

Value for Money

**PREVENTATIVE
OCCUPATIONAL THERAPY (OT)**

*Meeting clients need in
times of tight budgets!*

Presented by
Simcoe Habilitation Services (SHS)
An MCSS Agency Since 1979
Specializing in Developmental Services (DS)

Webinar outline

1. Introduction
2. OT and Prevention in times of budget crisis
3. Case studies to illustrate Benefits of OT service specialized for clients with ID/DD
4. When to call for OT services
5. Service delivery
6. Questions?



1. INTRODUCTION

» Or
What to expect

OBJECTIVES:

Participants develop an understanding of

- › **Benefit** of continuous and early OT interventions
- › Human & financial **impacts** when lacking preventative OT interventions
- › Characteristic of **DS-specific OT services**
- › **When to call** for OT services.
- › **Tele-health** as a timely and cost effective modality for service delivery in times of budget cuts

Our Speakers

passionate OT's for over 20 years

› Fiona Legg

- › Graduated from Queens
- › Practice in acute care, community and workplace
- › ADP authorizer
- › 22 years experience
- › Mobility/seating specialist

Kristine Riedel-Fiddick

- › Graduated in Germany
- › Work experience on 3 continents in clinical and community settings
- › Practice in acute care, medical & workplace rehabilitation and developmental services
- › Master in Medical Education and teaching in field of OT
- › Certified AMPS assessor

2. OT and Prevention in times of budget crisis

»»

Or –

Why are we here today

Crisis

- ▶ Budget restraints are limiting OT services⇒
 - Less use of OT services over decades
 - Decreased knowledge of OT services
 - Decreased prevention of costly problems
- ▶ Increased needs due to aging population
- ▶ Long wait list ⇒
 - Problems not being addressed
 - Using less specialized OT services





Impact

- ▶ Due to budget cuts Mary* was discharged about 3 years ago,
- ▶ Increasingly agitated and disruptive, despite intervention from other professionals
- ▶ OT assessment resulted in use of weighted vest

PERSONAL IMPACT

→ increased participation

FINANCIAL IMPACT

→ decreased cost due to less 1:1 staffing needs

* Cases based on real life experiences. Names & circumstances were altered to maintain confidentiality



Lack of Awareness

General public & many care givers may be unaware of the central and indispensable role O.T.s play in DS in the community.

Thank you
for joining us today to change that.



A **single OT assessment**
for preventative care can **save**

- ▶ needless suffering of clients
- ▶ frustration for caregivers
- ▶ costs for injured workers
- ▶ thousands of dollars in medical expenses and inadequate equipment



Smile for prevention

Can you afford to miss your annual dental exam or annual physical?

- ▶ No client within the Developmental Services community should be made to go without
 - O.T. screening at least every 3 years
 - O.T. assessment every year with clients with complex needs

That is how you save cost in the long run



Simcoe Habilitation Services (SHS) 35 years of expertise

- ▶ SHS was founded by a pioneer in the field of O.T. who began specializing in ID/DD back in the 1950's.
- ▶ Today, Simcoe Hab is the **ONLY** agency that specializes exclusively in O.T. for ID/DD.



Get a grip on prevention

- ▶ “Going upstream”
- ▶ Activities (“interventions”) aimed at →
reducing risks & threats to health.
- ▶ Interventions fall in 3 categories:
 - Primary prevention
 - Secondary prevention
 - Tertiary prevention

• Vgl: Institute for Work and Health



*Due to their life long
complex needs
clientele with ID/DD
need prevention
on all 3 categories*

Meeting needs through primary prevention

Primary prevention

- ▶ protect healthy people from developing a disease or experiencing an injury

OT Examples

- ▶ education e.g. about
 - good nutrition
 - importance of regular exercise
- ▶ monitor risk factors for illness (e.g. down's syndrome and dementia)
- ▶ controlling potential hazards
 - at home
 - In the community
- ▶ Assuring involvement in meaningful activities

Vgl: Institute for Work and Health

Meeting needs through secondary prevention

Secondary prevention

- › Illness or serious risk factors have been identified
- › Interventions have the goal
 - to halt/slow the progress of disease (if possible)
 - limiting long-term disability
 - preventing re-injury

Vgl: Institute for Work and Health

OT Examples

- › Interventions to prevent (further) contractures (e.g., stretches, splints, positioning)
- › Maintaining balance and strength to prevent falls with personalized exercises
- › Screening for skin integrity by known risk factors, e.g.
 - immobility
 - history
- › Providing suitable modified activities for independence

Meeting needs through tertiary prevention

Tertiary prevention

- › Help to manage complicated, long-term health problems
- › Goals include
 - preventing further physical deterioration
 - maximizing quality of life.

