Filling in the GAP: Occupational Therapy's Role in Interprofessional Geriatric Assessment Team

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Outline

1. Existing program logistics/flow and future directions
2. Strategies and mechanisms that led to successful intra-team cohesion and effectiveness
3. Opportunities to teach basic principles of geriatric assessment and interprofessional team functioning to students from six health care professions
4. Value of Rapid Cycle Quality Improvement (RCQI) to improve processes and experience of care.
Geriatric Assessment Program (GAP)

- Comprehensive geriatric assessment clinic
- Philosophy
  - **Mission** - To provide beyond exceptional care of older adults with complex health needs through an interprofessional collaborative assessment program.
  - **Vision** - To maximize quality of life for older adults and their families.
Why Patients are Referred

• Patients looking for support to age successfully
• Caregivers overwhelmed & needing support
• Connecting with local resources
• Patients are in transitional period
  – Can he/she age in place or does he/she need to transition to a higher level of care?
The Team

Physician Geriatrician
Physician Assistant
Psychologist
Physical Therapy
Pharmacist
Dentist
Occupational Therapy
Social Worker
Patient, Family, Caregivers
The Process

Screening of Referrals
Social Work

Clinic Visit
Dentist, OT, Pharmacy, PT, Physician, Psychologist

Home Visit
Social Work
Occupational Therapy

Team Conference
All team members

Patient/Family Conference
Physician Assistant
Psychologist
The Clinic Flow
Home Evaluations

Customized OT Home Evaluation

- Occupational Profile
- Social History & Support

Past Medical History/Past Surgical History
Falls History

Home/Living Situation
Detailed Environmental Assessment

- Safety, Accessibility, Adaptive Equipment/DME
- Functional mobility & participation in context; meaningful spaces & places
Clinic Consultation

Holistic Assessment of Performance

- Leisure
- IADL (Lawton)
- Functional Screening
- Rest/Sleep
- ADL (Katz)
- Social

USC Chan Division of Occupational Science and Occupational Therapy
University of Southern California
Occupational Therapy

OT Home Evaluation

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OT Clinic Consult

OT Rec’s

e.g. environmental modifications, AE, changes to routines, alternative occupations, resources, referrals
Rapid Cycle Quality Improvement (RCQI)

• A quality-improvement method that identifies, implements and measures changes made to improve a process or a system”.

• Facilitates improvement through rapid PDSA (Plan, Do, Study, Act) cycles.

• Continually improve health care processes by instituting a constant cycle of innovations or improvements.
# RCQI Example

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>PLAN</th>
<th>DATE</th>
<th>DO</th>
<th>DATE</th>
<th>STUDY</th>
<th>DATE</th>
<th>ACT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not all clinicians are credentialed</td>
<td>Work with disciplines and Keck to identify and resolve credentialing procedures.</td>
<td>1/2/16</td>
<td>Incorporate substitute clinicians who are credentialed until identified team members are credentialed.</td>
<td>2/17/16</td>
<td>Periodic updates on credential status and HHR training status</td>
<td>3/24/16</td>
<td>Departmental MOUs completed; all clinicians credentialed</td>
<td>4/27/16</td>
</tr>
<tr>
<td>Clinic flow is poor due to length of time clinicians work with patients</td>
<td>Install white board and clock</td>
<td>2/17/16</td>
<td>Identify clinician, and ultimately medical assistant, to monitor and remind clinicians.</td>
<td>2/24/16</td>
<td>White board installed, evaluating mechanisms for management and reminders to clinicians</td>
<td>2/24/16</td>
<td>Time allotments added and adjusted. Clinician time in/out logged.</td>
<td>4/13/16</td>
</tr>
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Case Study – “Jane”
“Jane” Home Evaluation

BACKGROUND

• 72 year old African American woman
• Never married, living with brother
• Brother looking for help
• Needs help with her care, specifically concerns related to hygiene and wandering, and wants to optimize her quality of life
“Jane” – Home Evaluation

• Born in California, 1 of 10 children
• Ivy League education, worked at CNN
• Trauma in 1980 - possible victim of sexual assault
  – Attempted suicide by gas in apartment
• Moved back home with mother shortly after
• Parents deceased
• Brother moved back home due to own health issues
“Jane” – Home Evaluation

• History of small TIAs
• Client is wandering
• Brother stays with her 24/7, receives 52 hours IHSS
• Home in severe disrepair; possible health hazards
• Significant clutter; house not cleaned or maintained for extended period of time
• Brother oversees medications, finances and transportation
“Jane” – Clinic Consultation

- Stopped caring for self and performing activities around the home
- Extent of hygiene concerns
“Jane”

RESOLUTION

• Admitted to local gero-psych unit
• Brother working with social work to reconcile options and decide how to proceed
References


• State of California Department of Motor Vehicles Dementia. https://www.dmv.ca.gov/portal/dmv/dl/driversafety/dementia


