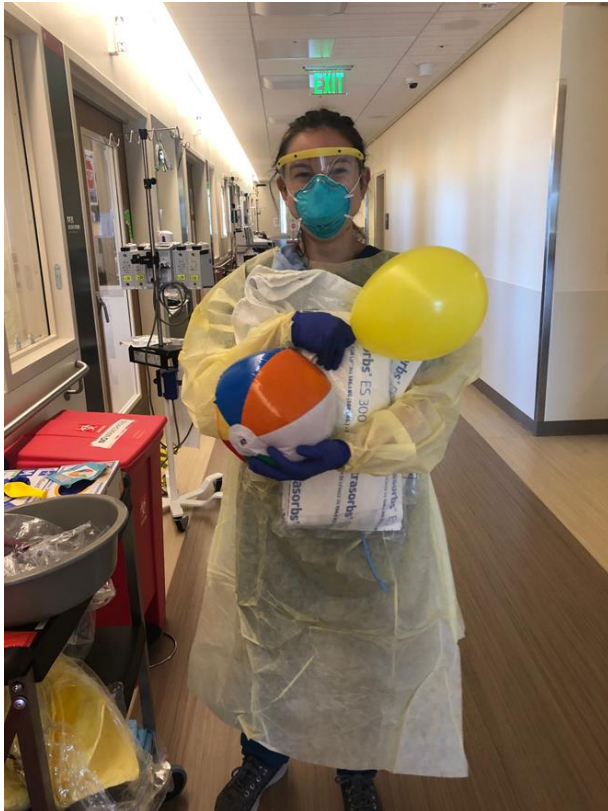


Occupational Deprivation & Social Isolation: Occupational Therapy's role in healing during a pandemic



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Disclosures

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Objectives

1. Define occupational deprivation and social isolation
2. Articulate the evidence-based research that supports Occupational Therapy's unique and distinct role in addressing these issues
3. Explore and discuss patient care studies to highlight Occupational Therapy's holistic, occupation-based and client-centered care

First, what is an occupation?

“OCCUPATION”

=

Any activity in your day that fills your time with meaning & purpose

What is Occupational Therapy?

WHO	Caribbean blue team!
WHAT	<p>“The primary goal of occupational therapy is to enable people to participate in the activities of everyday life.”</p> <p>(OT Australia Position Statement, 2016)</p>
WHERE	You’ll see us on every unit in the hospital
WHEN	Everyday
WHY	Occupations provide joy, meaning & purpose and improve quality of life
HOW	<p>Occupational therapists help people solve the ‘problems’ that interfere with activities that are important to them</p> <p>(Barbic & Backman, 2020)</p> <p>‘Problems’ could include physical, cognitive, psychological, environmental issues</p>

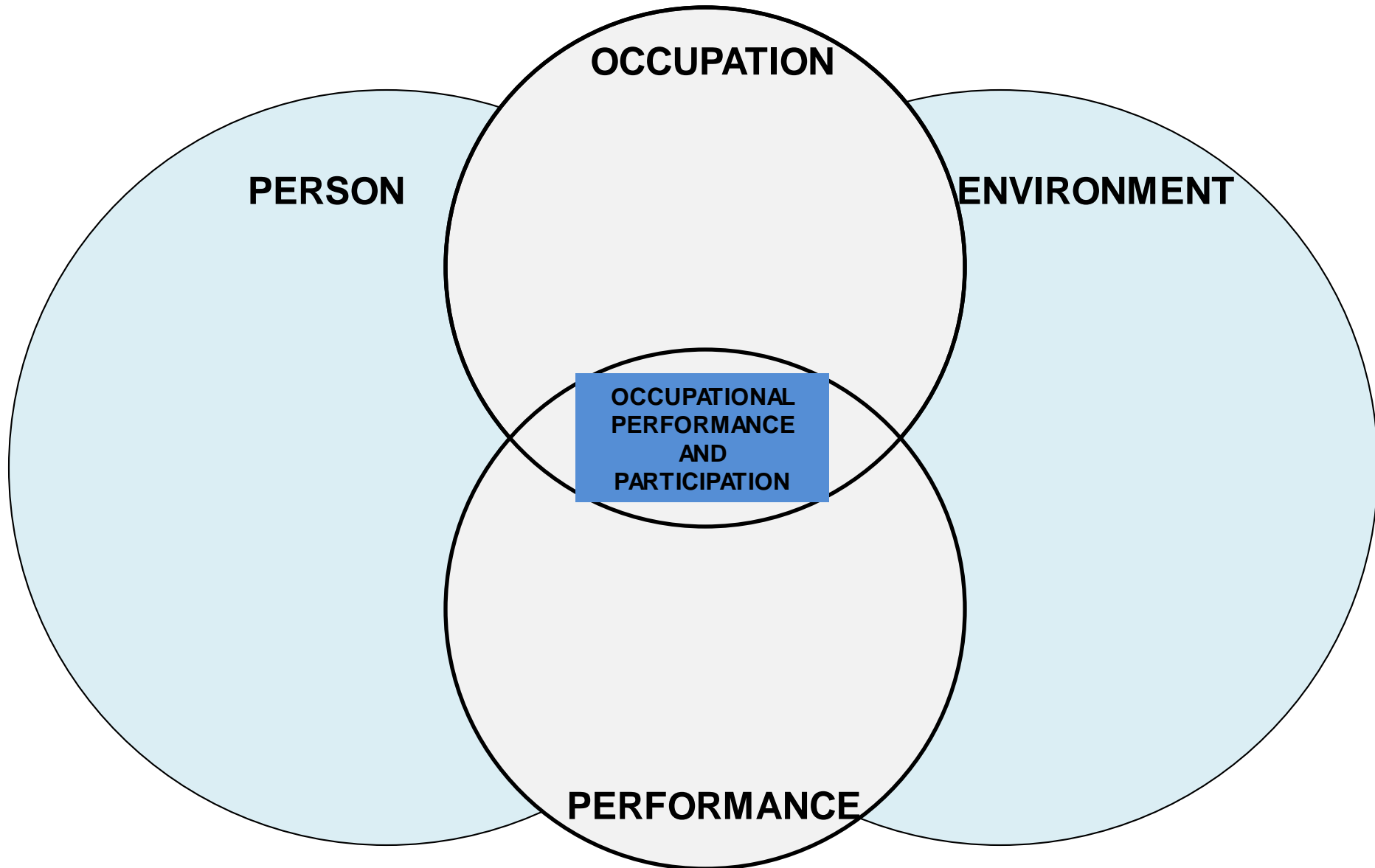
Life During a Pandemic

- ▶ Everyone could benefit from an **Occupational Therapist** right now!

