

Literature Review

- Community mobility (CM) is an instrumental activity of daily living (IADL) defined by the Occupational Therapy (OT) Practice Framework as “planning and moving around in the community using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, ride shares, or other transportation system” (AOTA, 2020, p. 31)
- CM is an occupation enabler that supports independence & engagement (Davis et al., 2016; Stav, 2018)
- CM is a complex and dynamic occupation, making it difficult for patients to transition from hospital to community environments (Wesselhoff et al., 2018; Nanninga et al., 2018)
- CM is often under addressed due to lack of confidence & awareness across providers (Davis & Dickerson, 2017)
- Strategies therapists can implement include providing opportunity for simulated community mobility, developing client-centered CM plans, maintaining a resource library of alternative CM options and including CM in evaluation and documentation (Womack & Silverstein, 2012)

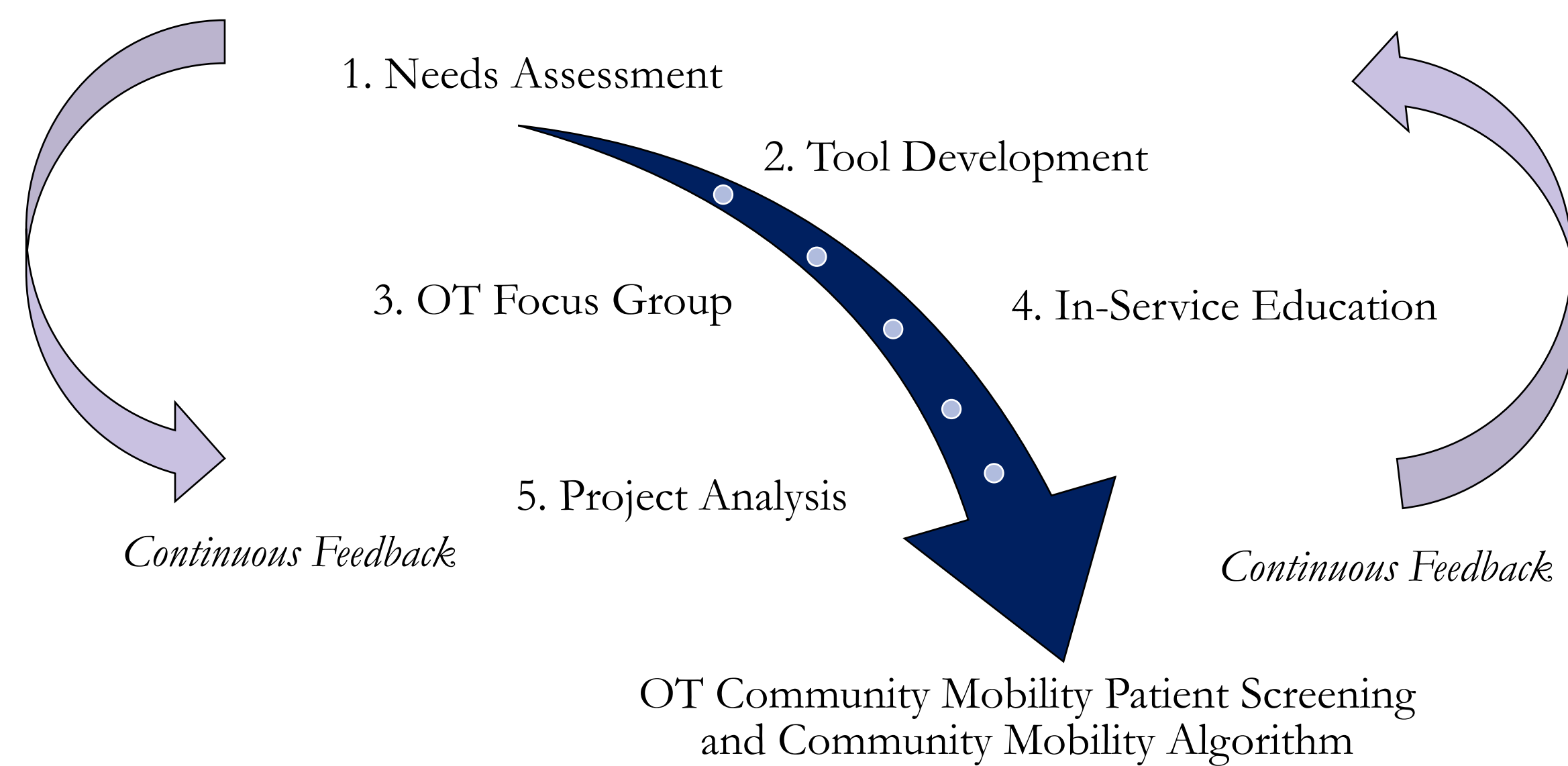
Project Purpose & Aims

Purpose: Explore and promote the role of occupational therapy in community mobility practice and planning through the development and early implementation of resources at Encompass Health Rehabilitation Hospital of New England