Vgl: Institute for Work and Health

OT Examples

- › Providing customized seating
- › Providing power mobility
- › Providing equipment to max. safety & independence
- › Customizing sensory diets to prevent sensory overload and behavioral manifestations
- › Chronic pain management
- › Transfer protocols



In a nut shell

OT as key to prevention in ID/DD

OT's assist people along the life span to achieve

- what they want to do,
- what they need to do or
- what they are expected to do.

OT- Problem solving for the job of living

- providing Value for Money
- meeting needs &
- saving long term costs

Vgl: Occupational Therapy:
cost effective solutions... (2013)

3. BENEFITS OF OT in DS THROUGH CASE STUDIES



Or

Characteristics of OT
specialized for clients with
ID/DD



Specialization → Effectiveness

Specialization in DS allows us
to find a **cost effective solution**
quickly for (y)our clients
with ID/DD!



Meet **Paul***

- ▶ 64 year old male with cerebral palsy
- ▶ Uses wheelchair for mobility
- ▶ Complex seating due to postural deformity
- ▶ Wears hand splints
- ▶ Difficulty transferring client
- ▶ Risk for skin breakdown
- ▶ Moved from Barrie to Orillia

*Cases based on real life experiences.

• Names & circumstances were altered to maintain confidentiality



Continuum of care

- ▶ Knowing client over life span
 - Personal or from files
 - Skills
 - Preferences
 - Circumstances
- ▶ Baseline to notice changes
- ▶ Knowledge of
 - Specialized services
 - Service providers
 - Area



Addressing complex needs

- ▶ Holistic approach
 - Look at all aspects of client's life
- ▶ Prevention of
 - Skin breakdown
 - Contractures
- ▶ Management of problems e.g.
 - Feeding & weight
 - Mobility
 - Transfers
- ▶ Early targeting saves \$\$\$\$\$

Once of prevention is worth a pound of cure



Educating

- ▶ Risk management (e.g. skin breakdown, feeding)
- ▶ Handling/ lifting
- ▶ Correct use of equipment
- ▶ Targeted to audience
 - Client
 - Staff
 - Family
 - Management

The more we know, the better we can care!



Meet Arthur*

- ▶ 29 year old male with developmental delay
- ▶ Independent with personal care
- ▶ Walks independently
- ▶ Recently moved from living at home in a village with aging parents, to a group home in the nearby town.
- ▶ He used his parents mobile phone when he went out by himself.
- ▶ Wants to be able to stay at home when alone, and to be able to go to store alone

* Cases based on real life experiences.

Names & circumstances were altered to maintain confidentiality



Client centeredness

- ▶ Goal setting
- ▶ Meaningful activity
- ▶ Within individual circumstances



Specialized assessment tools

Get the big picture

→ SHS screening for initial and review

Address problems with specialized tools

- Pain
- Dementia
- Depression
- Interest
- Pressure management assessment tool
- Sensory
- Skills (incl AMPS)



Facilitating individual learning

- Small steps & specific tasks
- Multi sensory learning
- Individualized charts
- Save your energy for what you want
- Use of equipment



Meet Shelley*

- 30 year old woman
- Autism Spectrum Disorder
- History of harming self and others
- Non-verbal
- Ambulatory
- Lives at home with older brother who is main caregiver
- Attends day program 3 days/week

* Cases based on real life experiences.

Names & circumstances were altered to maintain confidentiality



Team approach

- Get other professionals involved
- Collaborate to establish common goals
- Communication!!



Knowledge and experience

- specialized knowledge re: ID/DD
- Create a complete picture of client using knowledge and experience





Change of perspective

- Holistic approach
 - sensory
 - cognitive
 - physical
 - psychosocial
 - environmental
- Focus on meaningful activities
- Focus on abilities, not disabilities
- Exploring non-pharmacological options





Excellent problem solving skills

Anticipating problems due to experience **saves money:**

- Doing it right the first time
- Utilizing specialized OT knowledge results in cost effective & FUNCTIONAL solutions
- Preventing client and staff injuries saves \$\$\$





In a nut shell

Specialized OT service saves \$\$\$

- ✓ Continuum of Care
- ✓ Addressing complex needs
- ✓ Educating
- ✓ Client centeredness
- ✓ Specialized assessment tools
- ✓ Facilitating individual learning
- ✓ Team approach
- ✓ ID/DD knowledge and experience
- ✓ Change of perspective
- ✓ Excellent problem solving skills

4. WHEN TO CALL OT?!



Or

Identify the red flags



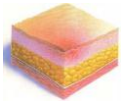
You decide: skin

- ▶ A client that normally spends all day in his wheelchair requested to go to bed after lunch today. Later you read in the communication book that her family had pumped up the air pockets in her pressure relieving cushion when they visited the previous day.
- ▶ Call for OT?
- ▶ Yes! OT can educate you how to assess for the right pressure in the cushion to prevent skin breakdown.

