Functional Pathways

Therapy that exceeds expectations.

The Role of Rehabilitation: Providing Care During a Pandemic

We are experiencing daily challenges as we work together to face the COVID-19 pandemic. This is an unprecedented time in our lives. What is our role in the social distancing healthcare world? Therapy services are considered essential because they are a key part of resident care plans and may often be the reason an individual is receiving care in certain settings. Delays in rehabilitation have been associated with worsening symptoms and adverse events. Even through this challenging time, Functional Pathways continues to provide therapy services that exceed expectations. Resident identification and treatment are even more imperative now as individuals are confined to rooms and wings with less visibility to staff and families. This resource is designed to be a tool for FP therapy teams and clients to ensure every resident receives the rehab care and services they need.

What Changes

- Need for heightened awareness and holistic assessment of residents by every staff member who is in contact with them
- Communication strategies for residents with cognitive, hearing and vision impairments while using PPE, especially face masks
- Increased focus on functional treatments without the use of the "bells and whistle", fancy therapy equipment - "Thinking outside the gym"
- Increased need for accurate assessment of impact on psychosocial elements such as depression, anxiety and isolation and their effect on residents' functional status

- Focus on more virtual communication strategies and interventions with residents and care providers

What Stays the Same

- Medical Necessity requirements for skilled rehab services
- Documentation requirements to support skilled rehab services
- Practicing at the top of your license by providing therapy that exceeds expectations
- Effective communication between therapy and facility teams regarding resident status
- Importance of early identification of resident changes to prevention decline in function and quality of life

Resident Identification

With significant changes in day to day operations, activities and care delivery, our residents are at increased risk for functional changes due to more stringent infection control measures. It is imperative we implement ways to identify decline and psychosocial issues related to social distancing which may be causing or exacerbating resident deficits. Communication and coordination between nursing and therapy staff can optimize early identification and interventions and minimize potential negative impact on residents. The areas of potential decline are not significantly different from how we practiced prior to COVID-19, however, they are more difficult to identify due to the decreased interaction of the residents with staff and families under social distancing guidelines. We need to consider all areas of potential impact on the residents' functional abilities, including:

- Decreased ability to eat or swallow or onset of weight loss
- Depression, delirium, anxiety, crying, fear, feelings of isolation causing a decline or change in function
- Decline in bed mobility, transfers and functional mobility
- Decrease in range of motion, strength, balance or activity tolerance
- Falls and fall risk
- Increase in episodes of incontinence
- Decreased ability to communicate basic needs or follow directions
- Behavioral changes resulting in decline or change in function/cognitive status
- Increase in pain
- Skin integrity issues

Several key areas skilled therapy interventions may impact include:

- Reducing the risk of hospitalization or readmissions due to decline in function
- Decreasing the risk of contracture and joint deformities
- Improving resistance to infection via movement and activities proven to enhance immunity

- Combatting disruptions to mood as a result of social isolation by increasing their ability to engage in functional activities and communicate needs
- Addressing resident's occupational and leisure activity deprivation and establishing habits, roles and routines
- Promoting participation in education, play and learning
- Increasing independence and safety in occupations and functional activities; thereby reducing the need for care provider assistance
- Support of activity and nursing staff to provide functional maintenance programs for at-risk residents

Medical Necessity

The medical necessity of therapy services does not change in the presence of a pandemic. We continue to need a medical diagnosis to justify the need for skilled therapy services. Communicate with your physicians to identify additional diagnoses as indicated for the resident such as depression or anxiety. The primary diagnosis will always be the underlying medical condition linked to the need for therapy. Additional ICD-10 codes (psychosocial in nature) can be used as the secondary diagnosis. For example, the resident may have a new diagnosis of anxiety or depression as a result of social isolation which has caused a decline in the residents' ability to perform self-care tasks, mobility, or cognitive tasks. The treatment diagnosis would reflect the deficit/decline the patient has experienced because of the new (or exacerbation of) diagnosis. The treatment diagnoses include, but are not limited to, muscle weakness, lack of coordination, contracture, pain, cognitive-linguistic deficits, etc.

Discussion with nursing is important to ensure documentation of the resident's current status and functional decline and effects of COVID-19 social isolation. This will ensure justification for skilled therapy services. If functional decline is noted, the reason for referral section of the therapy evaluations should include detailed correlation on how the resident's status is linked to COVID-19 social distancing/isolation. Detail the functional decline(s) as it relates to the therapy discipline.