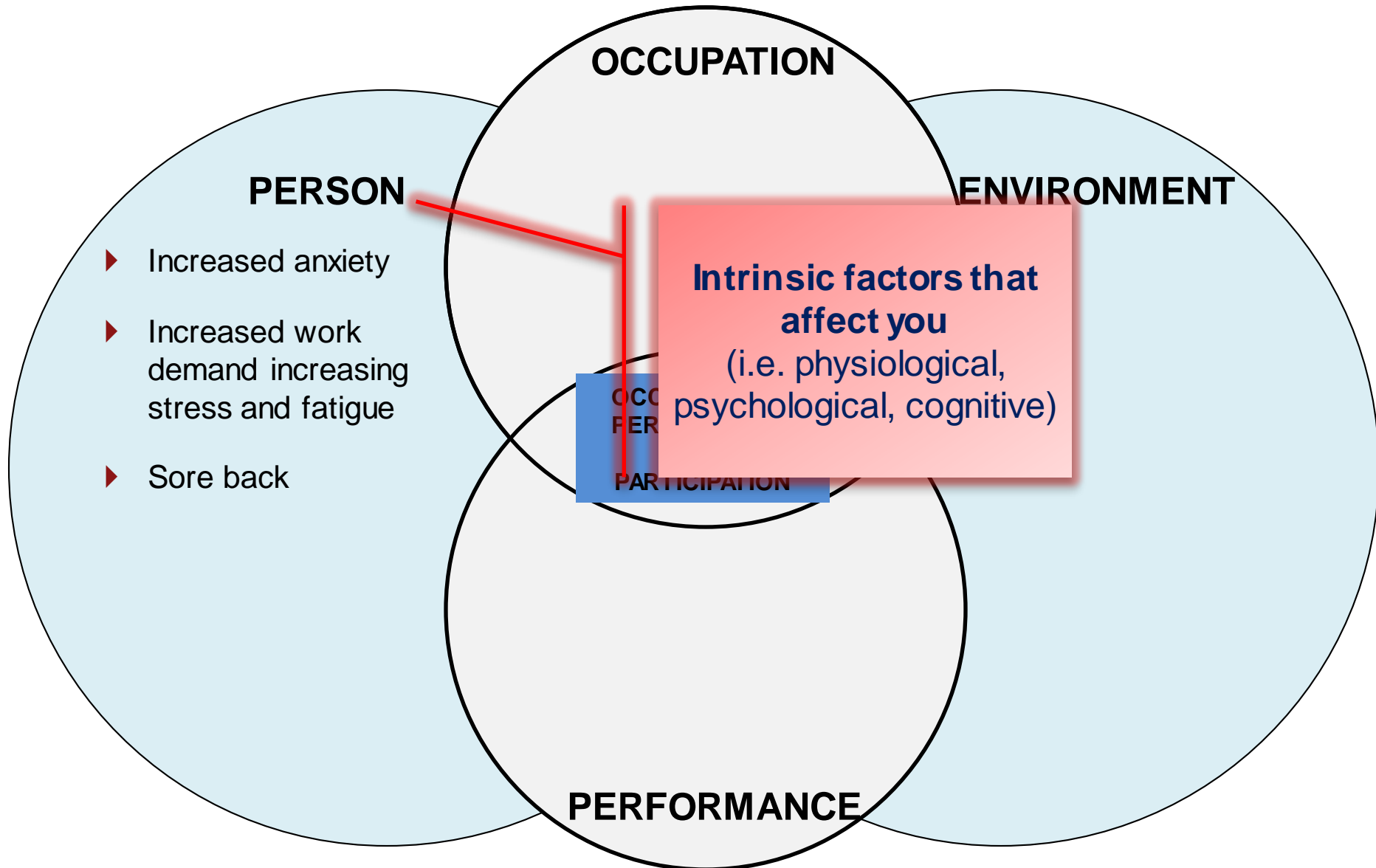


Many are trying to figure out how to perform the daily routines and duties we absolutely need to do in places not conducive to the demands of the roles.

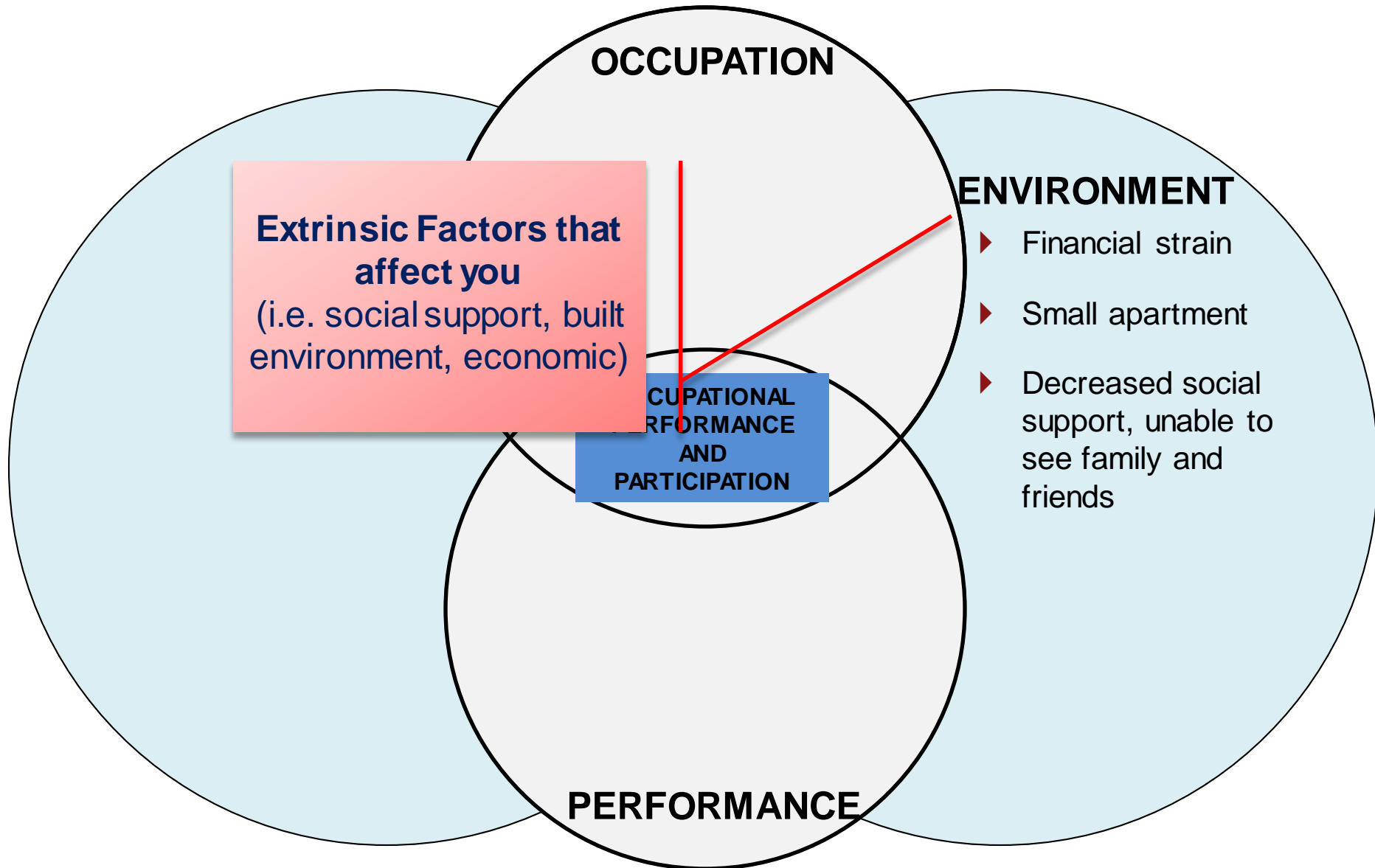
Let's do an activity!



