

Maximizing OT Resources: Using Groups in Acute Care

Cindy Jaeger OTR
Mike Desrosiers COTA


UCLA Ronald Reagan Medical Center
Los Angeles, CA

Learning Objectives:

- Describe the patient populations diagnoses, and inclusion and exclusion criteria for group therapy
- Discuss the process to develop the group including the metrics
- Describe the outcomes of the group therapy

Why use groups in acute care


- Purpose of developing group
 - Efficiency
 - Staff see more pts at a time
 - Productivity
 - Occupational Therapy Practice Framework

 Health

Why use groups in acute care

Benefit of OT group


- Patient satisfaction
- Socialization
- Change of environment
- Change in stimulation
- Increase participation
- Mood elevation
- Provides structured activity
- Scheduled activity

 Health

Populations


At UCLA:

- Liver transplantation
 - Post op liver transplant
- Oncology
 - Hem-onc (allo, auto transplant, CAR-T)

 Health


Populations
Other possible populations:

- Post op-ortho
- Pediatrics
- Feeding group
- Lung disease

 Health

Groups and OT Practice Framework


- Occupations
 - ADLS
 - IADLS
- Performance
 - Motor skills
 - Process skills

 Health

Groups and OT Practice Framework

Performance Patterns:

- Prior level of function/habits and routines
- Daily routine
- Roles
- Communication
- Interaction

 Health

Groups and OT Practice Framework

Analysis of occupational performance:

- Limited reaching and bending (affecting ADLs/IADLs) due to ascites, wound etc
- Poor endurance
- Muscle wasting
- Poor skin integrity
- Limited social support
- Feelings of hopelessness

Groups and OT Practice Framework

- Decreased enjoyment in activities
- Altered mental status
- Learned helplessness
- Prolonged leave of absence from work
- Role reversal
- Routine affected

Groups and OT Practice Framework

- Common group goal
- Dynamic interactions
- Generalize to outside the group
- Instill hope

Designing program

- Population to serve
- Goals of the Group
- Goals for each participant
- Psychosocial needs and benefits to participating in group
- Meaningful participation
 - May involve assistance
- Inclusion/exclusion criteria
- Documentation

Designing program

- Collaboration with departments
 - Nursing/medical team
 - Transport
 - Infection control
- Sustainability
 - Changing criteria
- Emergencies

EXAMPLE: GOALS of Gym

- Provide OT services in structure environment
- Enhance socialization
- Explore leisure activities
- Provide opportunities for movement
- Provide opportunities for orientation and cognitive stimulation
- Improve occupational performance

The OT gym group works to provide patients with opportunities to explore occupational activities and performance skills with peer support

**Example:
Process**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	NO GYM	8:30-10:30	8:30-10:30	8:30-10:30	8:30-10:30	8:30-10:30	NO GYM
		10:30-11:30	10:30-11:30	10:30-11:30	10:30-11:30	10:30-11:30	
PM	NO GYM	12:30-1:30	NO GYM	12:30-1:30	NO GYM	12:30-1:30	NO GYM
		1:30-3:30	STAFF MEETING	1:30-3:30	MEETING	1:30-3:30	

There may be anywhere from 1 to 4 gym sessions per weekday depending on the patient's availability and the therapists schedule.

For safety, there always need to be at least 2 staff in the gym when patients are present. (Including when the patients arrive and await transport following session.)


- **New Patient Inclusion Criteria for group**
- **Exclusion Criteria for Group**
 - Medical considerations
 - Oxygen needs
- **Set up Before Group Session**
- **Patient Bathroom Use During Group**
- **OT vs OTA Running Group**
- **Emergencies**

Barriers

- **Competing interventions**
 - Dialysis
 - Chemotherapy
 - Radiation
 - Meals
 - MD rounding
 - Xrays/labs


Barriers

- Medical issues
 - Pain
 - Nausea
 - Fatigue
 - Depression
 - Prognosis news
 - GI issues
 - Medication (transplant patients take large amounts)

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Metrics

- Attendance
 - Who attends
 - Number of visits
- Outcomes
 - Modified Barthel Scores
 - AMPAC 6 clicks
 - FACT BMT (oncology)

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Metrics

- Activities
 - Combination psycho-social with diversional activity
 - Coping strategies
 - Support systems
 - Social reintegration

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Case study:

- 65 yo female came in independent baseline AMPAC very independent Modified Barthel was 100
- Received allogeneic stem cell transplant (stem cells from donor)
- 3 weeks post began to see slight decline in function
- Usual LOS = 1 month. Her LOS >3 months

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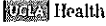
Case Study

- Began participating in on unit group 2x/wk for performance skills, socialization, coping strategies,
- Continued 1x1 therapy the other days

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Case Study

- At DC UB ADLS=modified I
- LB ADLS=Min A with A equip
- Mod I with bathing hygiene grooming

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Case study

- 52 y.o male with liver failure admitted for OLT eval. Dec 2022
- AMPAC score 44.27
- Month later Jan 2023 s/p transplant 42.03
- AMPAC DC 57.54 Feb 2023
- Treatment Plan: ADL training; Gross motor training; Patient and/or family education; Therapeutic exercise; Training on use of assistive devices; Functional transfer training; Home program; Functional balance activities; Graded functional activities; Energy conservation; Group therapy

Case Study

I'd like to introduce myself. I have been on the 6th floor since Dec 22, awaiting a liver transplant. Fortunately for me I was able to get an offer and was given a transplant on Jan. 2023. I am a truly blessed person and feel eternally grateful to the person who chose to be a donor.

What I am reaching out to you for is to stress to you, how remarkable 4 of your employees have been in my recovery. This coming Monday will be two weeks since transplant day and I am dressing, sitting, standing, all the things I used to do pre transplant. My ability to do so is in large part due to the phenomenal employees listed: but if you know your employees, you'll know who I am talking about. All four display can do attitudes with the exact push and pull therapy requires. Attending the gym has helped me tremendously. These four have directly contributed to my success so far and I wanted their leader to know.

QUESTIONS

- Cindy Jaeger
• cjaeger@mednet.ucla.edu
- Mike Desrosiers
• mdesrosiers@mednet.ucla.edu

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