

Home Visit for Discharge Planning – Professional Support

Occupational Therapist – Alex: We're going to a patient's home who's in hospital at the moment after an acute stay. She's had a hip replacement. So, she's coming home. The woman is a bariatric patient. So, she's let us come in and meet her neighbour who's going to let us into the property. And it'll just be myself today. So, I'll be calling my supervisor just for a bit of guidance. She'll be on the other line ready to talk to me if and when I need it.

We're just going to take a walk through the house and see what's happening. Okay. So, we're just looking at the space of the patient's home. Don't think there's a light in this space. I'm just going to take a few measurements of door frames and things like that just to make sure that it'll work with the equipment that the patient needs to go home on, like mobility aids and things.

Okay. I don't think the light works in this room. So yeah, quite a cluttered space. The patient is a bariatric patient. I'm assuming, she did say that there was only one bedroom in the house so I'm assuming that this is it, but there doesn't seem to be a bed in here. She is a sewer by trade so I'm assuming this is maybe where she does her work.

So, the bathroom, there's a good light there. An incredibly small bathroom and not very clean either. Bit of a sign that maybe wasn't coping that great before with the cleaning and things like that. I will just grab a few measurements in here. Essentially, she will require a shower chair in there. We'll trial and see if the over toilet frame does work in there. It's quite a narrow space. So, it does fit. However, we've brought a standard over the toilet frame. As the patient is a bariatric patient, a little bit concerned, I don't think that's going to fit her dimensions.

So, I'm assuming this is where she's sleeping. Again, quite a lot of clutter. So, the patient is quite tall. So that's quite a low height, especially after the surgery that she's had, it's not recommended that she be sitting that low. And the couch isn't the most supportive place either.

I might start taking some photos just so we can document that in the chart. Even though I've got photographs, I think I might call my supervisor just to get a bit of clarification while we're here. And videoconference her to be able to kind of get an answer now and show her the space. There're a few things I'd like a bit of clarification on, just to make sure we're not missing anything. So, yeah, I might give her a phone.

Occupational Therapist – Wendy: Hello.

Occupational Therapist - Alex: Hey Wendy. It's Alex. I'm just calling you from the home visit. The patient's neighbour has let me in, but I've just got a few questions, I guess, of the space. It's not exactly what the patient has explained. She does have hip precautions. So, in terms of the bedroom, she's sleeping on the couch which is incredibly low which won't work with maintaining the precautions. The bathroom itself is incredibly tiny too and the design isn't the best. I'll show you that one in a moment.

The patient did say there was one bedroom in there where she was sleeping but that doesn't look like there is a bed in here at all. I think that she's been working in here. She does say that she does a lot of sewing and sells it. Quite a very narrow path to here. Not a very functional space. This is the lounge space. But I think she's using it as a bedroom, just from the cushions and the blankets and things. It's not a very tall couch and doesn't really fit with her popliteal height. She's quite a tall

woman. It's not a very supportive space. The couch itself is not the greatest. We've taken all the measurements of the space, the compressed heights, and things like that. I know you can get raises and stuff, but I still don't think I'd recommend sleeping on that couch.

Occupational Therapist - Wendy: Yeah, it looks quite soft.

Occupational Therapist - Alex: Yeah, and especially as a bariatric patient, I would be concerned that she would actually fall off the couch as well.

So, this one leads to the bathroom. We can actually fit the standard over toilet frame in there but again I should have brought the bariatric one. I'm not confident that the bariatric one would actually fit because the standard over toilet one just kind of just slides in, especially because of the pole there.

Occupational Therapist - Wendy: Is that a pole or is it a pipe?

Occupational Therapist - Alex: I think it's a pipe. Yeah.

Occupational Therapist - Wendy: Okay, yeah. You can't remove that then.

Occupational Therapist - Alex: No and not a weightbearing structure either. I don't know if you can tell but the space between the sink and the door, it's quite difficult to get in and turn around. I guess you'd have to walk in a bit backwards. And I think in terms of the patient in the hospital, she's requiring those bilateral supports to get herself up and of course, we need that extra height.

Occupational Therapist - Wendy: It seems you've pretty covered it because it looks like that's a sliding door. So, you couldn't probably put a rail in or anything like that.

Occupational Therapist - Alex: No. No, that's right. Okay. And the shower, so you've got to step down. However, can you see because it's the sliding door, the space between the wall and the door is again quite slight. Just from judging the patient, I don't think that she'd fit in there too easily at all - maybe sideways. But yeah, it's probably a bit of a squeeze. The shower hose though is one of the ones that attach right up the top but not lower down. So, she'd have to kind of navigate holding that all at the same time.

