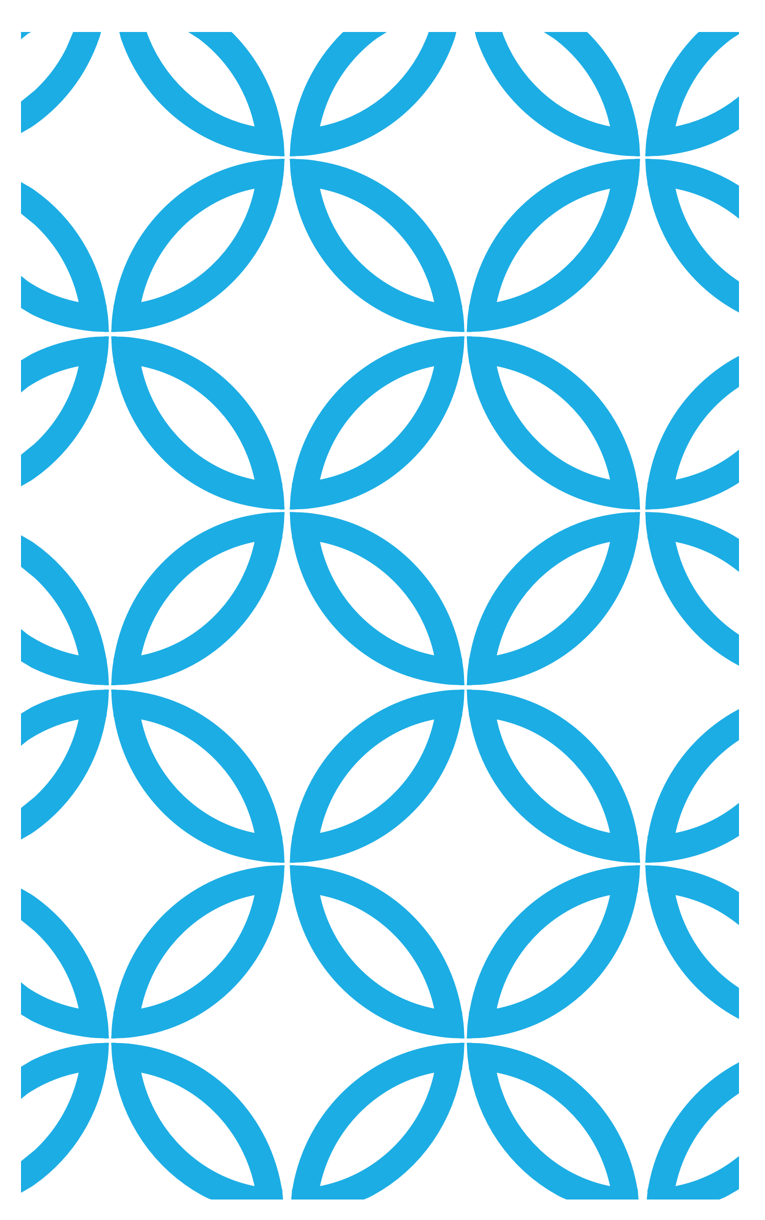

ENHANCING TRANSITION PLANNING SUPPORT FOR COMPLEX CASES: THE VITAL ROLE OF OCCUPATIONAL THERAPISTS

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PRESENTATION OVERVIEW

-This presentation will provide a comprehensive overview of the importance of transition planning and support for individuals with complex cases, focusing on those with SPMI, physical disabilities, cognitive deficits, behavior challenges, and autism

1. Understanding the unique challenges faced by individuals with complex cases during transition periods.

2. Exploring the role of occupational therapists in facilitating successful transitions and promoting independence.

3. Strategies for comprehensive transition planning, including assessment, goal setting, and intervention planning.

4. Highlighting the importance of collaboration and interdisciplinary teamwork in transition planning and support.

5. Case study review and practical examples illustrating effective approaches to transition planning and support.

DISCHARGE TRIP PROCESS

Collaborative process between multiple disciplines, caregivers, and community partners

The discharge trip process is not a one-off visit to the discharge location, but a process where the OT proactively identifies barriers to discharge, provides treatment, and ensures the continuation of care at the discharge location through training, education, modeling, and modifications to the environment or task

Goal: Decrease readmissions, improve patients' success in the community, improve safety, improve carry-over of interventions, and decrease costs associated with care

DISCHARGE PROCESS

- Patient admitted to API
- OT screens patient onto caseload
- Treatment team collaborates with discharge location to develop discharge process

Barriers to successful interventions identified

OT collaborates with discharge facility

- Patient participates in OT sessions
- Patient Develops skills and implements skills at API

- OT facilitates education, consultation, and final discharge trip
- Caregivers work hands-on with patient, ask questions, develop strategies to care for patient

Patient discharges to least restrictive environment- caregivers have rapport & are immediately effective

WHY OCCUPATIONAL THERAPY?

