



Impact of home modifications on rural dwelling older adults' function and independence

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Introduction: Home modifications support older adults with functional limitations to engage in their daily occupations and remain living in their home. Positive impacts of home modifications in urban settings, include increased confidence and independence in home occupations and reduced risk of falls. While the experience of home modifications in the urban setting has been explored, there is a need to increase understanding of the impact of home modifications on older adults in rural settings due to the living, and functional differences of day-to-day life.

Objective: This study explored how home modifications impacted the function and independence within the home for older adults living in rural settings.

Main outcome measure(s): Use of home modifications after completion, comparison of falls before and after home modifications and perceived engagement in everyday occupations through the Modified Re-integration to Normal Living Index.

Results: The sample size was 45 participants older adults. There was a statistically significant difference between falls before and after home modifications were completed ($p = 0.001$). Females were more likely to experience falls than their male counterparts both before (26.7% and 17.8% respectively) and after home modifications were completed (11.1%, and 6.7% respectively). 89% of older adults continue to use their modifications 6–12-month post-completion. More than half of participants identified they use their modifications as it makes them “feel safer” (68.9%) while completing activities in the home.

Conclusion: Home modifications are a contributing factor to enhancing independence, confidence, activity participation and feelings of safety within the home, in rural dwelling older adults. This study supports the importance of the occupational therapy role in home modifications and provides strong evidence to support the contribution of home modifications to a reduction in the incidence of falls and falls risk for rural dwelling older adults. The outcomes of this study address the gap in the experience of home modifications in the rural setting, with findings similar to existing research of home modifications in the urban setting. Therefore, these outcomes can be applicable for both urban and rural-dwelling older adults.



Complex NDIS Discharge Planning During the COVID-19 pandemic: An Occupational Therapy Perspective

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Introduction: The National Disability Insurance Scheme (NDIS) enables patients with a disability to live well in the community and may facilitate discharge. Occupational therapists play a key role in implementing all elements of the NDIS pathway for participants. This pathway is multifaceted and lengthy, as it requires complex planning to achieve timely, safe and sustainable discharge. Many NDIS participants are identified as “bedblockers” within health services, placing pressure on access to subacute beds. During the COVID-19 pandemic, hospital settings adapted standard practice to enable discharges and increase bed capacity for acutely unwell patients.

Objectives: To investigate the impact of the COVID-19 pandemic on complex NDIS discharge planning for occupational therapists working on an inpatient rehabilitation ward.

Method: A mixed methods descriptive study design was completed on an inpatient rehabilitation ward at a large metropolitan hospital. Data was collected via retrospective file audits between May 2021 – April 2022, with plans to conduct a clinician focus group. Descriptive statistics and thematic analysis will be used to analyse the data.

Outcomes: Preliminary results indicate a reduction in hospital length of stay for NDIS participants during COVID-19 peak emergency periods. The perspectives of occupational therapists when discharging planning for NDIS patients during this period will support the emerging evidence base in this area of practice and contribute to enabling safe and timely discharges within other healthcare settings.

Conclusion: The NDIS system poses challenges which place increased pressure within the hospital system. During the COVID-19 pandemic, this pressure was emphasized resulting in rapid implementation of alternative models of care to enable timely discharges. Opportunities given by the COVID-19 pandemic has allowed inpatient occupational therapists, to be innovative within existing and new models of care. This has highlighted the significant role occupational therapists play in supporting complex discharge planning for NDIS participants.



Sensory Interventions to manage behavioural symptoms of dementia in a hospital setting

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Introduction/background

Dementia accounts for up to 78% of our inpatient hospital population. A further 80% of these patients experience Behavioural Symptoms of Dementia (BPSD). This can include symptoms of anxiety, agitation and depression which can be distressing for the person and caregivers. Many reviews focus on pharmacological and non-pharmacological management of BPSD. Less is known about specific sensory interventions which aim to address behaviours of concern that occur due to sensory processing difficulties caused by dementia. Available reviews have focused on residential aged care settings with less known about the effectiveness within a hospital setting.

Objectives

To determine the effectiveness of sensory interventions in a hospital setting to reduce behavioural and psychological symptoms of dementia.

Methods/implementation

A systematic review of Medline, CINAHL, Embase, PsycINFO, and OT-Seeker was conducted in November 2021. Experimental studies that evaluated impact of sensory interventions on BPSD in a hospital setting were included in this review. Two authors reviewed titles and abstracts and full text papers. Study quality was assessed using the modified Downs and Black Checklist. A narrative synthesis presents intervention types and their reported impact on BPSD.

Discussion/outcomes

Four studies were included within the review. Included studies reported favourable evidence for the effectiveness of sensory interventions within hospital settings to reduce BPSD. Three studies demonstrated a statistically significant correlation. Interventions included music therapy, Snoezelen therapy, physical therapy and weighted blankets. All studies were completed in psychogeriatric settings with none in physical health hospital settings.

Conclusion

While there is some evidence for the use of sensory interventions to reduce BPSD, given the small number of studies on this topic, further research is needed to support their routine use within hospital settings.