Examples:

PT

"*Resident referred to PT secondary to decline in functional strength and coordination resulting in need for more assistance with transfers, bed mobility, and walking in room as a result of the COVID-19 social distancing."*

OR

If depression/anxiety, etc. is a documented MD dx, "*Resident referred to PT secondary to decline in functional strength and coordination resulting in need for more assistance with transfers, bed*

mobility, and walking in room as a result of the COVID-10 social distancing and a new diagnosis of depression."

OT

" Resident referred to OT secondary to decline in dressing and grooming activities as a result of the COVID-19 social distancing."

OR

If depression/anxiety, etc. is a documented MD dx*, "Resident referred to OT secondary to decline in ability to dress and groom self as a result of the COVID-10 social distancing and a new diagnosis of depression."*

SLP

"Resident referred to SLP secondary to weight loss and decreased ability to consume a regular diet as a result of the COVID-19 social distancing."

Or

If depression/anxiety, etc. is a documented MD dx, *"Resident referred to SLP secondary to weight loss and decreased ability to consume a regular diet as a result of the COVID-19 social distancing and a new physician documented diagnosis of depression."*

General Goal Writing Guide

All goals for residents, regardless of diagnosis or circumstance such as a pandemic, should follow certain guidelines. Goals are the targets the resident and/or care provider want to reach through the intervention from PT/OT/SLP. Therapists must consider the resident's capacity to achieve these goals based on several factors, including: physical ability, motivation, comorbidities, psychosocial support, environmental factors and cognitive status. When formulating resident specific goals – always be SMART:

- ***S***pecific – Are specific activities and functional levels addressed and does the resident understand what is expected?
- ***M***easurable – Can change or progress toward the goal be documented, evaluated and measured?
- ***A***ttainable – Is the resident able to achieve the goal that has been set?
- ***R***ealistic – Is the goal realistic for the resident's situation and planned discharge setting?
- ***T***ime-Limited – Can the goal be achieved in the specified amount of time based on patient ability?

General Treatment Considerations

- Consider split treatment to address established goals to promote coordination of care with nursing ((i.e. morning meal and evening ADL, balance/gait during first shift and transfer training with second shift, etc.)
- Assess and implement leisure activities during treatment sessions
- Work with family members to create purposeful activities using items from home
- Coordinate supplies with activity department to set up specific interventions based on resident specific leisure activity preferences
- Coordinate use of software platforms to allow contact with family, friends and other residents
- Create environmental modifications to optimize functional mobility and safety – lighting, use of contrast, labels, calendars, etc.
- Use Medbridge PDF/videos to train patient and CNA exercise program
- Refer to the FP Therapist's Guide to Treatment During COVID-19 on MedBridge

Regulatory Updates

Guidance from federal agencies is continually shared as the status of the pandemic within the United States is evolving on a daily basis. We encourage our practitioners to continue to check guidance from the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) for the most up-to-date information. Information is also available to our therapy teams and clients at www.fprehab.com

If there are interruptions to service that delay continued access to care, CMS provides the following guidance to assist providers:

- Review resident's plan of care and consider making any updates or modifications that may be necessary due to COVID-19;
- Discuss any resident changes with MDS for consideration of Significant change assessments and/or information for coding quarterly/annual assessments;
- Communicate with residents and their families/caregivers as appropriate to help them understand the situation and assure them that you are doing all that you can to provide (or resume) services;
- Ensure that all members of the care team are documenting in the medical record their efforts to adhere to the client's plan of care, including all refused attempts to see clients in person and all alternative methods used to perform resident visits (e.g., phone calls and virtual visits)

Discipline Specific Roles and Guidance

Whether treating a resident with a stroke, hip repair, infection or any other diagnosis, each therapy discipline has different assessments, goals, and treatment strategies to achieve the best possible outcomes. During this world-wide pandemic, this is more apparent and important than ever. In order to continue to support OT, SLP and PT in this "new normal" of social distancing and heightened risk for resident decline, Functional Pathways has developed a guide for each discipline that includes resident identification and evaluation tips, goal writing examples and treatment strategies.

Occupational Therapy

Although the provision of therapy services has been adjusted to accommodate stringent infection control measures for all residents in our care, the role of OT continues to be multi-dimensional as we face a world of social distancing and isolation. Assessment and treatment strategies must include focus on the resident's ability to participate and progress based not only on physical status, but psychosocial factors as well. Some of the ways OT can expand the benefits of treatment to our residents include:

- Making the patient more independent in daily living skills by improving social interaction and participation in daily tasks
- Help to improve behavior, decrease s/s of anxiety and depression resulting from functional decline due to social isolation by engaging resident in purposeful tasks
- Use of occupational and leisure activities to promote wellness and quality of life and decrease risk of decline