Figure 1. Occupational Therapy Domain and Process

DOMAIN

Occupations • Contexts • Performance Patterns • Performance Skills • Client Factors

PROCESS

Intervention

Outcomes

Evaluation

Achieving health, well-being, and participation in life through engagement in occupation.

OCCUPATIONAL THERAPY SCOPE OF PRACTICE

Exhibit 1. Aspects of the Occupational Therapy Domain
All aspects of the occupational therapy domain transact to support engagement, participation, and health. This exhibit does not imply a hierarchy.

Occupations	Contexts	Performance Patterns	Performance Skills	Client Factors
Activities of daily living (ADLs) Instrumental activities of daily living (IADLs) Health management Rest and sleep Education Work Play Leisure Social participation	Environmental factors Personal factors	Habits Routines Roles Rituals	Motor skills Process skills Social interaction skills	Values, beliefs, and spirituality Body functions Body structures

CAREGIVER TRAINING

BARRIERS

Medication Management

Activities of daily living (ADLS)

Identification of resources in the community

Staff training

Behavior plan education

Patient familiarization

Continuation of routines

Difficulty with transitions

Safe Transportation

EXAMPLE: TONY

26-year-old, Male

1.5 years in Acute Psychiatric Care; previous discharge the pt readmitted to an ER within 3 days of discharge due to aggression towards caregivers

Diagnosis:

- Intermittent Explosive Disorder
- Intellectual and Developmental Disability
- Autism
- Cerebral Palsy
- Legally Blind
- Legally Deaf

WHERE TO START?

Challenges:

- Communicates via sign language
- When frustrated will aggress including hitting, biting, scratching, and throwing objects
- Limited interests: tactile objects, counting items, going for walks, shooting hoops
- Requires frequent restraints, seclusions, and intramuscular injections when he becomes aggressive

Strengths:

- Curious- always wants to know "why"
- Responds well to familiar caregivers
- Willing to try new things
- Medication compliant
- Likes to "help staff" when well regulated
- Loves a consistent routine
- Wants to be "responsible" and get his own home with staff to help him

TOOLS: TRANSITION CALENDAR

-Outline what occurs at the facility

-What occurs in the community

-What occurs at the home

-Have scheduled progress check ins with the treatment team

-Set Goals for each visit

-Communicate with all team members!

August

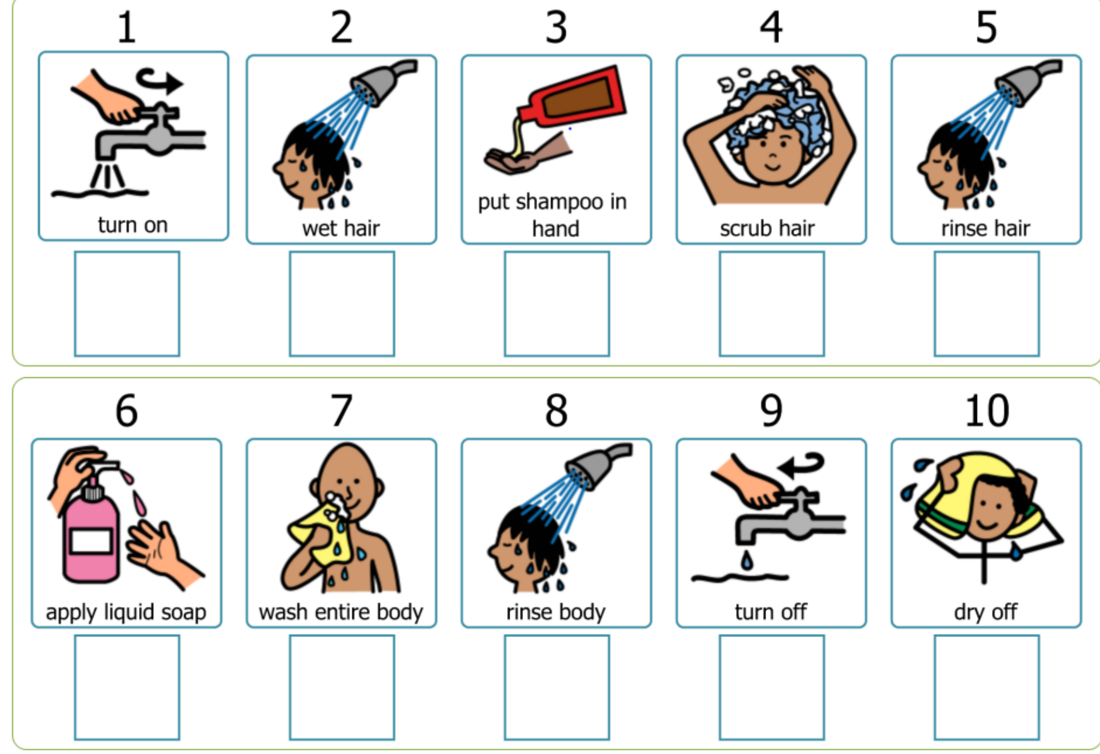
Transition Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8 1 st visit- Blue home -Orient to rooms, meet staff, positive interactions Goal time 15-20 minutes	9	10	11 API Community Pass visit- Shopping trip to Carrs with OT Bri and AGH staff	12
13	14	15 API Staff visit- cooking at 3pm with OT Bri and AGH Staff	16 Staff meet with JP 11 am-1 pm Have table & chairs in home; locks on cabinets	17 2nd visit- Blue home -Make lunch/snack at blue home with staff Goal time 1 hour	18 API Community Pass visit- Pass to Recycling Plant	19
20	21	22 API Staff visit- Vacuum with OT Bri and AGH Staff	23 Have locks installed on storage room for pipes *Team meeting to assess progress*	24 3rd visit- Blue home -Bring a box of pipes, vacuum, make snack Goal time 1-2 hours	25 Staff meet with Pt from 1pm- 4pm	26
27	28 Have bed and bedding in home	29 4th visit- Blue home -Make breakfast, community walk, play with pipes, pt makes bed, nap, make snack Goal time 2-3 hours	30 Have basketball hoop installed	31		