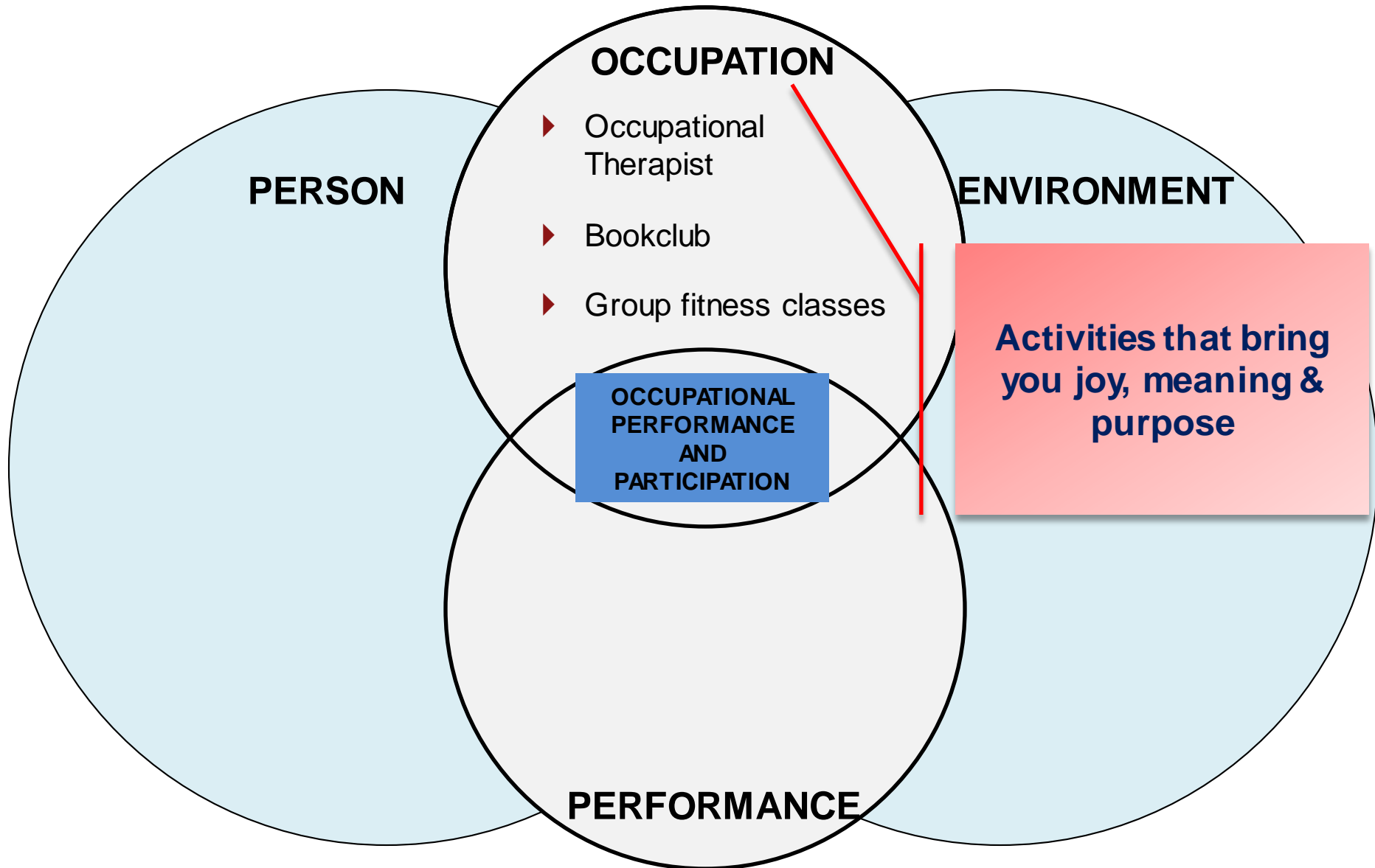
Person



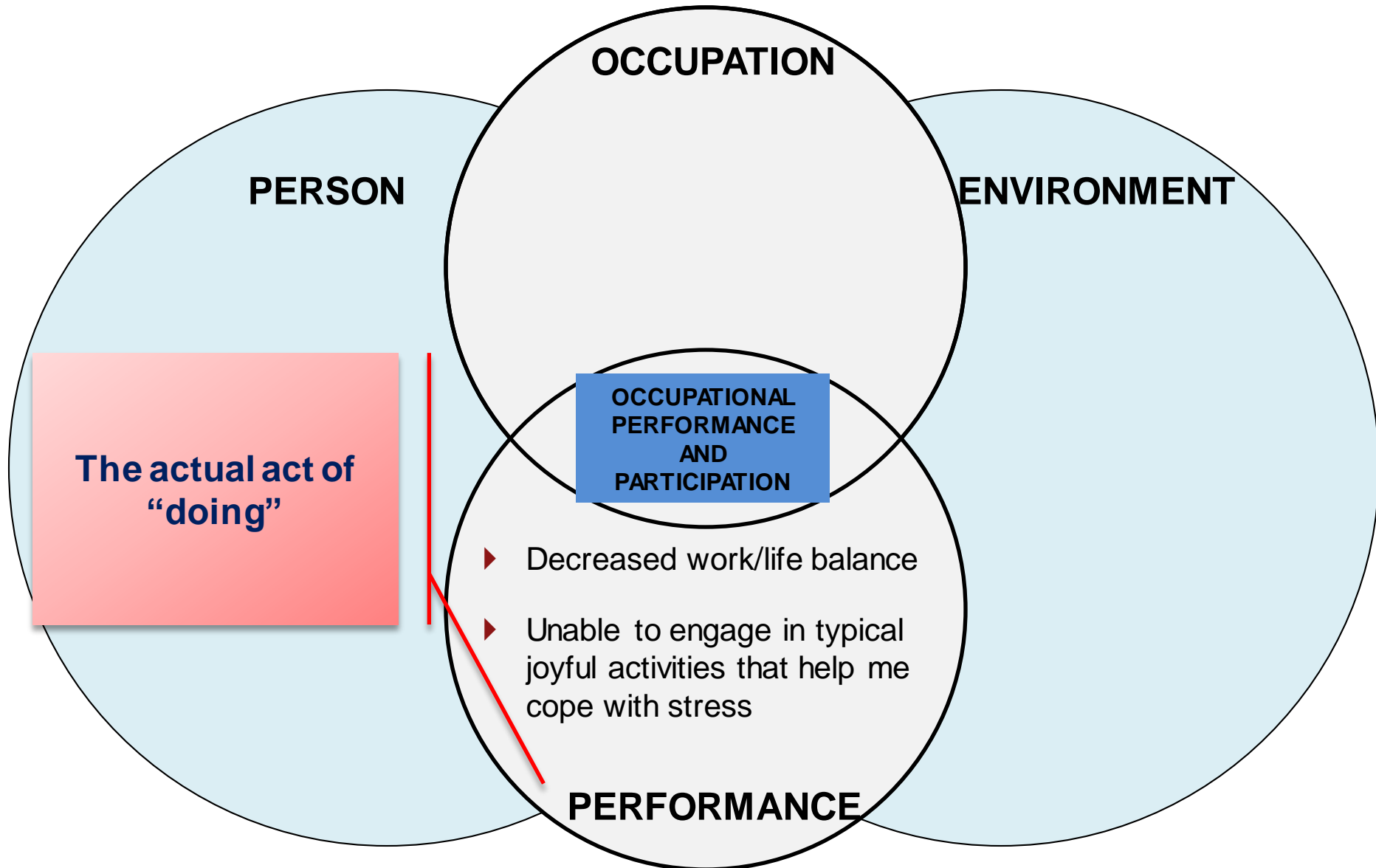
Environment



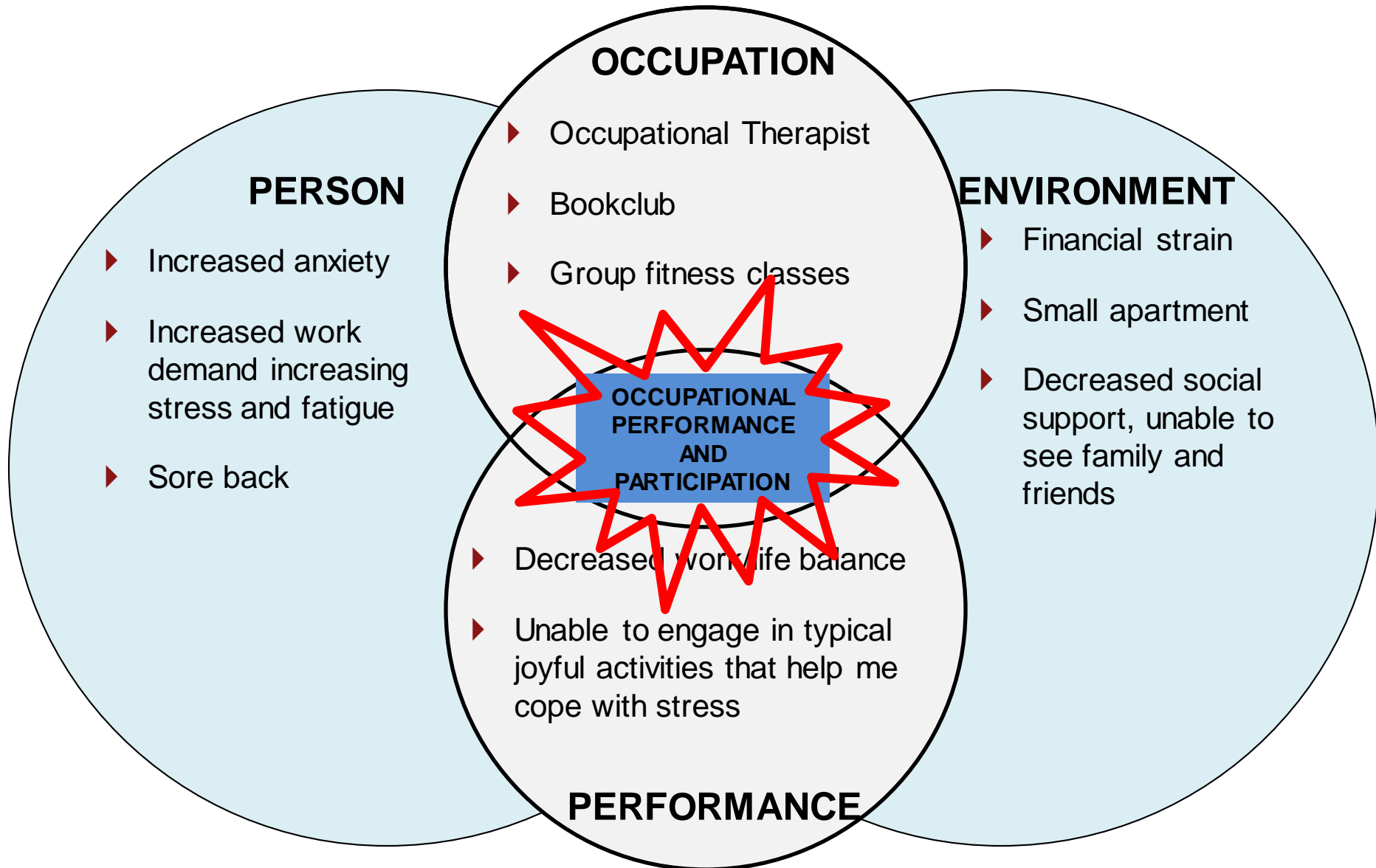
Occupation




Occupation



Person-Occupation-Environment-Performance Model



Reflect on what your barriers are



What is the common
“problem” that an
Occupational Therapist
would need to address
in your situations?



**Social Isolation &
Occupational
Deprivation!**

What is Social Isolation and Occupational Deprivation?

▶ Social Isolation:

- “Absence of social interactions, contacts, and relationships with family and friends, with neighbors on an individual level, and with “society at large” on a broader level” (Cudjoe, 2020)
- Measured by the amount of meaningful relationships and social supports
- Social support refers to “resources” provided by others
 - ▶ can be physical, emotional, social, financial, etc.

