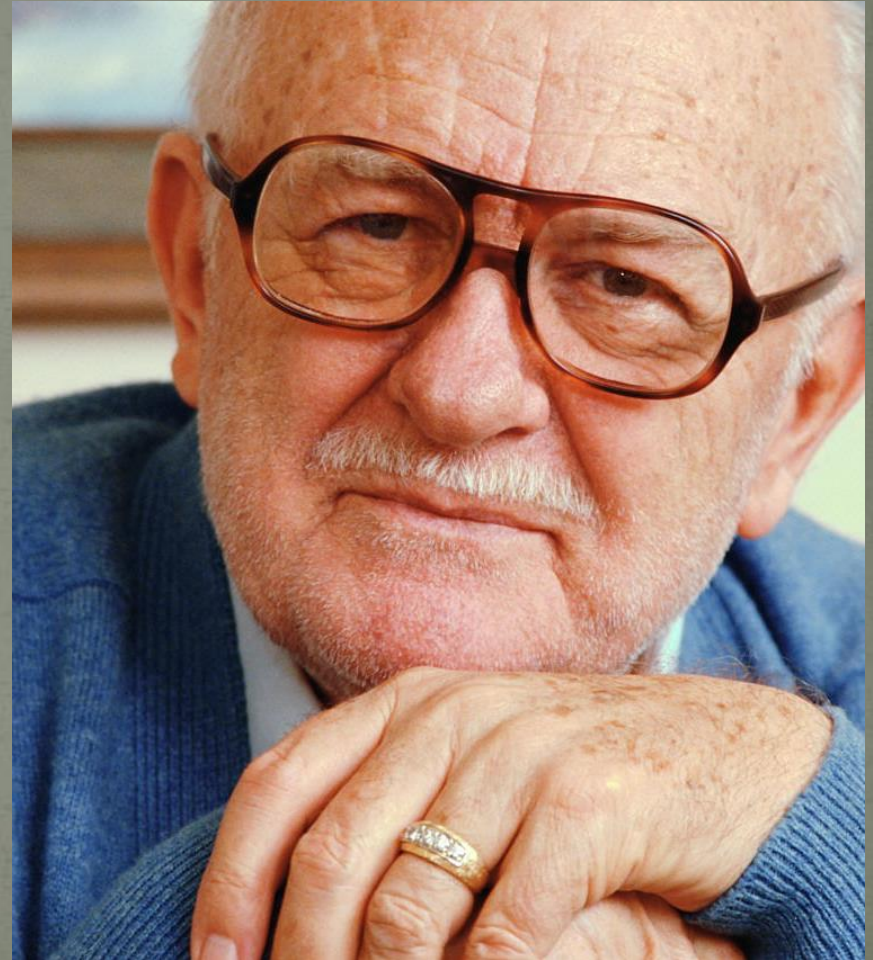
The Detective



- What is truly going on here?
- More time spent with each patient = better able to understand underlying motivations or causes

The Detective – Case Study - Bob

- 79 year old gentleman
- Presented to ED on hot July day with symptoms of heat exhaustion, resolved with IV hydration
- Bedside nurse felt that “something’s not right”



The Functional Expert

Function
Function
Function
Function
Function
Function
Function

- Providing a functional lens when examining discharge options for patients
 - Return to previous living environment vs. sub-acute rehab facility vs. hospital admission

The Functional Expert – Case Study - Flo

- 74 year old woman
- Lives in independent living lodge, gets Home Care for support
- Non-traumatic right hip pain, nil acute on x-ray



The Teacher



- Educating patients
 - Grading/adapting daily activities, equipment usage, etc.
 - How the system works
- Educating ED staff
 - Role of OT
 - Rehab resources available in hospital and in community

The Teacher – Case Study – Ming Mae

- 78 year old woman
- From home with daughter
- Speaks only Cantonese
- Falls, unusual gait pattern
- Behaviours – Mental illness? Atypical dementia?
- MD: “Assess mental capacity to live in community”