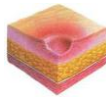


Skin Protection and Bed Positioning (Cont'd)

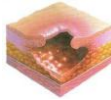
Stage 1



Stage 2



Stage 3



Identifying the presence of a pressure issue can mean halting the progression of a wound.



You decide: wheelchair

- Client's wheelchair is broken.
- Call for OT?
- **No!** Call the vendor to have the wheelchair fixed.



You decide: wheelchair

- Client slides out of the chair, belt does not fit well any more, and client has lost weight since she received seating 2 years ago.
- Call for OT?
- **Yes!** Client needs a seating assessment.



You decide: fall

- Client has new shoes. He trips over his undone shoe laces and falls once.
- Call for OT?
- Yes, if he continues to have difficulty tying his shoes, or if falls reoccur.





You decide: orientation

- Client is being treated for urinary tract infection. You start morning shift and hear that he urinated in the kitchen sink last night.
- Call for OT?
- Yes, if disorientation to time, place, people continues.





Take home message: Call OT for acute/immediate client issues

- Skin integrity
- Mobility and safety
- Mood and behaviour
- Loss of skills and abilities
- Feeding, eating, or weight change
- Restlessness or sleeplessness
- Pain





Take home message: Call OT for preventative client issues

- ▶ Aging equipment:
 - Splint / Orthotics 2 years old
 - Seating in wheelchair 2 years old
 - Wheelchair 5 years old
 - Walker 5 years old
- ▶ Gross or fine motor program: 2 years old
- ▶ Sensory program: 2 years old
- ▶ Moving house due to personal reasons
- ▶ Transition (youth → adulthood → senior)
- ▶ Client will soon turn 65
 - loses ODSP benefits





Take home message: Call OT for preventative staff issues Address caregiver fatigue and improve workplace satisfaction

- ▶ Handling and transfers → prevent back injuries
- ▶ Training for staff is available
- ▶ Save money through:
 - Reduction of sick leave
 - Reduction of staff injury





Take home message: Call OT for environmental issues

- Physical environment:
- ▶ Accessibility
 - ▶ Renovating existing buildings
 - ▶ Planning new construction
- Provision of appropriate equipment:
- ▶ Cushions: 2 years
 - ▶ Wheelchair/Walker: 5 years
 - ▶ Adaptive equipment





Be visionary: Get OT input to prepare for a population

- › Facility for person with DD/ID and Dementia
- › Services for ASD
- › Gross Motor Program
- › Universal design for seniors with DD/ID
- › Transition for students with DD/ID and their families into adult services



5. How to get OT services?

»» Or

Wise use of funding



Ontario wide

- › Tele-health via video conferencing available
- › Fee for service
- › Discounted fee for DS agencies

- › Consider within your budget circumstances

- › Choose your focus:
 - Inservices for staff
 - Consultations for individual clients





Ontariowide tele-health available

Advantages (vgl. Telehealth and ergonomics, 2012)

- Providing specialized OT ID/DD services
- Covering all of Ontario
- Reaching underserved remote & rural locations
- No expense for travel time or mileage
- Flexible and timely scheduling

Use SHS videoconferencing technology:

- Confidential
- Free software easily accessed for any digital device (tablet/smart phone/laptop/PC)
- Portable

Embrace new opportunities!



Within Simcoe County

- There is currently a long wait list due to funding cuts
- Service available through discretionary funding from your agencies
- Contact your Executive Director to request funding for immediate service

They won't put money aside for it unless you let them know it is needed

*Advocating for
preventative OT services
allows us to meet
client's needs in times of
tight budgets*



Advocating for our clients

- ▶ **Short term** solution: juggle reality
 - Refer clients for OT services when needed
 - Access emergency funding if needed
- ▶ **Long term** solution: reliable funding
 - Support your Executive Director (ED) by providing documentation regarding unmet OT needs due to long wait list
 - ED to generate more funding
 - on ministerial level
 - Agency budgeting for preventative OT services

6.

Q & A

» download this power
point from OTN
sources
or
contact us
admin@simcoehab.ca



Simcoe Habilitation Services

Contact us:

admin@simcoehab.ca

THANK YOU



Attachments

- A. When to call for OT checklist
- B. SHS referral





References

- ▶ Institute for Work & Health
Phone: 416-927-2027
Fax: 416-927-4167
481 University Avenue, Suite 800
Toronto, Ontario M5G 2E9. web page retrieved Nov 13.2014:
<https://www.iwh.on.ca/wrmb/primary-secondary-and-tertiary-prevention>
- ▶ Telehealth and Ergonomics: a pilot study
Jacobs K, Blanchard B, Baker N. in Technology Health Care (2012); 20 (5) 445-58
doi: 10.3233/THC-2012-0692.
- ▶ Occupational Therapy: Cost Effective Solutions for Changing Health System Needs. Rexe K, McGibbon Lammi B, von Zweck C Health Care Quarterly (2013); 16 (1) 69-75.