Aim 1: Develop a community mobility screening tool and algorithm that can be used by occupational therapists based on the Encompass Health needs and workflow

Aim 2: Assess perceived clinical usefulness and therapist future use of the screening tool and algorithm to support future implementation at Encompass Health

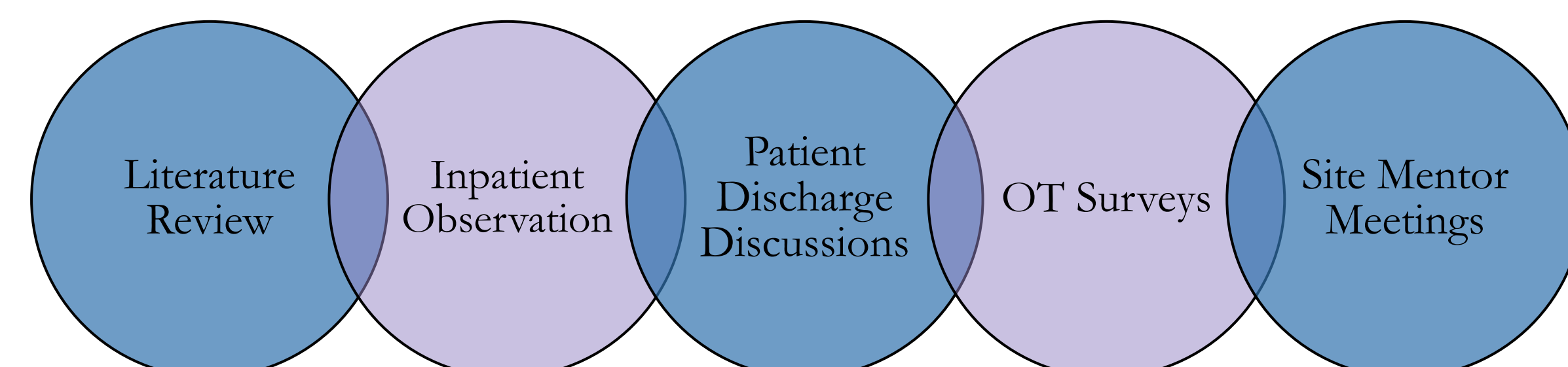
Development Process



Needs Assessment

Site Description

Encompass Health Rehabilitation Hospital of New England is an inpatient rehabilitation hospital that treats adults 18+ with the mission of helping patients regain independence and safely transition back to meaningful daily living at home and in the community



Project Results

Initial Perceptions of OT Community Mobility Patient Screening

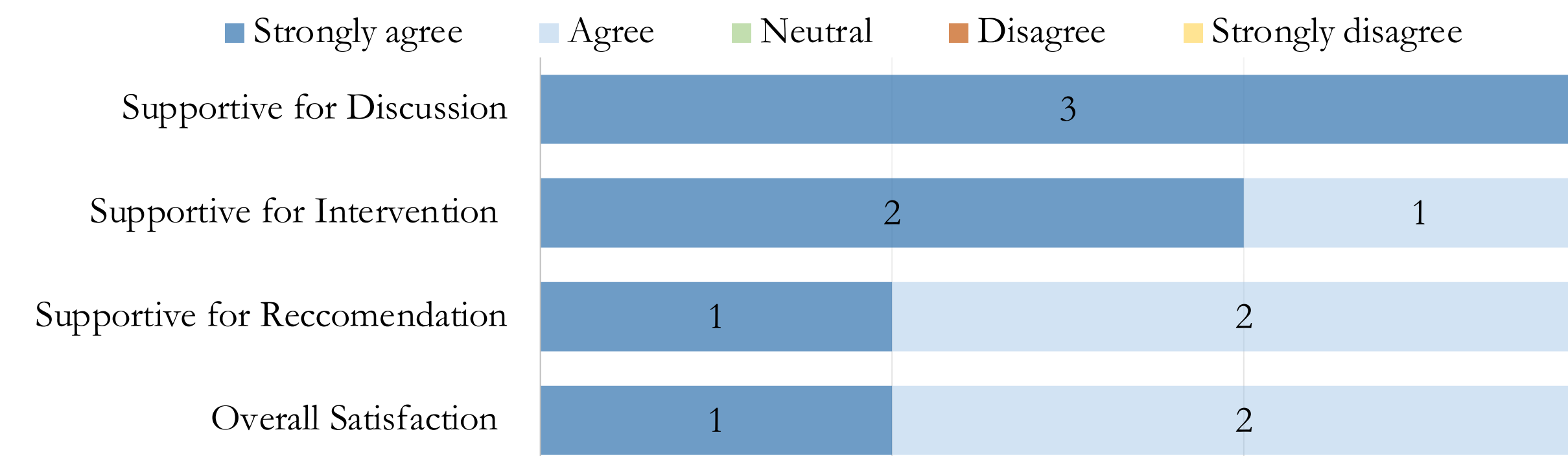


Figure 1. Senior occupational therapist (n=3) perceptions of screening tool gathered during OT focus group including overall satisfaction and usefulness for supporting CM discussions, CM interventions, and CM recommendations.