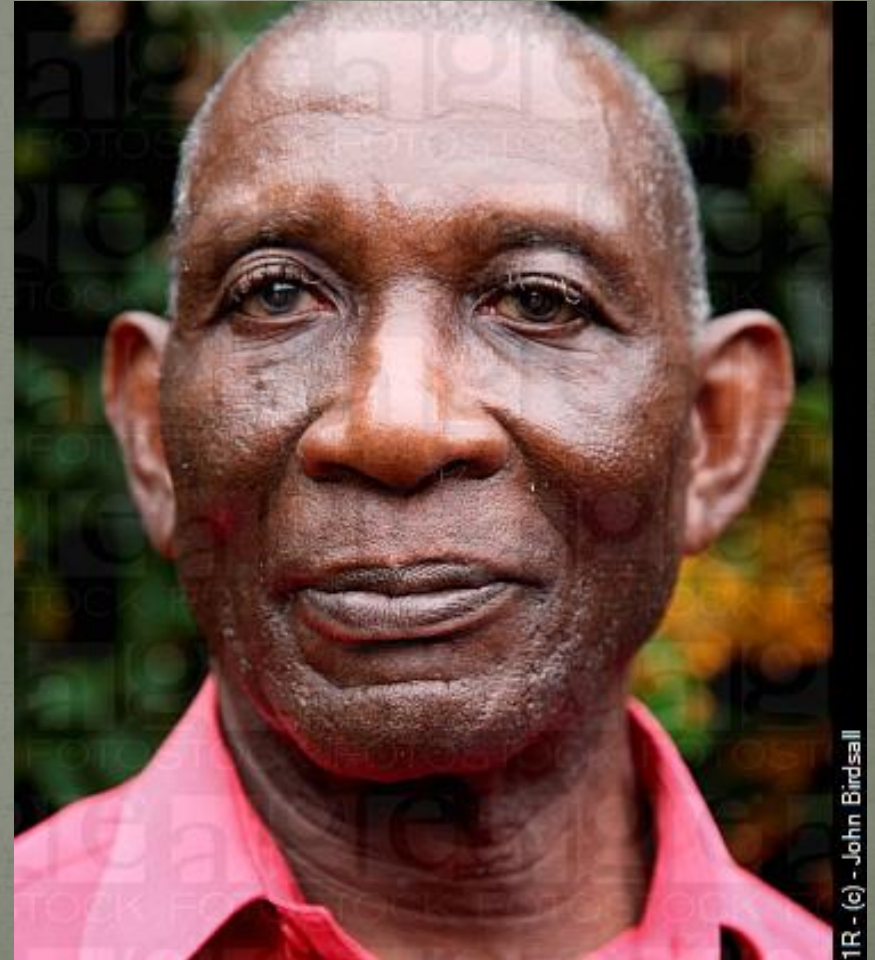
The Fortune-Teller



- Expertise in functional impairment and task analysis
 - Can tell when things just are or aren't going to work
- Benefits for patients
 - Able to identify strengths and limitations of person-environment-occupation fit
 - Able to document current function for future ED visits/hospital admits

The Fortune Teller – Case Study - Martin

- 66 year old gentleman
- Known diabetes (type 1), persistent delusions about medical treatment for diabetes, suspected schizophrenia
- 2 recent visits to ED for unrelated MSK condition
- How many more???



The Eccentric



- Considering “outside the box” solutions
- Benefits for patients:
 - Actual solutions to actual patient problems

The Eccentric – Case Study - Mabel

- 93 year old woman
- Lives in assisted living facility dementia unit
- “Familiar face” in ED
 - Four visits in past six months, all due to unwitnessed falls out of bed
- Considering admission because “What else can we do?”



The Visionary



- Long term goal of integration of rehabilitation services in the Emergency Department
- Benefits for patients:
 - Timely access to all these roles and more

Conclusions

- Thank you for attending
- Questions/comments

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