Additional Standardized OT Assessments

In addition to the typical OT assessments that measure a resident's functional ability, the psychosocial status must also be evaluated to determine the effects of potential or actual symptoms of depression, anxiety, fear. Consider including these depression, anxiety and cognitive scales when evaluating residents identified with declines due to pandemic related social isolation requirements:

Geriatric Depression Scale

Cohen-Mansfield Agitation Inventory

Allen Cognitive Level Screen

SLUMS
Bay Area Functional Performance Evaluation

Occupational Circumstances Assessment Interview and Rating Scale

Beck Depression Inventory

Cornell Depression Scale

OT Goal Setting

Goals are the targets the resident hopes to reach through involvement from Occupational Therapy. All goals must be set within the capacity of the resident and are usually set in 2-3 levels: short term, intermediate, and long term. Psychosocial factors that will enhance a resident's ability to achieve their goals should be included in each goal. Consider including the following interventions: environmental modification, sensory modulation, behavior modification, resident and care provider education.

Examples of OT goals established due to functional decline related to anxiety/depression/decreased orientation include:

- Resident will identify at least three anxiety behaviors and an implement an appropriate response to prevent escalation which would disrupt the completion of ADL tasks with min assist
- Resident will utilize calendar to orient herself and respond to reality orientation questions for 10 minutes daily with 80% accuracy and occasional visual cues.
- Resident will participate in toilet transfers with mod assist of 1 while identifying 2 coping skills related to her anxiety/fear of falling and implement strategy on 90% attempts with min verbal cues
- Resident will get out of bed by 10 am and dress herself with supervision, 5 days per week with occasional cues from staff to initiate tasks.
- Resident will identify feared situations and strategies to help alleviate fears/anxiety with min verbal cues to allow resident to perform ADL tasks with supervision.

OT Implementation Ideas During Isolation

- Assess adaptive equipment use and make modifications as needed to improve resident usage and safety
- Assess resident's ability to see the call cord/button. Consider using spray paint and/or colored tape to provide stronger visual contrast to aid resident's use of device
- While working on sitting/standing balance, consider using an activity which promotes engagement. This could include writing a letter to a family member, creating a miss you card for a community neighbor, etc. Seek out supplies from the activity department or staff members who may be eager to donate.
- Check out that EZ boy chair! Residents may be spending more time in their recliner. Check the height to see if modifications are needed to promote resident's ability to transfer.

- Create a mobile gardening activity for residents. Therapists go room to room to help residents work on standing balance and physical tolerance, sequencing, problem solving, upper body strength and ROM.
- Consider ways to promote self-feeding during isolation (limitation to adaptive feeding equipment during facility's use of disposable food containers/utensils)
- Have residents consume meals in their doorways to increase visual stimulation for initiation and socialization with other residents in their doorways.

Speech Therapy

With the recent implementation of social distancing requirements, residents are at increased risk for communication, cognitive and swallowing deficits that interfere with their ability to perform functional tasks. These all require a heightened state of awareness for SLP's and care providers to not only identify these deficits, but implement strategies to prevent them. As a profession, SLP's are trained to have a holistic understanding of the brain and how it functions not only for speech, language, and swallowing but also for all aspects surrounding the completion of functional tasks such as sequencing, executive function, problem solving, reasoning and safety awareness.

Additional Standardized SLP Assessments

In addition to the typical SLP assessments that measure a resident's speech/language/swallowing/cognition, the psychosocial status must also be evaluated to determine the effects of potential or actual symptoms of depression, anxiety, fear. Consider including these depression, anxiety and cognitive scales when evaluating residents identified with declines due to pandemic related social isolation requirements:

Geriatric Depression Scale

Cohen-Mansfield Agitation Inventory

Allen Cognitive Level Screen

Beck Depression Inventory
Cornell Depression Scale

SLUMS

Scales of Cognitive and Communicative Ability for Neurorehabilitation (SCCAN)

RIPA2 or RIPA G2

SLP Goal Setting

Goals are the targets the resident hopes to reach through involvement from Speech Therapy. All goals must be set within the capacity of the resident and are usually set in 2-3 levels: short term, intermediate, and long term. Factors that will enhance a resident's ability to achieve their goals should be included in each goal. Consider including the following interventions: environmental modification, sensory modulation, behavior modification, and resident and care provider education.