Future Use of OT Community Mobility Patient Screening

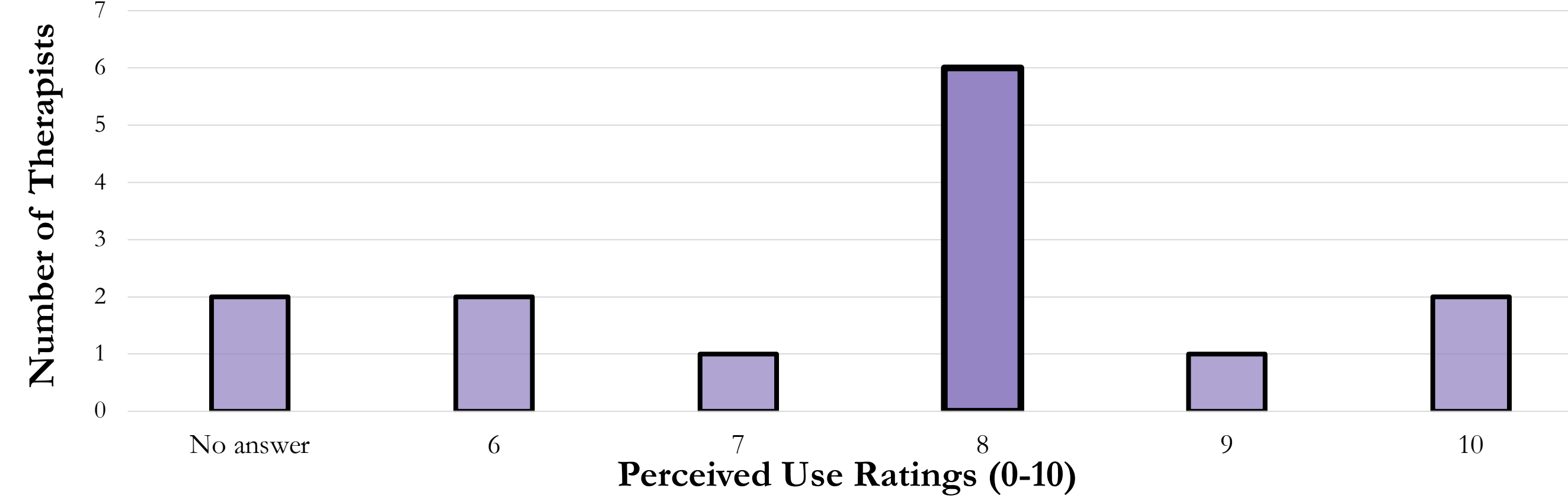


Figure 2. Occupational therapist (n = 14) ratings of future use of the OT Community Mobility Patient Screening on a 10-point likert scale from 0 (not at all likely) to 10 (extremely likely) when community mobility is identified as a meaningful patient goal and there are clear impediments to community mobility post discharge.

Satisfaction with Content



100% of therapists are satisfied with the content of the screening tool and algorithm

Clarity and Ease of Use



100% of therapists agreed the screening tool and algorithm are clear and easy to follow

Usefulness for Clinical Reasoning



93% of therapists agreed the screening tool and algorithm will be useful for guiding clinical reasoning

