

Literature Review

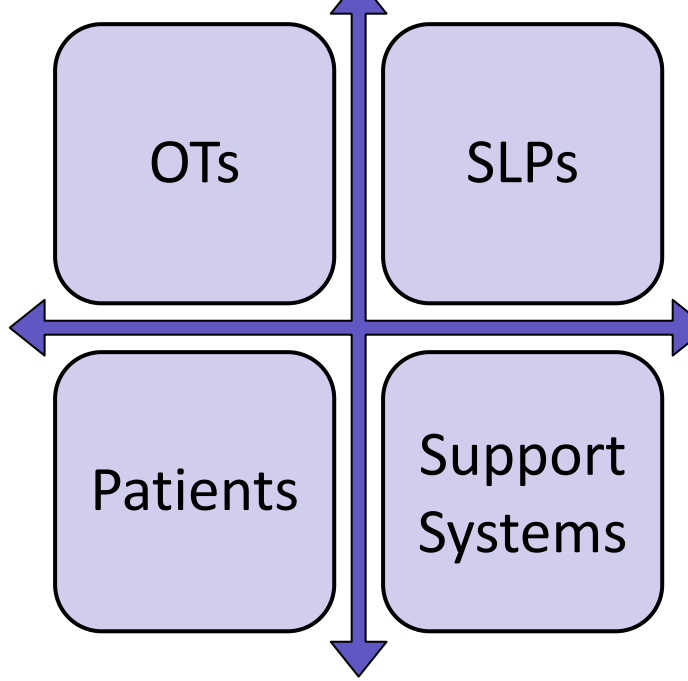
- Eating is a meaningful occupation, specifically an activity of daily living (ADL), that is essential for survival.⁵
- Hospitalization is associated with:
 - Decrease in function & independence in eating³
 - Feelings of shame, incompetence, decrease self-esteem, & fear⁴
- Occupational therapy groups provide skills, encourage functional independence, & improve physical & motor systems.²
- Group therapy is important for recovery & retaining skills after discharge.¹

Introduction

Site Description:

Encompass Health Rehabilitation Hospital of New England is an inpatient rehabilitation hospital that provides a newly created therapeutic Lunch Group led by occupational therapists (OTs) & speech-language pathologists (SLPs) for those experiencing self-feeding, swallowing, & eating limitations.

Stakeholders:



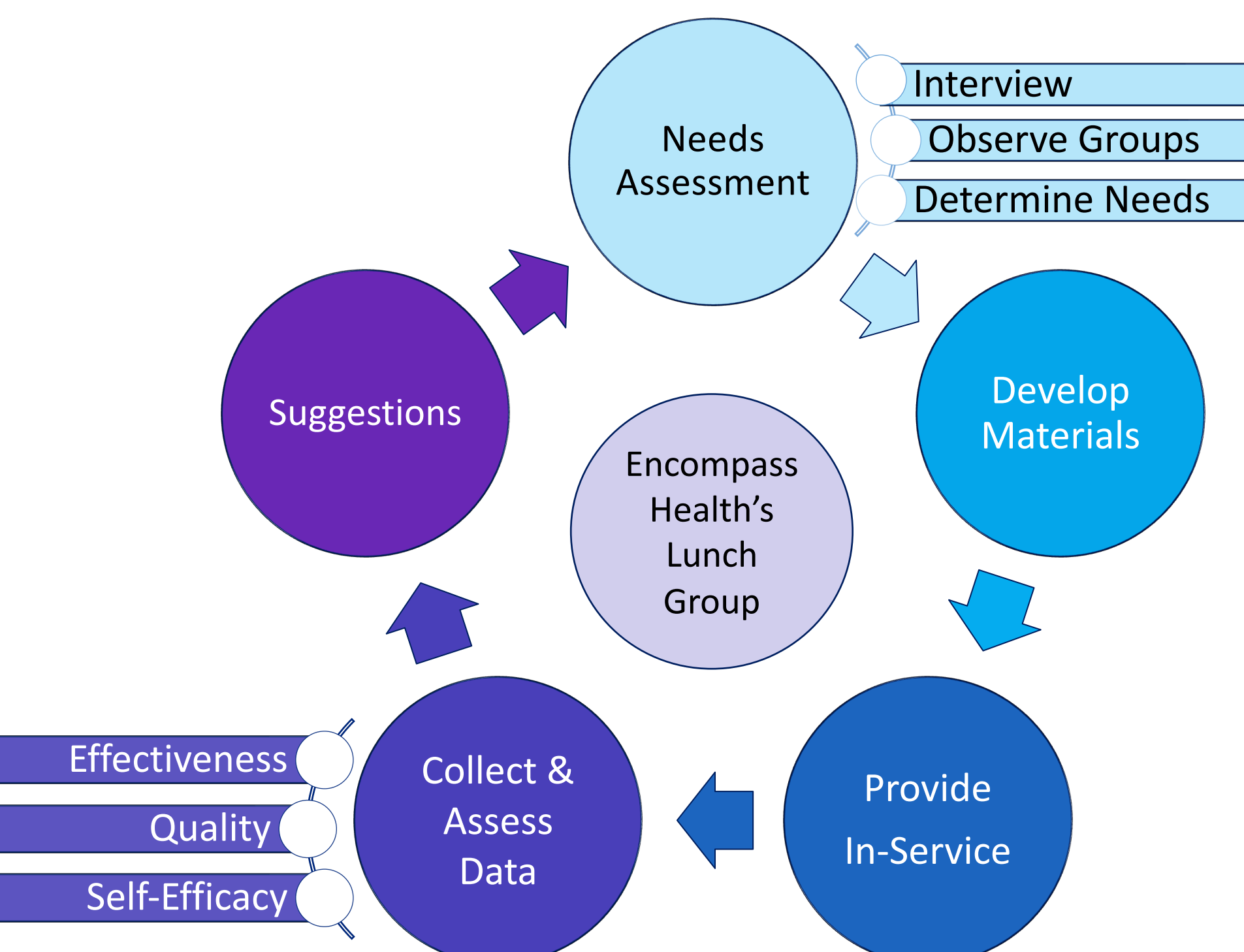
The Gap:

Negative effect of hospitalization on eating skills & socialization
↓
Encompass Health's new Lunch Group
↓
Limited time for assessment & improvement of the Lunch Group

Project Aims

- Enhance the therapeutic Lunch Group at Encompass Health by developing training materials for therapists utilizing best practices for running the group.
- Provide recommendations for sustainability & continuity of the Lunch Group.

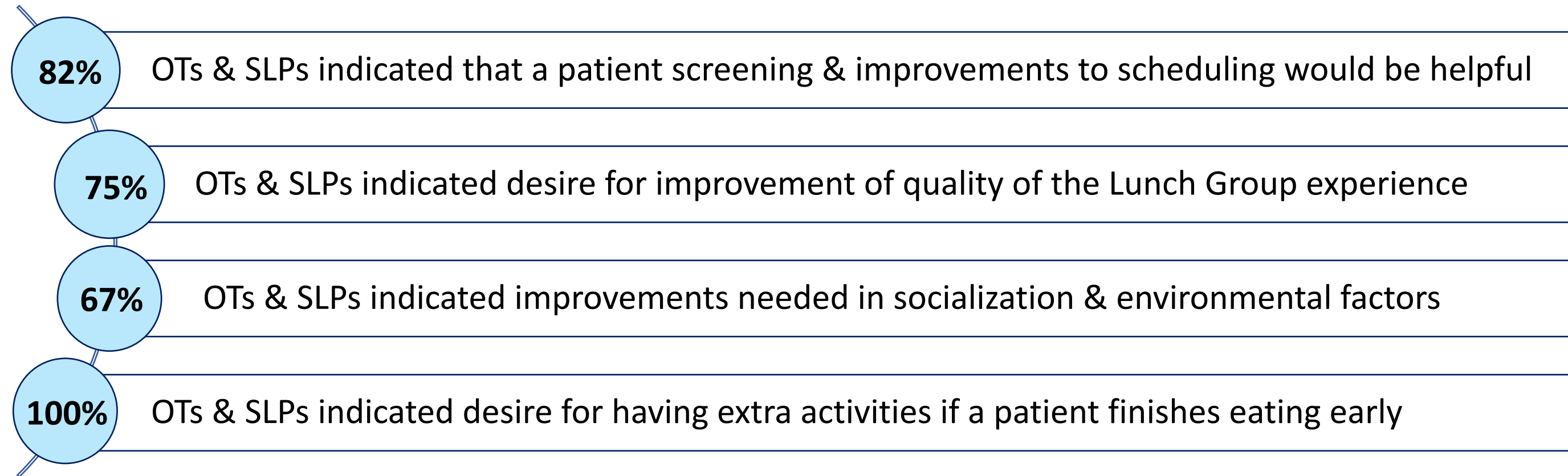
Development Process



Results

The Lunch Group Needs Assessment Data:

Participants consisted of 13 licensed OTs & 3 licensed SLPs.