Examples of SLP goals established due to functional decline related to anxiety/depression/social isolation include:

- Resident will perform problem solving activities regarding fall prevention with 8/10 acc requiring min verbal cues for accuracy
- Resident will complete executive function tasks with 80% acc with occasional verbal cues in order to improve safe routine with daily tasks
- Resident will utilize memory aids to recall daily activities with 80% acc with minimal verbal and visual cues to improve ability to communicate daily tasks with family
- Resident will identify 8 safety risks that may cause resident anxiety during functional activity and communicate 7/8 solutions with min verbal/visual cues in order to improve ability to safely perform daily tasks
- Resident will demonstrate ability to use technology to communicate with family members with minimal verbal/visual cues in order to increase engagement
- Resident will demonstrate ability to set alarms on their electronic device with 100% acc with occasion verbal cues to improve accuracy and safety of medication management

SLP Implementation Ideas During Isolation

- Have resident read to their roommate to work on oral motor strength and coordination, dysarthria, etc
- Work with family members/friends via technology to create purposeful communication using therapeutic strategies
- Utilize technology to include families during mealtimes – encourage "family meals" to increase intake and communication and educate on strategies
- Increase recall and orientation by using calendars, clocks, sticky notes, cell phone reminders
- Encourage family to provide pictures and memorabilia to foster meaningful conversations and decrease feelings of isolation
- During meal-times – change the TV station to the food network, cooking channel, etc to increase intake and help with self-feeding initiation
- Have resident write a card/note/draw picture to their grandchildren/family/facility staff/residents/friends. Have residents have other residents as pen pals.

- Assess meal presentation, if no contrast between food vessels and food, consider marking the vessels (outline the sections of the disposable container) so the resident can distinguish the food items
- Create of an activity box to serve as a collection of purposeful engagement and receptive and expressive communication.

Physical Therapy

Although the provision of therapy services has been adjusted to accommodate stringent infection control measures for all residents in our care, the role of PT continues to be multi-dimensional as we face a world of social distancing and isolation. Assessment and treatment strategies must include focus on the resident's ability to participate and progress, based not only on physical status, but psychosocial factors as well. Ways PT can expand the benefits of treatment to our residents include:

- Optimize the patient's mobility within their confined environment.
- Incorporate interactive exercise programs to promote flexibility, balance and strength
- Use of holistic approach to pain management
- Minimize risk of falls linked to limited supervision during isolation

Additional Standardized PT Assessments

In addition to the typical PT assessments that measure a resident's functional mobility, the psychosocial status must also be evaluated to determine the effects of potential or actual symptoms of depression, anxiety, or fear. Consider including these depression, anxiety and cognitive scales when evaluating residents identified with declines due to pandemic related social isolation requirements:

- Geriatric Depression Scale
- Cohen-Mansfield Agitation Inventory
- Bay Area Functional Performance Evaluation
- Beck Depression Inventory
- Cornell Depression Scale

PT Goal Setting

Goals are the targets the resident hopes to reach through involvement from physical therapy. All goals must be set within the capacity of the resident and are usually set for short term and long term. Psychosocial factors that will enhance a resident's ability to achieve their goals can be included in goals.

Examples of PT goals established due to functional decline related to COVID-19 include:

- In two weeks, resident will ambulate 30 feet in room with standard cane and min verbal cues to navigate furniture and architectural barriers.
- In two weeks, resident will be independent in pre-transfer safety techniques of locking brakes and adjusting leg rests in preparation for wheelchair to bed transfers.
- In one week with supervision resident will be able to utilize electric bed controls to adjust bed to the proper height in preparation for sit to stand transfers to rolling walker.
- In one week, resident will perform pressure relief exercises of leaning side to side and front to back 10X with supervision to minimize risk of skin breakdown during social isolation.

PT Implementation Ideas During Isolation

- Use of visual contrast for wheelchair brakes and call button access
- Use taping to mark walkers for coordination of care
    - Green = patient walks independently using walker
    - Yellow = patient walks only with supervision using walker. Store walker out of resident's reach when staff member not present.
    - Red = patient walks only with physical assistance using walker. Store walker out of resident's reach when staff member not present.
- Coordinate use of software platforms to allow contact with family as a part of your treatment session
- Create environmental modifications to optimize functional mobility and safety – lighting, use of contrast, labels, etc.
- Bed safety: patient's use procedural memory for bed mobility. If you would like to promote bed mobility (supine to sit/site to stand, have the patient's bed set up in the same direction as their previous home (i.e. right or left side to exit). If you would like to minimize supine to sit/sit to stand, align the bed so the patient must using working memory to exit (typically slept on right side of bed, arrange the bed so they exit on the left side).
- To optimize sit to stand/stand to sit, PT assesses height of bed which promotes performance. Once this is determined, place a piece of colored tape on the wall aligned with the height of the bed. Train all caregivers to use this visual cue to set the best height before they transfer the resident and before they leave the room. Setting the patient up for success!
- Create a hallway hockey game throughout the whole building with residents and staff in every doorway/hallway. Can use pool noodles to keep the ball rolling while working on balance and fun.