



IMPLEMENTING COMMUNITY OUTINGS ACROSS THE CONTINUUM OF CARE

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LEARNING OBJECTIVES

Objective 1: Identify focus areas of community outings including functional mobility, cognition, and family training.

Objective 2: Understand the psychosocial elements involved when completing community outings.

Objective 3: Confidently implement and (or) simulate outings regardless of treatment setting barriers.

Objective 4: Competently document the distinct value of community outings for reimbursement and ensure carryover throughout the clients continuum of care.

HOW WE DO OUTINGS AT SRH:

- MD Order
- Patient Appropriateness
 - Medically stable (vitals from the night prior or morning of outing)
 - Precautions
 - Pain levels
 - Agitation levels/social appropriateness
 - Understanding that they must return to the hospital
 - Practice-run outings

HOW WE DO OUTINGS AT SRH:

- Interdisciplinary Planning:
 - Speech Therapy for communication strategies to use
 - Physical Therapy for most appropriate mobility equipment to bring
 - Recreational Therapy for leisure interests to make it meaningful
 - Respiratory Therapy accompanying if there are trach needs
 - Is a co-treatment necessary?

HOW WE DO OUTINGS AT SRH:

- Decide the Mode of Transportation
 - Ambulation
 - Push the wheelchair/have patient self-propel the wheelchair
 - Drive
- Decide the Appropriate Duration
 - 60 minutes
 - 90 minutes
- Decide the Appropriate Day during Length of Stay/Appropriate Time of Day
 - Avoid Re-assessment days
 - Avoid catheterization schedules/timed medication schedules

EMERGENCY PREPAREDNESS & SAFETY

- Stock appropriate items in the car (JACHO regulation):
 - Medical: First aid kit, stethoscope, blood pressure cuff, band aids, gloves, water, sugar packets
 - Bowel/Bladder/Vomiting: towels, briefs, sanitation wipes, gloves, catheter kit, urinal, emesis bags
 - Weather management: Umbrella
- Call back to the hospital with charge nurse assistance to consider appropriateness of travelling back to the hospital versus calling 911 from current location

EMERGENCY PREPAREDNESS & SAFETY

- Codes
 - Will not complete outings during Code Browns
 - Sign patients in and out of the building so there is an accurate head count during code situations
 - Leave phone number available so if during an unsafe situation, they'll advise us not to return to the hospital (i.e. code red, active shooter)
- Have family members/caregivers that are participating in the outing meet at the desired location to ensure no liability issues (i.e. car accidents)

ASSESSMENTS WE USE FOR SRH OUTINGS

Activity Card Sort

2nd edition

Recovery Form B

Self-reported assessment of
perceived level of participation

89 photographed cards

Four categories: Instrumental,
Low/High Demand Leisure, Social



Not Done
Before
Current
Illness or
Injury

Continued
to
Do During
Illness or
Injury

Doing
Less
Since
Illness or
Injury

Given Up
Due
to Illness
or
Injury

New
Activity
Since
Illness
or Injury

ASSESSMENTS WE USE FOR SRH OUTINGS

Canadian Occupational Performance Measure

Self-rated

Performance and Satisfaction

Self-care, Productivity, and Leisure

Pre and post-assessment formula



BENEFITS OF COMMUNITY OUTINGS

- Mobility
- Cognition
- Family Training
- Realistic Circumstances & Realistic Obstacles
- Holistic treatment planning
- Psychosocial support

PSYCHOSOCIAL COMPONENTS

- Defining Psychosocial: culmination of psychological, cultural, spiritual, social, and cognitive elements
 - Meaning
 - Purpose
 - Motivation
 - Symbolism
 - Relationships
 - Roles

SELF-IMAGE

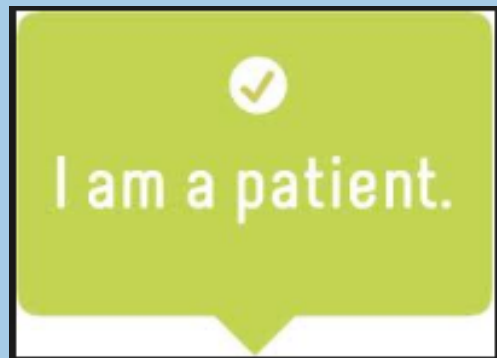
- This may be the first time that people are in a wheelchair, using a mobility device, have wounds, limb loss, hair loss after surgery, weight changes.



- Entering the public with a support system (family and or therapist) makes it easier to deal with the way that others may respond to disability.
- Assist as a medical liaison between patient and their peers

SELF-IMAGE

- Seeing patients get "dressed up" or picking specific outfits knowing they will be leaving the hospital



- Moving away from gait belts, hospital socks, staff taking off name badges to limit the amount of "hospitalization" involved in the outing
- Reflection discussion post-outing

CULTURAL FREEDOM

- OT's in Western Medicine settings try to incorporate cultural sensitivities as much as constraints allow, however; once outside in the community, it allows for the patient to be in control of what their culture means to them
- Ex: Indian Market
- Ex: Meditative Practices/Prayer Practices

ROLES

- Roles as husband, wife, significant other, student, mother/father
- Ex: Marriage Counseling Appointment
- Ex: Buying lunch for wife/celebrating anniversary
- Ex: Meeting with school advisors
- Ex: Seeing children/seeing pets

INVOLVING RECREATIONAL THERAPY

- Offers another perspective as to the location/purpose of the outing to reflect all domains of the person
- In the early stages of admission when OT is primarily consumed with ADLS, functioning, and evaluations, TR has more ability to get detailed information regarding favorite pastimes and leisure interests.
- Maximizing billable travel time with verbal education on adaptive driving, disaster planning, community navigation, etc.

