

NATIONAL Occupational Therapy MONTH



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THIS SEASON GROW YOUR TRANSITION TO THE COMMUNITY PROGRAM WITH OCCUPATIONAL THERAPY AND REDUCE HOSPITAL READMISSIONS.

April showers bring May flowers, may be true, but during the month of April, a significant celebration is in order, it's Occupational Therapy (OT) Month. The contributions of the OT profession are paramount to healthcare by helping people reach their goals through rehabilitative therapy programs.

It may be surprising to learn that occupational therapy treatments date as far back as 100 B.C. when a Greek physician, Asclepiades practiced the techniques of massage, baths, exercise, and music to alleviate stress and help ease patients' minds with emotional and mental conditions. In 1917, the unofficial kickoff of the occupational therapy profession progressed. The United States War Department tasked 'reconstruction aides' with treating soldiers returning from war by utilizing crafts and vocation therapies for those suffering from physical or psychological injuries. With the use of these successful therapeutic interventions, the Occupational Therapist evolved. In 1920, Occupational Therapy and the National Society for Promotion of Occupational Therapy (The American Occupational Therapy Association, AOTA) officially commenced.

Occupational therapists are a holistic profession educated in assessing and treating all aspects of a persons' life. These therapists address activities of daily living (ADLs) and instrumental activities of daily living (IADLs) that support the health and

wellbeing of the patient. Deficits in both ADLs and IADLs have been linked to poorer outcomes including an increase in hospital readmissions. Research indicates occupational therapy significantly reduces hospital readmission rates. "Occupational therapy practitioners are well-positioned in their roles. Their scope of practice positively affects the clinical outcomes for patients at risk for readmission to hospital in all practice settings." (Roberts, 2014). Using standardized assessments and objective measures, Occupational Therapists assist in identifying those at risk for re-hospitalization and work with the interdisciplinary team to address any risks.

Statistics on re-hospitalization are staggering, approximately 40% of older adults will require post-acute care after hospitalization, and one-in-four patients are readmitted to the hospital within 30 days. Half of all patients discharged to the community from a SNF remain home for greater than one month. Hospital readmissions are associated with both the increased risk to the patient and the higher health care costs. "Each year, roughly 2 million patients are readmitted, costing Medicare \$27 billion, of which \$17 billion is spent on readmissions that could potentially be classified as avoidable." (Kaufman, 2016). As of 2018, skilled nursing facilities (SNFs) are subject to a penalty of up to 2% of their Medicare reimbursement for posting higher-than-average rates of hospital readmissions.

CMS focused its attention on reducing unplanned hospital readmissions through public reporting on the Care Compare site. Their focus put a spotlight on the quality of care measured by readmission performance in the post-acute care setting.

Many of these readmissions and unsuccessful discharges to the community are potentially avoidable. Research has shown that most readmissions occur during the transition of care from one setting to another. This insight has afforded the health care community to improve transitions of care to reduce hospital readmission rates, decrease cost, and improve outcomes. Preferred Therapy Solutions (PTS) addresses the immediate need for patient readmissions with our Transition to the Community Program. The PTS model handles high-risk areas in the context of functional tasks before they evolve into issues for a patient transitioning home. Several modules of the program are summarized below:

1. Alert Program: Medical status and changes from rehab to nursing are communicated early on between the interdisciplinary teams. Any identified issues are addressed in advance and well before the patient transitions home.
2. Fall Prevention Module: Includes a thorough patient assessment of their fall risk during ADLs, floor recovery, and adaptive equipment needs.
3. Home Safety Module: Addresses safety aspects within the patients' environment, including any necessary home modifications for best patient safety practices.
4. Self-monitoring Module: Provides training and assessment of the patients' ability to evaluate and interpret their necessary vitals.
5. Medication Management Module: Provides an in-depth focus on the patients' knowledge and understanding of their medications, side-effects, including their ability to independently manage medications and medication schedules.
6. COVID/Infection Control Module: Provides patient education on COVID, signs, and symptoms of acute and long-hauler effects.

7. Functional Transition Room: This module enables the patient to learn and practice before discharge. Interdisciplinary teams can assess the functional levels and safety, ensuring an accurate discharge plan is in place before patient discharge. A functional transition room can be as simple as using the patient's room, where the staff provides an "at home" experience for patient assessment.

Celebrate this April by implementing a strong Transition to the Community program. Preferred Therapy Solutions' experienced occupational therapy unit can assist your facility in growing your customized Transition to the Community program and assist in the reduction of hospital readmissions.



The design of our clinical model enhances the improvement of patients' conditions allowing patients to remain functional, and therefore, aids in a seamless transition to their next level of care with a concentration on avoiding hospital readmission. To learn more about the Preferred Therapy Solutions contact Jim MacManus, Director of Business Development at jmacmanus@preftherapy.com. #itsallaboutthepatient.

SOURCES:

Roberts, P.S., & Robinson, M.R.; Occupational Therapy's Role in Preventing Acute Readmissions. Am J Occup Ther May/June 2014, Vol. 68(3), 254-259. DOI: <https://doi.org/10.5014/ajot.2014.683001>

Kaufman, Bill. "Readmissions & Medicare: What's the Cost?." NIC. org/blog. 23 May 2016.

ABOUT PREFERRED THERAPY SOLUTIONS

Preferred Therapy Solutions is a full-service rehabilitation management organization dedicated to providing state-of-the-art clinical, management, billing, and information technology solutions to the post-acute and long-term care industry. Preferred Therapy Solutions is able to assist in developing a strategic road map designed to increase SNFs market share by identifying potential referral targets and providing useful information on competitor's performance. Preferred Therapy Solutions abilities significantly enhance the quality, productivity, scope, and efficiency of any facility's rehabilitation department while maintaining a focus on achieving high levels of patient satisfaction and providing excellent customer service.