Embedding occupational therapy services in educational settings in Hunter NSW

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Introduction/Background:

Occupational therapy service delivery models are currently facing a changing landscape due to increasing need to support children with NDIS funding. Paediatric services are traditionally established parallel to the education sector, creating challenges for delivering holistic preventative health care models to school-aged clients. The University of Newcastle Occupational Therapy Clinic commenced in 2017 to address service delivery gaps in the Hunter Region and provide co-led, school-based services for children and adolescents unable to access the NDIS or private therapy.

Method/Implementation:

This fee for service delivery model has seen rapid growth since 2017 and currently includes 22 educational facilities (primary schools, high schools and early education settings) in the Hunter, Central Coast, New England and Mid North Coast regions of NSW in 2021. The program targets specific clinical areas of paediatric practice as identified through collaboration with identified key school personnel and delivered in term-based or annual blocks.

Discussion/Outcomes:

Across 22 schools a variety of handwriting, self-regulation, social skills, gross motor and self-esteem programs for children aged 3-18 years have been implemented and measured. The original aim of addressing a service gap has now been met. Additional objectives include:

- 1) determine the sustainability of embedded occupational therapy
- 2) implement routine individualised and group-based evaluation strategies
- 3) align with NSW Department of Education key priorities

Conclusion:

Occupational therapy services delivered within educational facilities have been identified as potentially sustainable models of practice to enhance healthcare accessibility for children and adolescents in NSW. Key benefits of the embedded service include:

- 1) alignment of occupational therapy with Department of Education priorities
- 2) development of foundational skills for learning for school students with diverse abilities
- 3) Health and education partnerships to enhance learning and development outcomes for school students
- 4) Promotion of occupational therapy as a profession equipped to deliver preventative health initiatives



Return to work outcomes of a vocational occupational therapy program for individuals with traumatic brain injury

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Introduction: Return to work (RTW) outcomes are regarded as important benchmarks for successful rehabilitation. Following traumatic brain injury (TBI), cognitive, physical and emotional changes can have a significant impact on an individual's ability to return to work. Although outcome statistics and injury severity vary significantly, most studies indicate that less than half of those who sustain severe TBI are successful in returning to employment. The aims of this study were to document rates of RTW, employment outcomes, support provided and strategies used in individuals with moderate to severe TBI who participated in a formal RTW program facilitated by vocational occupational therapists (OT) embedded within a multi-disciplinary outpatient rehabilitation program.

Methods; Data extracted from 99 TBI patient and clinician records included gender, age, date of injury, physical injuries (vision, upper, lower limb, spinal), PTA duration and Glasgow Coma Scale (GCS) scores, time from date of injury to RTW commencement, duration of RTW program, employment outcome, change in hours and duties worked pre- and post-injury, job modifications, other therapy received and hours of vocational assistance provided. Participant pre- and post-injury occupation and skill level was classified using the Australian and New Zealand Standard Classification of Occupations (ANZSCO).

Results: Of the total sample, 83% were successful in RTW, with 76.8% of participants covered by TAC, 7.1% by Victorian Workcover Authority (VWA), and 16.2% privately insured. Most (92%) returned to their pre-injury employer, 7% returned to a new employer. In addition to TBI, 64 of 99 individuals had a physical injury. On average, RTW program duration was 33 weeks, commencing a mean of 34.31 weeks (SD=24.81) post injury, with a range from 5.5 weeks to 111.29 weeks with a median of 27.5 weeks. Approximately half (51%) of the sample returned to modified duties, 50% used strategies to compensate for cognitive or physical changes, and 45% were working reduced hours. An average of 21 vocational OT hours were required per RTW program.

Conclusions: This study demonstrated that with specialist RTW support for both the person with a TBI and their employer, a successful RTW can be achieved however, many people return to roles requiring less skill than pre-injury, and on modified duties with reduced hours.

It also highlights that RTW after TBI can be a lengthy process particularly with increased TBI severity and physical injury.



Bringing Occupation back: Development of a care planning prompt tool for occupational therapists working in mental health settings

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Introduction/background

Care planning is a shared decision-making process between the consumer, carers and the clinical team. Using an occupational lens in this process provides an opportunity to demonstrate the unique professional contribution of occupational therapy to consumers care. Despite being mandatory in mental health services across Australia, there is no streamlined method in which care planning is being completed by occupational therapists. The presentation will demonstrate how a care planning prompt tool was developed to improve the quality of care planning and raise the profile of the profession.

Method/Implementation

A working party was established with occupational therapists representing a breadth of clinical experience, range of practice settings and diverse consumer groups. Common consumer recovery goals and associated occupation focused interventions and strategies were collated. Supporting documents including an introduction, local service and resource guide were developed. The care planning prompt tool and supporting documents were distributed to occupational therapists across the region and content was modified according to feedback.

Discussion/outcomes

The tool encourages occupational therapists to consider a wide range of strategies and interventions which aim to promote consumers health and wellbeing through engaging in meaningful occupations. Through clearly and confidently articulating their professional role, the tool also enables occupational therapists to strengthen their professional identity. The project has gained interest across the state and international platforms.

Conclusion

The care planning prompt tool creates a streamlined approach to care planning and promotes occupation focused, theory driven and client centred practice.