VISUALS FOR CLIENT

Morning Routine

What to do:	Check when you did it:
Wake Up	
Go to the bathroom	
Wash Hands	
Brush Teeth	
Get Dressed	
Brush Hair	
Take Morning Medicine	



DETAILED SCHEDULES AND INFORMATION FOR STAFF USE:

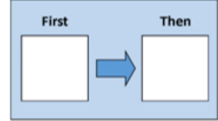
Time	What to do	Tasks to-do
8:00 am- 9:00 am	Breakfast- 8 am	o Assist patient to select and make his breakfast o Have patient assist with clean-up including throwing away trash, putting items back into cabinets, loading dishwasher, and wiping down table
9:00 am- 10:00 am	Morning Hygiene Routine	o Utilize visual morning routine (change clothes, brush teeth, change clothes, take medication, etc.) o Use a dry erase marker to cross off items as he completes them
10:00 am- 11:30 am	Activity Time- help patient select activity	o Set-up patient with an activity or take a break o Examples: play with pipes, morning walk, shoot hoops, vacuum, sorting recycling, TV, etc. o 10:30 am there is typically juice and a small snack (ex- fruit, popcorn, veggie sticks with ranch)
11:30 am- 12:00 pm	Break Time	o Encourage use of sensory room and bedroom
12:00 pm- 1:00 pm	Lunch- 12 pm	o Assist patient to select and make his lunch o Have patient assist with clean-up including throwing away trash, putting items back into cabinets, loading dishwasher, and wiping down table
1:00 pm-1:30 pm	Break/Relaxation time	o Encourage use of sensory room and bedroom
1:30 pm-3:00 pm	Activity Time- help patient select	o Set-up patient with an activity or take a break o Community passes or planning for passes
3:00 pm-4:30 pm	Break/Relaxation time	o Encourage use of sensory room and bedroom o 3:30 pm there is typically juice and a small snack (ex- fruit, popcorn, veggie sticks with ranch)
4:30 pm-5:30 pm	Dinner time- 5 pm	o Assist patient to select and make his lunch o Have patient assist with clean-up including throwing away trash, putting items back into cabinets, loading dishwasher, and wiping down table
5:30 pm – 6:00 pm	Outside Walk	o Walk outside and pick out items to count or take pictures of with the TV
6:00 pm- 6:30 pm	Evening Routine	o Utilize visual evening routine (change clothes, brush teeth, shower, take medication, etc.) o Use a dry erase marker to cross off items as he completes them
6:30 pm- 7 pm	Zoom Call with Dad	o Help Joey to zoom with his dad so he can tell him about his day and order items
7:00 pm- 9:00 pm	Wind Down time	o Complete any additional steps of evening routine, encourage use of the sensory room and bedroom
9:00- 10:00 pm	LIGHTS OUT	o At 9 pm turn down lighting o All electronics must be turned in by 9 pm and TV placed on the charger o Pacing and sensory rooms available as needed for self-soothing

*Please note that due to medications and cerebral palsy the patient may need more rest times throughout the day where he will nap or take a break

