The Role Of The Occupational Therapist In The Emergency Department

Jessie Trenholm, BScOT
Canadian Association of Occupational Therapists’ Annual Conference
May 10, 2014
Fredericton, NB
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

Components
- Referral
- Assessment and Intervention
- Discharge Planning

Objectives
- Screen patient information (e.g. chart, RN verbal report) for appropriateness for OT
- Screen all appropriate patients for functional impairments (e.g. mobility, cognitive, etc.)
- Provide recommendations to patients/families and medical team regarding patient disposition and discharge needs

Outputs
- Referral demographics (# referrals, % of appropriate referrals, referral source, reason for referral)
- Educate staff and patients on safe mobility in the ED
- Time taken for each patient, # of each type of screen (e.g. mobility, cognitive), # of each type of intervention (e.g. equipment prescription, education)
- Percentage of patients discharged with advice vs. admitted to hospital vs. other, # of community referrals, # of in-house referrals (e.g. to TS, back to MD)

Short Term Outcome
- Increase OT presence in ED, educate ED staff on OT role

Mid Term Outcome
- Reduce “bounce-back” ED visits, increase patient safety in the ED, increase patient function and independence on discharge from ED

Long Term Outcome
- Provide effective and appropriate OT service in the ED
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)
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."

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

The Detective
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

- 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

Jessie.Trenholm@AlbertaHealthServices.ca