▶ Occupational Deprivation:

- Inability to engage in “occupations of necessity and/or meaning due to factors that stand outside the immediate control of the individual” (OT Australia Position Statement, 2016)
- Humans depend on **meaningful occupations** to experience positive experiences and life satisfaction

Isolation in the Hospital

- ▶ Limited meaningful interactions leading to lowered quality of life (Myers, 2000)
- ▶ Physical deconditioning and lowered activity tolerance (Valtorta, 2016)
- ▶ High risk for confusion & delirium (Sutin, 2018)
- ▶ Increased feelings of depression & increased anxiety (Sutin, 2018)
- ▶ Affect on gene expression and immunity (Slavich, 2007), (Cole, 2015)
- ▶ Negatively impacts longevity and healing (Alcaraz, 2019), (Myers, 2000), (Valtorta, 2016)
- ▶ Reduced productivity due to decreased internal motivation and drive (Myers, 2000)



Reflect...

- ▶ Imagine what your life was like during the pandemic with social isolation & occupational deprivation
- ▶ **THEN**, imagine also having a medical condition requiring a hospital admission



+



- ▶ Again, our role as an Occupational Therapist is to help people solve the 'problems' that interfere with activities that are important to them

‘It’s one thing to survive the infection, but what’s next?’ Some COVID-19 patients need rehab to walk, talk and problem solve



Chicago Tribune

Gordon Quinn goes through a grocery shopping exercise with occupational therapist Emily Sanders on April 27, 2020, at the Shirley Ryan AbilityLab while recovering from being on a ventilator with COVID-19.(Brian Cassella / Chicago Tribune)

NEW YORK POST

Occupational therapist teaches NYC coronavirus survivors how to live again

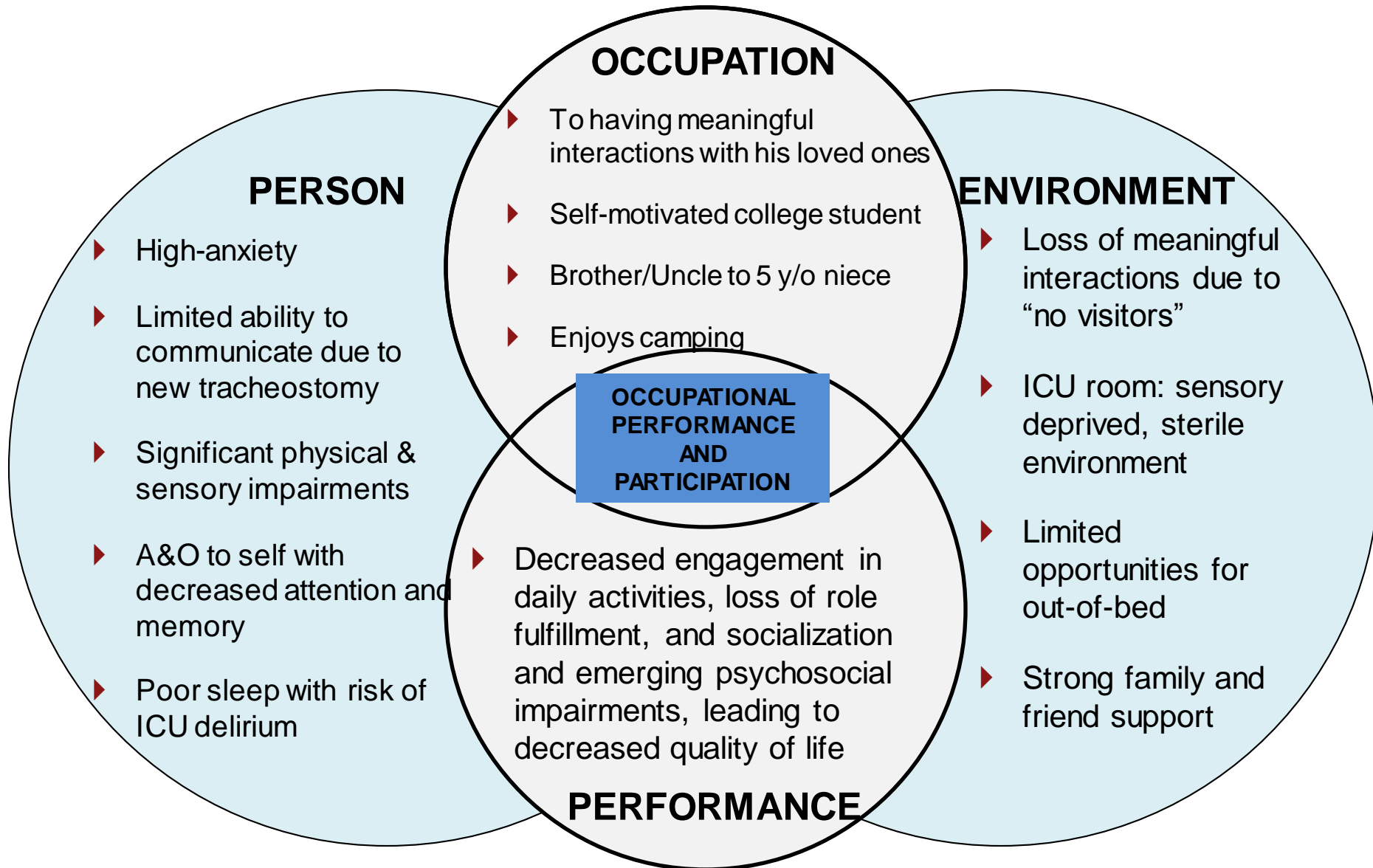


Case Example #1

- ▶ 21 year old male, unrestrained passenger MVA rollover with fracture/dislocation of C6-7 vertebral bodies with complete transection of the cord s/p C3-T2 posterior spinal fusion. He is unable to move bilateral lower extremities and has some shoulder and elbow function. He has no sensation below chest level.
- ▶ Has a PEG tube and tracheostomy with difficulty weaning vent due to anxiety. He is A&O to self.
- ▶ Strong family support, living 3 hours away. Prior to his injury, he was independent in all daily activities and functional mobility. He is a college student studying engineering.