Materials Created to Enhance The Lunch Group:

Manual

Extra Materials

Tool Name	Picture	Purpose
Clipboard for therapists		Organized the manual and provided a space for notes.
Handwritten: Therapist Contact		Provided a space for therapists to record contact information.
Handwritten: Patient Contact		Provided a space for therapists to record patient contact information.
Handwritten: Staff Contact		Provided a space for therapists to record staff contact information.
Clipboard: In-service		Provided a space for therapists to record in-service notes.
Clipboard: Plan		Provided a space for therapists to record their plan for the next session.
Clipboard: Data		Provided a space for therapists to record data for the next session.

In-Service

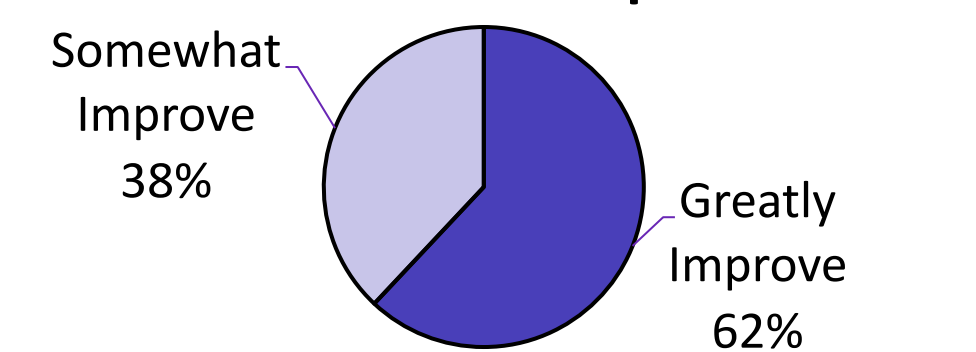
Post In-Service Data:

Participants consisted of 13 licensed OTs, 4 licensed SLPs, and 4 therapy aids.



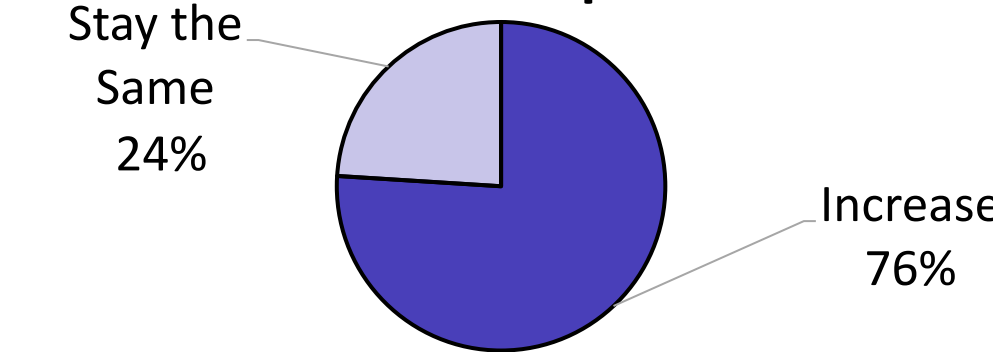
All participating therapists answered at least 5/6 transfer of knowledge questions correctly.

Anticipated Change in Quality of The Lunch Group



Other answers offered included "No change in quality," "Slightly decrease quality," & "Greatly decrease quality" but these were not selected.

Anticipated Change in Satisfaction of The Therapists



Other answers offered included "decrease," but it was not selected.

Suggestions

Further Recommendations for Sustainability & Continuity of The Lunch Group:

- Continue evaluation
 - Assess the long-term quality of the Lunch Group
 - Continued evaluation to determine patient outcomes
- Continue education
 - Further training with high-technology devices for the therapists
 - Provide education to each participant early in the day to avoid refusal
- Consider ways to improve patient transportation down to Lunch Group
- Provide extra time for documentation
- Expand the Lunch Group:
 - Meal preparation
 - Outdoor group
 - Involve loved ones



Discussion/Conclusion

Discussion:

- The aims of the project included developing training materials & recommendations to enhance the Lunch Group & promote sustainability & continuity.
 - The results show that the developed materials are feasible, engaging, easy to understand, & high quality, & have the potential to improve the sustainability & continuity of the Lunch Group.
 - After the in-service, 76% of the therapists felt that they would be more satisfied with the group & all participants anticipate that the Lunch Group will "somewhat improve" or "greatly improve."

Conclusion:

- This project & relevant literature demonstrate that therapeutic groups can greatly improve a patient's recovery, but for it to be feasible in a hospital setting, clearly defined logistics, activities, and materials are needed for proper group function.

Limitations:

- Data was collected prior to the materials being tested with patients.
- Not all therapists were able to attend the in-service.

Acknowledgments

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Materials & References: Please scan the QR code or contact Morgan Grant to access the materials or reference list.



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