*Joey may also take showers throughout the day as a coping skill to help him self-soothe when elevated/overstimulated

Denali Unit Expectations:

- Please adhere to the unit schedule as closely as possible
  - CONSISTENCY is key
  - Patients are learning the new schedule and unit expectations. This may cause some initial frustration from patients, but by sticking with the schedule it will help the patients to develop a routine, stay active, and decrease behaviors due to predictability.
- Use visuals utilizing the "first then" to match the schedule



  - Example: 7:30 am place the "morning routine" visual on the "First" position, and place "Breakfast" on the "Then" position
  - Once morning routines are completed and breakfast begins, remove "morning routine" and move "breakfast" to the "first" position, and "Wipe tables" in the "Then" position
  - If a patient is having difficulty transitioning, you may take the visual off the wall and show the patient to help reinforce the schedule and understanding. Please return the visual to the wall after using.
- Play transition songs, and music as indicated on the master schedule
  - An iPod will be available on the unit with a Bluetooth speaker
  - The music will provide an environmental cue that the next activity is coming up
- Please turn on or turn off lights as indicated on the master schedule
  - Lights are a natural indicator when to start the day, and dimming lights indicates when it's time to start winding down for bed.
- Considerations for Intellectual disabilities and Autism
  - Patients may need additional processing time- this means pause after giving directions to give them enough time to think and respond (don't rush them)
  - Patients may need multiple types of prompts to understand what you are requesting from them; use of visuals and music is an example of types of prompts. You may also point, show them how to complete the activity, or start the activity and have them finish.
  - Routines are incredibly important to this population. If you stay consistent it helps improve comfort, decrease frustration, and improves engagement
  - Tone is important- positive and friendly tone is best
  - If a patient becomes frustrated give them time and space (as able)
  - Keep it simple- give a one step command, versus multiple directions
    - One step = Go to the toilet
    - Multiple step = Go to the toilet to wash your hands, brush your teeth, and get dressed

***This is a new schedule for our patients, so it will take them all time to adjust. We might see an initial increase in negative behaviors. This is normal and expected. By remaining consistent with the schedule and program these will decrease over time.

WHAT DID IT TAKE?

- 478 OT sessions including evaluation, treatment, consultation, and staff training
  - ADLS: showering and teeth brushing
  - Communication: Developing Sign Language videos for staff
  - IADLS: cooking, vacuuming, laundry, plant care, leisure exploration, social skills building
  - Community Visits prior to practice driving in the care, grocery shopping, and recycling
  - Temporal: Christmas, Halloween, and Birthday
- Began Discharge process: 8/8/2023
- Discharged 10/27/2023; (11 weeks & 3 days)
- Successfully in the community 162 days!

PRIOR TO IMPLEMENTING DISCHARGE TRIPS

21 Complex Discharges completed- 10 female, 11 male

6/21 had a history of failed discharge from API (23.29%)

13/21 had a history of 30-day readmission to API (61.90%)

Average READMIT score of 22.9

- Each point assigned using the READMIT system increased the odds of a 30-day readmission by 11% (Vigod et. al., 2015). A patient with a score of 19, for example, would have 200% increased odds of readmission to the facility within 30-days.

INITIAL RESULTS

Pre-Intervention

6/21 had a history of failed discharge from API **(23.29%)**

13/21 had a history of 30-day readmission to API **(61.90%)**

Post Intervention

0/21 patients experienced a Failed discharge **(0.00%)**

1/21 patients readmitted to API within 30-days **(4.8%)**

POST DISCHARGE TRIP DATA

0/21 patients experienced a Failed discharge

1/21 patients readmitted to API within 30-days (4.8%)

1/21 patients readmitted to API within 90-days (4.8%)

3/21 patients readmitted to API within 120-days (14.29%)

3/21 patients readmitted to API within 180-days (14.29%)

- Patient A readmitted after 109 days in the community
- Patient M accounts for 2 readmissions and has a pervasive developmental disability which can cause rapid decompensation during transitions

PREPARATION

Average Number of OT evaluations, sessions, and consultations: 37.38 (low 8; high 67)

Average number of ALF/community visits: 2.05 (low 1; high 8)

Average length of stay: 128.61 days (low 28 days; high 351 days)

TAKE-AWAYS

- Go back to the basics- a thorough Occupational Profile
- Triage your interventions- “If they were to discharge tomorrow what is my biggest concern”
- Collaborate with your content experts- Providers, direct care staff, Nursing, social work, behavior consultants, psychologists, recreation therapists
- Develop a transition plan with team input- adjust as needed
- Use your clinical knowledge, skilled observation, and rapport with the client inform the next steps

QUESTIONS

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