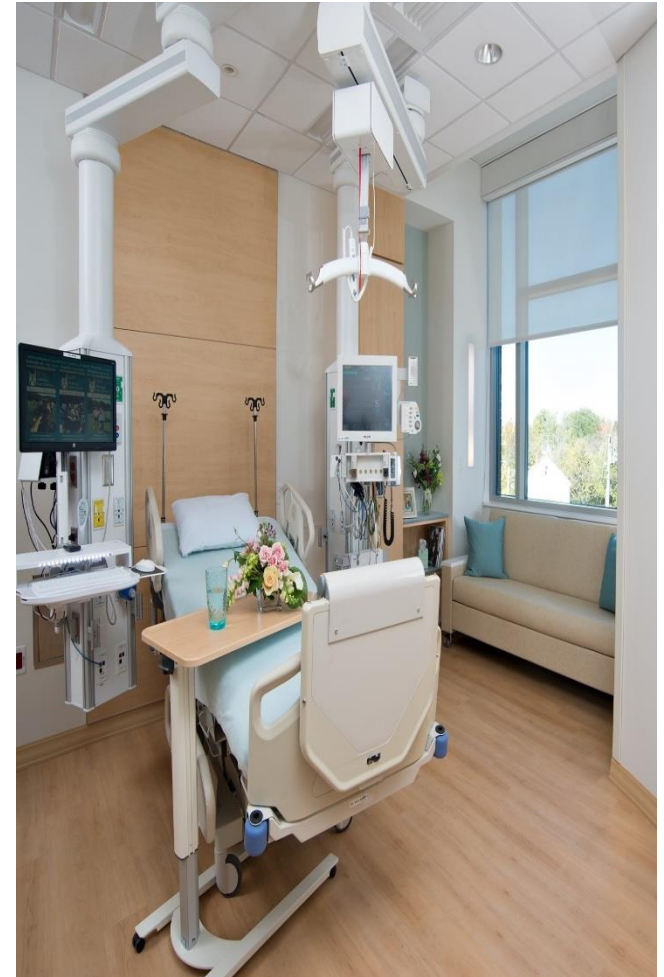


Person-Occupation-Environment-Performance Model



Post Intensive Care Syndrome (PICS) & Delirium

- ▶ Refers to **physical**, **cognitive**, and **mental** (psychological) impairments that occur during ICU stay (Inoue et al, 2019)
- ▶ Impacts long-term prognosis of ICU patients
- ▶ Can persist after ICU discharge or hospital discharge, associated with reduced quality of life and poor daily functioning
- ▶ **Physical:** Intensive care unit acquired weakness (ICU-AW)
- ▶ **Cognitive:** new or worsening cognitive function including memory, executive function, language, attention, and visual-spatial abilities
- ▶ **Mental:** major mental illnesses are depression, anxiety, & PTSD
- ▶ Delirium: Disturbance in mental abilities that results in confused thinking and reduced awareness of the environment (Mayo Clinic, 2020)



Intervention

▶ Early Engagement/Participation in Daily Activities

- Safe and important at the ICU level
- Impacts function, vent weaning, cognitive status, body awareness
- ADLs coupled with early mobility to address **purposeful** engagement
 - ▶ **Patient Goal:** grooming and sitting up in wheelchair for videocall to family
 - ▶ Modified techniques for daily activities

▶ Promote communicate to health team & social support

- Alternative communication of needs: universal cuff with pointer
- Access to call button: self-advocacy
- Technologies to contact family for social connectedness and role fulfillment

▶ Psychosocial/Delirium

- Anxiety management strategies
 - ▶ Nature guided-meditation
- Sleep Hygiene
- ICU Diary



Intervention: Connection to Family & Friends

► Occupational Therapy at SHC during the pandemic

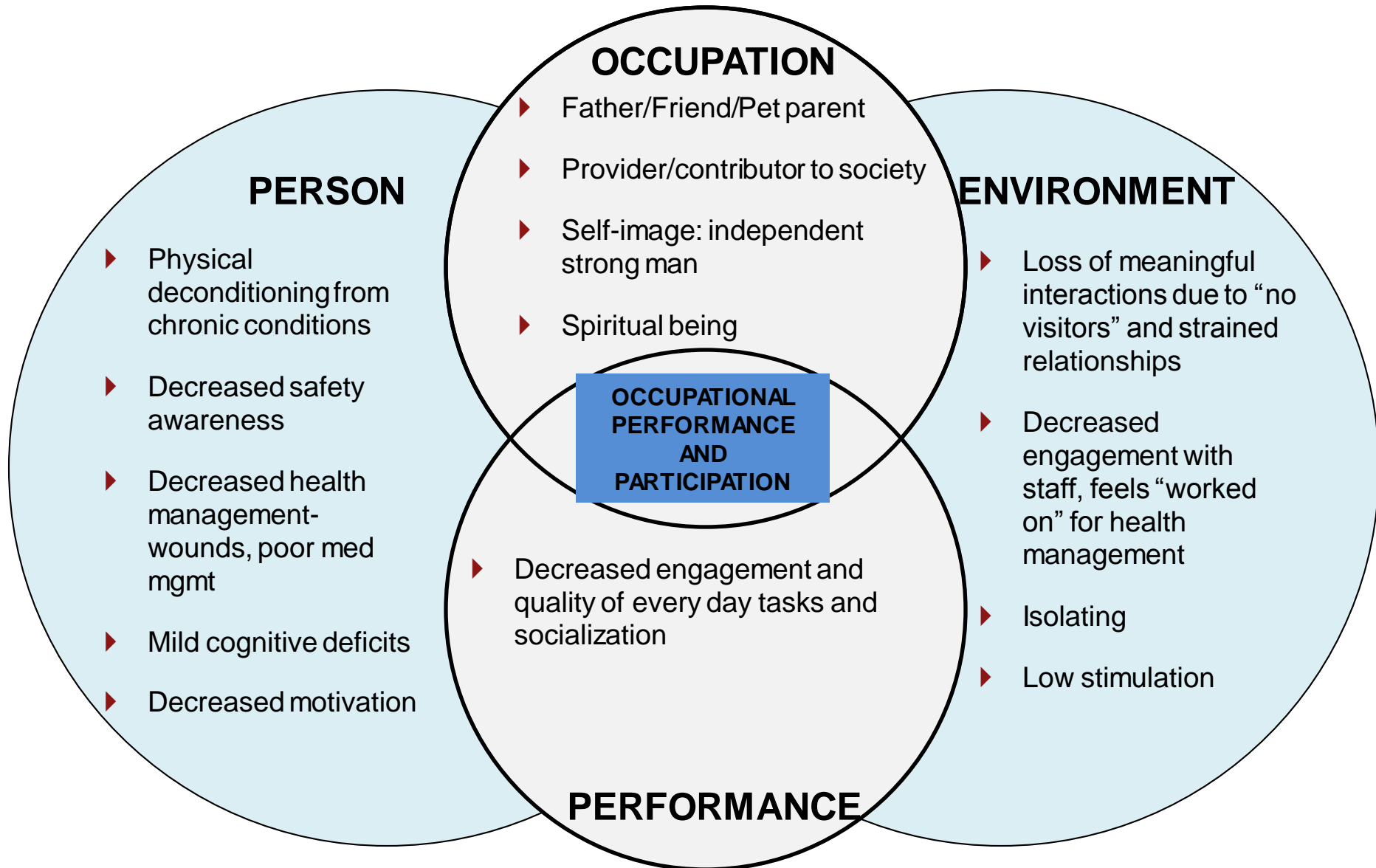


Case Example #2

- ▶ 68 year-old man, with frequent re-admissions for falls and wounds
- ▶ Hx of DM with poor medication compliance, hyperglycemic on admission
- ▶ Lives alone, family lives in the central valley, previously worked in farm fields
- ▶ Low health literacy
- ▶ Minimal interactions with family/friends likely due to poor life habits