SUCCESSFUL OUTING LOCATIONS



Bowling

Publix

Golfing

Coffee Shops

Garden Gate Nursery

Bus Stops

Nature Trails

To the NICU to see new baby

DMV

Restaurants

Hair Salon

Guitar Center

Mall

Harley Davidson Shop

Anniversary Dates

Seated yoga

Ethnic Markets (Indian Market)

School Campuses

CASE EXAMPLES 😊

TBI AND MULTI-TRAUMA FROM CAR ACCIDENT

<https://www.youtube.com/watch?v=CX4sNpgeTn8>



CASE EXAMPLES 😊

BRAIN TUMOR WITH CHRONIC SEIZURES S/P CRANIOTOMY FOR TUMOR RESECTION

<https://www.youtube.com/watch?v=yelq-8ptMrg>

<https://www.youtube.com/watch?v=NImFyG-EM10&feature=youtu.be>



CASE EXAMPLES 😊

TBI FROM FALL S/P CRANIOTOMY FOR SDH

<https://www.youtube.com/watch?v=hFrutsBRdFM>



CASE EXAMPLES 😊

TBI FROM FALL S/P CRANIOTOMY FOR SDH



CASE EXAMPLES 😊



**Walk around a
plant nursey**



Back on the green



**Birthday party at
DQ**

HOW TO REPRODUCE IN OTHER SETTINGS

ACUTE CARE:

- Nutrition rooms
- Vending machines
- Cafeteria
- Outside common areas
- Chapel
- Gift shops
- Information desk
- Pharmacy

HOW TO REPRODUCE IN OTHER SETTINGS

SNF/ALF:

- Library
- Salon
- Housekeeping areas
- Game room
- Planning off-site visits with family

HOW TO REPRODUCE IN OTHER SETTINGS

OUTPATIENT REHAB:

- Similar examples to the above mentioned lists, however; goals are more specialized (i.e higher level cognition, higher level NMRE, higher level mobility).

Ex: Topographical Orientation

Ex: Navigating Public Transportation

DOCUMENTATION

Include the importance of community re-entry and identify that the patient's preferences were involved in the planning of the outing:

Examples of OTPF “Lingo”

- Active participation across the lifespan
- Accessibility
- Mobility needs across all environments
- Patient readiness for returning to the community

OTPF “LINGO” CONTINUED

- Individuals perceptions/insights to adjustments
- Promote personal health and wellness
- Reduce activity limitations
- Empowering patients through decisional autonomy

EXAMPLES OF DOCUMENTATION

Community Re-entry

Community Re-Entry Level

No Assistive Device

Community Re-Entry Level of Assistance

Minimal assistance; Minimal cueing

Comm Re-entry skilled intervention/assessment

Pt participated in OT/TR co-treatment session for community outing to outdoor recreation store, Bass Pro Shops, to foster community mobility, leisure interests, and functional cognition since patient's TBI. OT utilized "scavenger hunt" list of 5 items frequently found in the store to facilitate sustained attention to task, way finding, activity tolerance, visual scanning, and problem solving. Pt able to problem solve asking store clerk for guidance of where to find items on list at start of session and then able to recall where to find 4/5 items without clues and only min prompt of re-orienting patient to where front of store was to find last item. CGA-SBA for ambulating in store without device including navigating small aisles and around other customers. OT did take 4WW for supported seating due to impaired activity tolerance with patient able to self-initiate 2 seated rest breaks throughout 35 min of ambulating throughout store. Pt most limited by stomach pain, impaired balance, and poor activity tolerance which increases need for caregiver to be present for all community outings at d/c which OT explained to spouse who was present during outing. Pt endorsed being grateful for opportunity to leave the hospital and "be around normal people" and stated that it was "eye opening to see what it will be like when I leave".

EXAMPLES OF DOCUMENTATION

Pt seen for OT community outing to Dunkin Donuts Coffee Shop to facilitate community mobility and functional cognition as a "graduation outing" in preparation for d/c home next day. Pts spouse and son present for outing. Pt completed outing at distant supervision level for all mobility and cognitive aspects. Interacted appropriately with staff/patrons and able to navigate narrow store while carrying drink without LOB. OT facilitated discussion on all the progress patient has made in rehab (progressing from total A to supervision level for everything) with pt able to list all the areas he has made improvements in and thanked entire medical team for their role in his recovery. Pt endorsed being grateful to go on outing.

NOT EVERYTHING IS PERFECT...

We are well aware that not all situations are ideal, and not every location has funding/resources to make all treatment ideas happen.

Our goal is to at least implant ideas of treatments that do take place out in the community so that they can be simulated, even if it is indoors. Community re-entry is a crucial part of rehabilitation in the scope of OT!



**TIME FOR QUESTIONS, AND HOPEFULLY
ANSWERS!**



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