



Return to Our Roots to Ensure Our Future

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Objectives

1. Understand the value of occupation as it applies to Skilled Nursing Facilities
2. State 5 ways to increase the use of occupation
3. State 3 assessment methods to assess occupational history and performance

How did we get here?

- Crafts – occupying time in meaningful work to restore health and dignity. Work must be interesting
- Expanded sponsorship by medicine. Move to appropriate methods from other disciplines – physical medicine, psychiatry
- Move towards more scientific basis and focus on short term rehab of impairments – strength, coordination, ROM. Move from long term to short term focus. New focus on ADLs. Development of theoretical models.
- Development as a true profession
- One of many with goal of medical rehabilitation or self-defined profession grounded in occupation
- Development of occupational science and an increasing emphasis on evidence

How did we get here – SNFs?

- ADLs / crafts
- Increasing use of exercise and other preparatory methods
- Medicare changes
- Effect of employers

Importance of Occupation

- Clinically relevant change
- Respect
- Clarity of discipline focus
- Address the true needs of the patient

Choosing Wisely – AOTA

5 things patients and providers should question – 4 for SNFs

- Don't provide intervention activities that are non-purposeful
- Don't use PAMs without purposeful and occupation-based activities
- Don't use pulleys for hemi shoulders
- Don't provide cognitive interventions without direct application to occupation

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Barriers

- Old habits
- Values
- Lack of knowledge
- Lack of supplies
- Time pressures
- Adequate gathering of occupational history
- It can take extra thought/prep

Dangers of the Status Quo

- Professional blurring
- Loss of unique value to patients
- Scope of practice challenges
- Are we in danger of “losing” occupation?

Value of Occupation

- Unique contribution of OT
- Addresses the whole person
- Encourages comprehensive evaluation and treatment
- Improves motivation
- Provides value and meaning to OT treatment

It all begins with the evaluation and plan of care

- New evals codes
- Documentation of occupational performance and history
- Comprehensive history and goal setting
- Person-centered goals
- Clear guidance for OTAs
- Patient centered
- It tells the story
- Involves the patient in goal setting
- Consider “work” and “leisure” as well as self-care
- Work: Caring for others, volunteering, etc.
- Leisure: Use as treatment method not goal

Assessments

- Canadian Occupational Performance Measure (COPM)
- AOTA Occupational Profile Template
- Interest Checklist
- Interview / family interview
- Routine Task Inventory
- Kohlman Evaluation of Living Skills (KELS)

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What's beyond dressing and toileting (or cones and balloons)

Comprehensive assessment of patient needs:

- Meal prep – even very simple
- Opening containers
- Clean up including floor spills
- Object transport
- Pet care
- Medication management
- Money management
- Laundry
- Home safety
- Home eval
- Home simulation
- Telephone use
- Emergency preparedness
- Community activities
- Grocery and drug store shopping
- Use of transportation
- Attendance at social, religious or family events
- Cognitive skills related to function
- Pre-driving skills

Occupational Activity Boxes – sample items

- Games
- Art or Crafts
- Household management
- Home maintenance
- Simple construction
- Meal prep
- Sewing/crochet/knitting
- Cognition
- Pet Care
- Opening/closing containers
- Sweeping up spills
- Setting table / wiping table
- Making bed
- Medication management
- Money management
- Watering plants
- Golfing (putting)
- Small appliance assembly/disassembly
- Telephone use- scheduling appointments
- Writing – cards, letters
- Community mobility – bus schedules, alternate transportation methods available

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