Person-Occupation-Environment-Performance Model



Intervention: Health Management

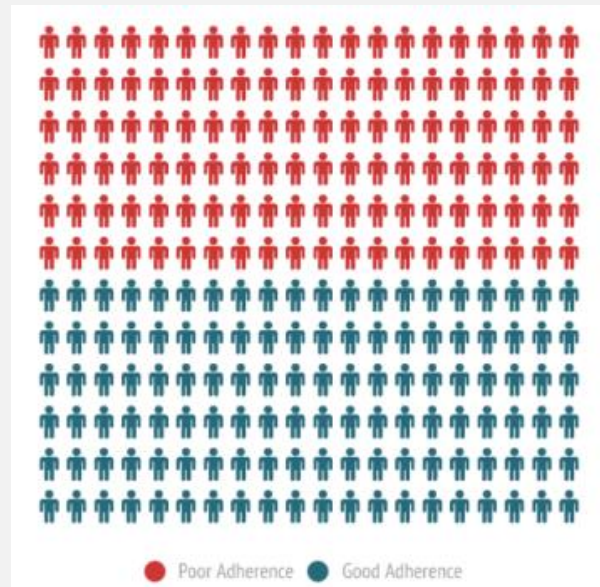
- ▶ Instrumental ADL: **Health Management** (including medication management, health literacy, prevention, wellness, and maintenance)

Per the Center for Medicare & Medicaid Services, readmission rates are 19.4% in 30 days and 51.6% within one year as a result of medication non-adherence.

Per the WHO, 100 billion dollars per year is spent on hospitalization related to medication non-adherence (Roberts & Robinson, 2014).

Medication non-adherence leads to admission or re-admission to a hospital and discharged to a long-term care facility...
"spending on average 41% more than their adherent peers on inpatient health care"
(Schwartz & Smith, 2017, p.5).

Half of people with chronic conditions fail to take their medications as prescribed.
(Osterberg, 2005)



Intervention: “Independent Strong Man”

- ▶ **Patient Goal:** “To go home and not need to come back”
- ▶ Assess safety with ADLs/IADLs
- ▶ Build health literacy:
 - Positioning patient as a leader in his health management
 - Education with patient’s team (daughter and son)
 - ▶ Linking: Diabetes Nurse Educator, Primary RN, Primary Medical Team & Dietitian
 - Medication Management teaching with his ‘team’
 - Teaching on phone/technologies for virtual telehealth appts
- ▶ Facilitate building support system through community approach
 - Farewell to Falls
 - Aging Adult Services
 - Diabetes support group

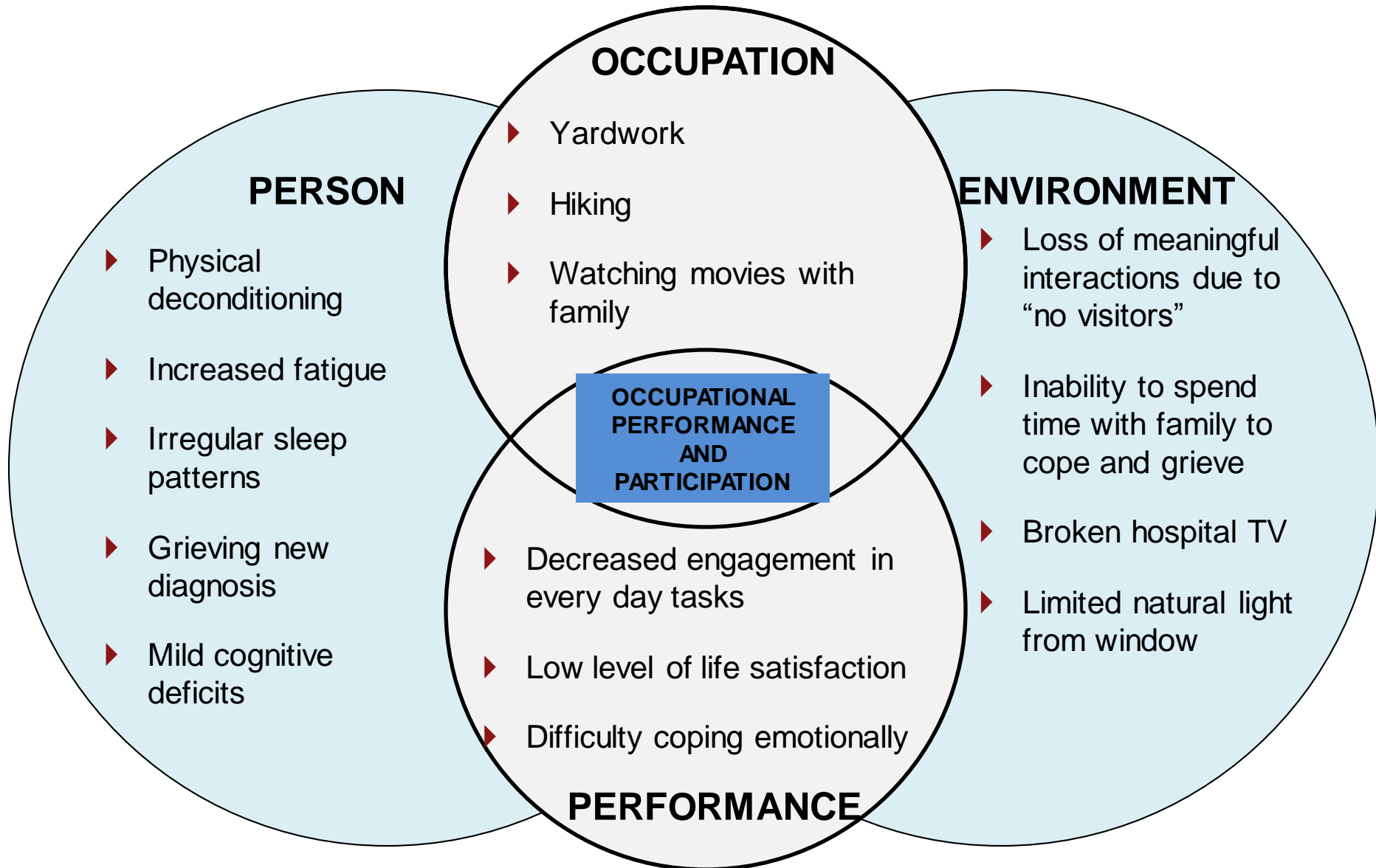


Case Example #3

- ▶ 65 Y male who presented with generalized weakness, cough, fevers and found to have neutropenic fever. Pathology consistent with high grade B-Cell lymphoma. Pt has been in the hospital for over a month.
- ▶ Previously independent with all activities, driving, retired teacher
- ▶ Supportive family, father of 3 children, active member of the household
- ▶ Enjoys hiking, cycling and spending time with his family