Occupational Therapist - Wendy: Could you take the door off the shower at all?

Occupational Therapist - Alex: Look, I think you could. But in saying that, this is kind of how much space. You'd probably get off another 10 centimetres.

Occupational Therapist - Wendy: Oh okay. So, yeah.

Occupational Therapist - Alex: Yeah. Yep, and also once the bariatric shower chair is in there, there wouldn't be too much space left in there as well. So yeah, any solutions for that, that's not...yeah?

Occupational Therapist - Wendy: No, I don't really think there's much more you can do in there.

Occupational Therapist - Alex: So, I guess is there anything that I'm not really seeing or that I'm overlooking solution wise?

Occupational Therapist - Wendy: No, I think you've done a pretty good job. Pretty good summary. I guess, just have to come back to the hospital and have a bit of a chat to the doctors.

Occupational Therapist - Alex: Just in terms of our recommendation that the home's not the most supportive place while she's recovering.

Occupational Therapist - Wendy: No.

Occupational Therapist - Alex: And see if there are any alternative accommodation that she hasn't really thought of, or that we can offer as well.

Occupational Therapist - Wendy: Alright. Pretty comprehensive. So, thanks for that Alex.

Occupational Therapist - Alex: That's okay. Thanks Wendy.

Director of Occupational Therapy - Jacqui: My name's Jacqui. I'm the Director of Occupational Therapy at Redcliffe Hospital. We offer a Home Quick service. That's got a range of services within it. It's all telehealth based. We tend to use mobile phone just for efficiency, your taking photos on it. It's a work phone not a personal phone of course. So, we set up some telehealth models to do home visits from the acute setting. This includes whether or not it's with a new grad needing supervision and phoning back, so we don't repeat a visit or whether it's part of our service with our pre-op hips and knees with our assistant looking at setting up homes prior to people coming into hospital.

One of the reasons we did develop it is a part as a director, wanting to get some efficiencies for my staff as well as having better access for consumers. Experiences where you think someone who's very senior has seen something they've never seen before. So, I'll give an easy example of myself, just recently I went out on a home visit, and I had never seen a gantry for want of a better term, out to a Hills Hoist. So, it was relatively high set house on a sloping block and instead of going down the stairs to where the Hills Hoist is, they built a platform out from the laundry, 4 feet off the ground, to the rotary Hills Hoist - no rails on it at all. Very sturdy but no rails and I'd never seen that before. And it was a rental property. And it was like, "Hmm, how do we solve the laundry issue when"... "Oh no, it's level access to the Hills Hoist." - "Ahh- yes, but..." ...So I've got some staff who've got some great lateral thinkers. So, I've got some people I can ring back at the hospital and say, "Heads up." And of course, I don't do home visits that often. "Seen this, any ideas of what you think I should do with it? Have a look."

It makes it a lot easier. We've also had the experience where I've got an OT who's trained in Hong Kong. I've got OTs who've come from England and housing is often very different. So, seeing things that they think would work there and what would work here aren't always culturally appropriate. So having that opportunity to bounce that off somebody back at the hospital also helps.

Occupational Therapist - Alex: So, in today's visit, I guess I learnt more about clinical reasoning. Just kind of having confidence in my own decisions and being able to get that real-life feedback. I think it went pretty well. It definitely gave us a picture of what we needed to see and helped with the discharge planning process. I think in terms of being able to call back to Wendy or a supervisor works really well because you're not really wasting much time. It saved us from coming back and realising an issue and potentially having to go back out again.

Occupational Therapist - Wendy: Over telehealth, I'm able to provide the OTs with support, prompting around what measurements to take, what to look at in the house. With new people on

the team, it gives me a good opportunity to be able to see them working in practice as well as an opportunity to be able to provide them feedback.

Occupational Therapist - Alex: In terms of like today, when we went out to the home, I'm getting that verification or problem solving a little bit further. Alternatively, if we don't have the time ourselves to go to somebody's home and the family members are able to kind of be on the other end and we're able to telehealth or conference them - it saves us from the travel time and also can probably facilitate a quicker discharge as well. In today's setting, I guess it's more about making sure that I am on the right track with my problem solving and obviously as a new grad, we don't know what you know don't know, I guess. So being able to call and ask those questions and confirm that you're on the right track. It takes a long time to be able to develop those skills and even people who are many years in are still learning. So to be able to have the resources there to be able to ask and check in with other people, it works really well.

Occupational Therapist - Wendy: I would recommend to other services, just to try it out and give it a go and see how they go with it. It's actually quite easy once you get used to it. But it's all about practice like everything we do and just embedding it in our practice, our daily work.