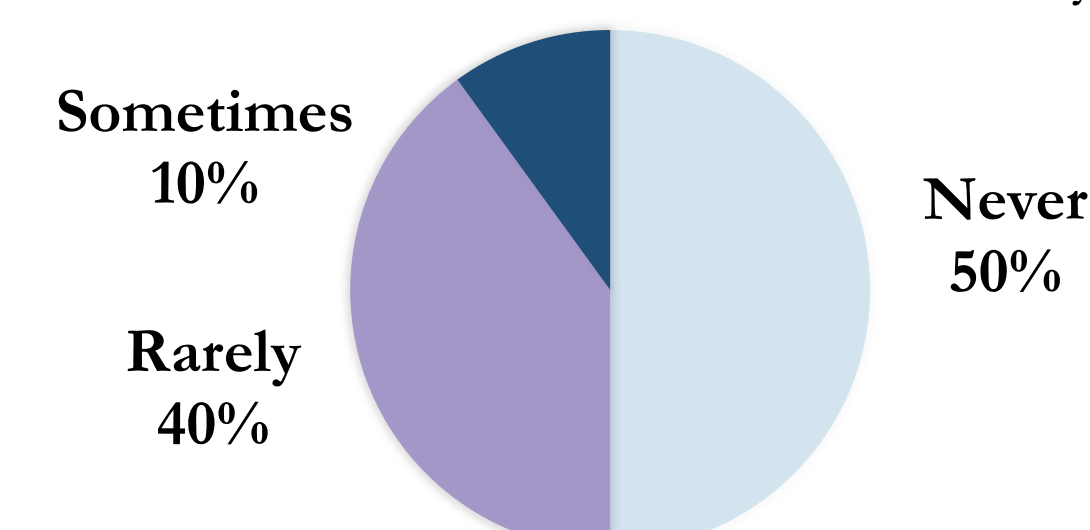
Usefulness for CM Practice



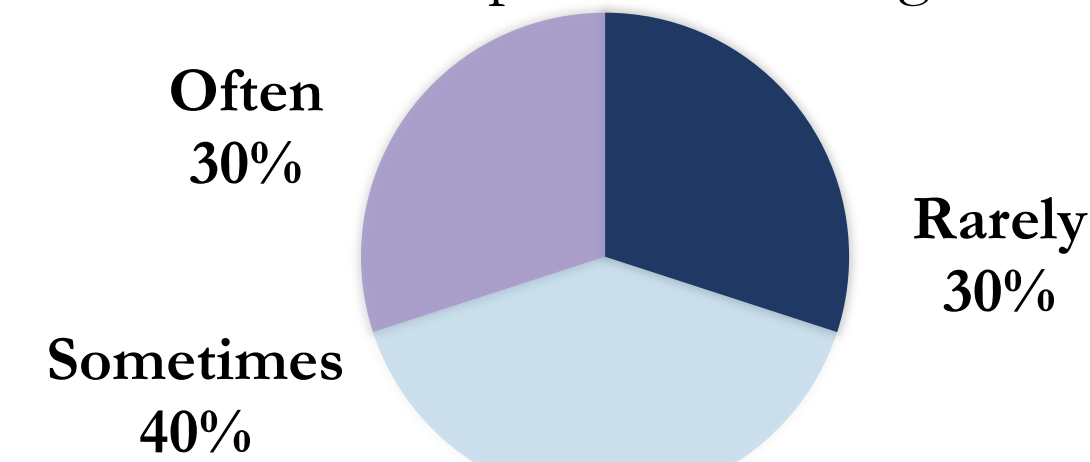
100% of therapists agreed the screening tool and algorithm will be useful for addressing CM with patients

Needs Assessment Data

How Often do Patients Attend Community Outings?



How Often are Concepts of CM Integrated into Practice?



Post In-Service Data

93% of therapists agreed that after the in-service they were more likely to consider bringing patients on community outings

100% of therapists agreed that after the in-service they were more likely to consider addressing community mobility with patients

Screening Tool & Algorithm

- Purpose:** provide a framework for creating an open dialogue between patients and OTs for addressing holistic CM goals & identifying appropriate CM interventions and recommendations
- Why:** improve patient experience during hospital stay and support patient readiness for discharge and access to the community after leaving the hospital
- Content of Screening Tool:** primary means of CM, CM options, restrictions, social supports, activities/interests, appointments, physical skills, cognitive skills, self-awareness, self-perceived barriers, equipment, patient goal, plan and recommendations

Pros

- ✓ Fosters collaboration
- ✓ Balanced structure
- ✓ Individualized to patient needs
- ✓ Ease of checkboxes
- ✓ Breakdown of skills
- ✓ Comprehensive
- ✓ Reminder to address IADL

Cons

- ✓ Not practical for all patients in inpatient setting
- ✓ Prioritization of ADL
- ✓ Time constraints to use
- ✓ Not in electronic medical record

Discussion & Conclusion

Application to Practice

- CM is an essential area of OT practice to support patient discharge and can be carried out in an inpatient setting
- Therapist openness to use and perceived usability of resources suggests promise for future implementation

Barriers in Practice

- Fast-paced setting, limited time, medical complexity, short length of stay, lack of reliable transportation services, time management, CM awareness and therapeutic focus on ADL

Project Limitations

- Feedback and data provided before actual use of screening and algorithm in practice with patients
- Only represents perspective of therapists at one Encompass Health location

Future Steps

- Implementation into electronic medical record
- Evaluation of screening in clinical practice
- Continued advocacy and awareness of CM in practice

Acknowledgements

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References: scan QR code or contact Sophie Borg for reference list.

Contact: Sophie Borg OT/s
sophie.borg@tufts.edu