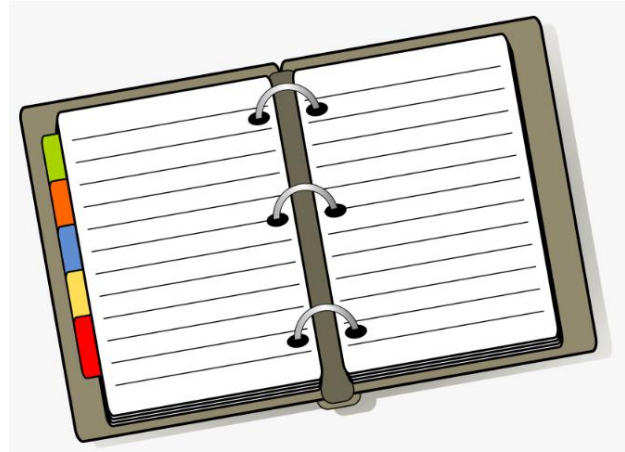


Person-Occupation-Environment-Performance Model



Intervention: OT Engagement Packet

- ▶ Discusses OT's role and what social isolation is
- ▶ Resources to cope with social isolation and promote activity engagement
- ▶ Packet Includes:
 - How to create a daily schedule and simple goals
 - Tips on how to get a good night sleep in the hospital
 - Coping strategies
 - Bed level and seated exercises
 - A collection of leisure activities



Intervention: Goal Setting

- ▶ Encourages the patient to remember the WHY
 - Why am I pushing myself to get out of bed 3 times a day?
- ▶ Provides motivation, accountability and a sense of accomplishment
- ▶ **Patient's Goal:** to be able to watch an entire movie with his family via FaceTime



Photo Credit: <https://blog.v-comply.com/smart-goals-for-business/>

Intervention: Daily Structure

- ▶ Although the patients' typical routines, habits and environment have been disrupted, it is important to maintain a consistent daily routine while in the hospital
- ▶ Creating a daily schedule will:
 - Provide a sense of meaning, purpose and accomplishment
 - Promote healthy wake/sleep habits to prevent delirium
 - Facilitate your recovery through increasing activity tolerance
- ▶ Consider all types of activities: self-care, socialization, physical exercise, leisure
- ▶ Patients will require assistance and encouragement to adhere
- ▶ Allow for as much independence as possible with ADLs

Schedule Example

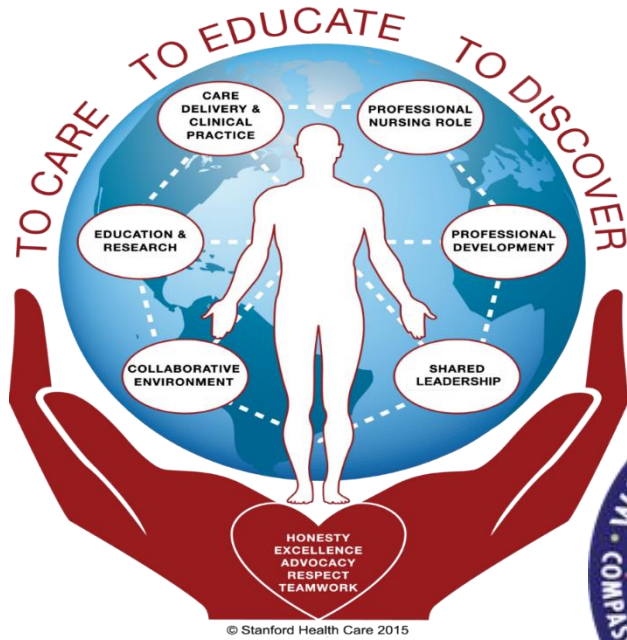
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Common Questions

- ▶ How do I get an Occupational Therapy evaluation order?
- ▶ Does the patient need PT before an OT order can be placed?
- ▶ How frequently will OT see the patient?
- ▶ How can the interdisciplinary team support OT's interventions?

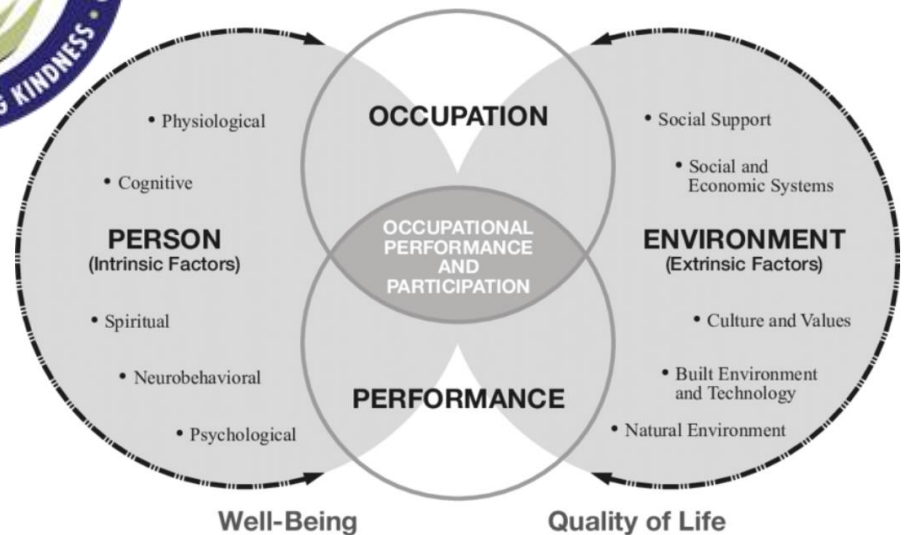


Connections between Caring Science & PEOP Model



- Both emphasize connecting on a holistic, personalized basis
- “Being” the caring-healing environment*

- Patient-centered care
- Education and practice rooted in compassionate care and healing of the mind, body, spirit, and soul



Final Thoughts

- ▶ Occupational Therapy helps people engage in the **meaningful activities** they need or want to
- ▶ Occupational Therapists help people **overcome** physical, cognitive, psychological and/or environmental **barriers** that interfere with participation
- ▶ Occupational Therapy is **essential**, especially during a pandemic
- ▶ **Advocate** for OT! We all need assistance with overcoming occupational deprivation and social isolation



THANK YOU



**Please reach out if you have questions:
albrown@stanfordhealthcare.org**

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