

Home Visit for Discharge Planning – Allied Health Assistant Support

Allied Health Assistant - Lisa: Hello. How are you?

Consumer - Steve: Hello. Good, thank you.

Allied Health Assistant - Lisa: So, Steve, my name is Lisa. I work for the Occupational Therapy Department at the Redcliffe Hospital. Thank you so much for dialling in.

Consumer - Steve: You're welcome.

Allied Health Assistant - Lisa: Steve thank you so much for filling out the home environment assessment for us. You got all the pack for Sarah?

Consumer - Steve: I got the pack for Sarah. That's correct.

Allied Health Assistant - Lisa: If you can, can you flip your phone around and can you take me to the front of your house? So, what we're going to do is just go through the assessment. There's a few little things that haven't been filled in and I'd just like to get a little bit more info if I could. Do you have a tape measure with you at all?

Consumer - Steve: Yes, I have a tape measure.

Allied Health Assistant - Lisa: There's just a couple of small things if we could get, would be great.

Consumer - Steve: No worries. We'll go to the front.

Allied Health Assistant - Lisa: Yes please. Just hold your phone steady for a minute Steve. It's pixelated a little bit. I'm not seeing anything on my end at the moment. Oh, there we go, there's you.

Consumer - Steve: So, when Sarah comes home, she'll be coming straight down this straight path from the gate, straight to the front door. So, it's concrete outside. Step up and over and then a little drop onto the tiles.

Allied Health Assistant - Lisa: Thank you Steve. Thank you. Okay, we can head upstairs now if you like. Now you have written that Sarah has had a couple of falls on the stairs.

Consumer - Steve: Yeah, she has. That's correct.

Allied Health Assistant - Lisa: You may want to clear some of the shoes away from the bottom of the stairs. Just so it saves a little bit of a trip hazard. That's all.

Consumer - Steve: Yes, yes. You are right.

Allied Health Assistant - Lisa: Okay. So, head on up when you're ready.

Consumer - Steve: Yes. There are 14 stairs with the handrail on the left-hand side.

Allied Health Assistant - Lisa: Thank you and she holds onto that handrail?

Consumer - Steve: Yes. Yeah, she holds onto the rail.

Allied Health Assistant - Lisa: Okay.

Consumer - Steve: Okay.

Allied Health Assistant - Lisa: We'll go just into the bathroom if you could - your main bathroom. Yep.

Consumer - Steve: Okay so then we come to here and this is where the main bathroom is. And as you can see, there's a significant step up.

Allied Health Assistant - Lisa: Do you have your tape measure with you there at all? Could you just do a little measurement of that for me?

Consumer - Steve: Okay. So, I don't know if you can see that. Looks like...

Allied Health Assistant - Lisa: 25 millimetres by the looks.

Consumer - Steve: Yes, that's what I would get.

Allied Health Assistant - Lisa: Okay, so 25 millimetre step up. Now, will Sarah be using the shower or the bath?

Consumer - Steve: I think she'll be using the shower. We will have a...

Allied Health Assistant - Lisa: Okay. Please show me the hole to get in.

Consumer - Steve: So, the door opens out way to the door, with a slight up and over.

Allied Health Assistant - Lisa: Could you take a couple of measurements for me? I would like the measurement with the door open, what is the gap - the opening gap of the door?

Consumer - Steve: Yes, it's 59 centimetres.

Allied Health Assistant - Lisa: Thank you. Now I see you've got a mat there. I understand you've got to get a mat when you step out of the shower, but the best ones to probably get would be one with the rubber back so it doesn't move.

Consumer - Steve: Ah yes. Yes. That's a good point.

Allied Health Assistant - Lisa: If you kick that mat at the moment, would it move?

Consumer - Steve: Yes, it does move a little. Yes.

Allied Health Assistant - Lisa: Yeah, just for safety for both of you, that might be a good idea. That was all.

Consumer - Steve: Yes, that's a good point.

Allied Health Assistant - Lisa: Okay, alright. Well, you may as well do the bedroom while you're down that end of the house. You're doing a good job Steve.

Consumer - Steve: Okay, here is the bed. It's a very high bed and Sarah is quite short. So, when she's sitting on the edge of the bed, her feet don't touch the floor.

Allied Health Assistant - Lisa: Oh goodness. Okay. Could you sit on the bed for me? You might want to put the phone down for this. But I'd like you to sit on the bed and then with the tape measure, take a measurement from the bed height to the floor.

Consumer - Steve: The bed height to the floor. Okay.

Allied Health Assistant - Lisa: So, where the back of your leg is. So, you may want to put the phone down to take the measurement. So, from the ground to underneath your leg, so the top of the bed. So, between your leg and the bed, that's the height we want.

Consumer - Steve: Yes. OK. Righto.

Allied Health Assistant - Lisa: Yep, yep. So, you're squashing the bed down at the moment.

Consumer - Steve: Yes. So, it's 25 centimetres.

Allied Health Assistant - Lisa: Is that right?

Consumer - Steve: Oh, that's in inches. Sorry. Looking at the wrong side. Sorry.

Allied Health Assistant - Lisa: That's quite alright.

Consumer - Steve: So that would be 64 centimetres.

Allied Health Assistant - Lisa: Okay, so 64 compressed. Well, if you wanted to head out to the lounge or the kitchen now, okay.

Consumer - Steve: And the chair that Sarah will be sitting in is this chair here.

Allied Health Assistant - Lisa: How does Sarah go getting in and out of her chair?

Consumer - Steve: She uses her hands and her forearms to get herself out of the chair. She uses the wings of the chair.

Allied Health Assistant - Lisa: Quite a short length.

Consumer - Steve: Yes.

Allied Health Assistant - Lisa: Okay. So, living space. And just the kitchen Steve.

Consumer - Steve: And the kitchen is just here. The oven, the cooktop, microwave, and the dishwasher.

Allied Health Assistant - Lisa: It's all within reach. Yeah, yep. Excellent. And Sarah's able to reach everything that she needs to?

Consumer - Steve: Yes. She can even reach it if she's sitting down on a chair. So, it's a good height.

Allied Health Assistant - Lisa: Alright Steve, well thank you very much for all that. I think I've added to your Home Environment Assessment. I'll have all this, and it'll be in Sarah's chart, and I'll let the OT know. Okay?

Consumer - Steve: Excellent. That's...

Allied Health Assistant - Lisa: So, if they've got any other questions, they'll contact you and Sarah. Okay.

Consumer - Steve: Yes. Excellent.

Allied Health Assistant - Lisa: Well, thank you so much. All the very best, you have a lovely day.

Consumer - Steve: Thank you very much Lisa and you have a wonderful day too. Thanks for your assistance.

Allied Health Assistant - Lisa: I'm Lisa. I'm an advanced allied health assistant here at Redcliffe Hospital. We run an OTOPS clinic. Now, the OTOPS stands for Occupational Therapy Outpatient Service. So, we did have a service running here through occupational therapy and physiotherapy. The patients actually had to come in to have their pre-op appointment, their popliteal height measured. Popliteal height is from the knee crease to the floor and that gives the correct height that furniture should be, especially when they're having their hips. Helps them get into the chair, helps them get out of the chair if it's just that little bit higher.

Director of Occupational Therapy - Jacqui: One of the models that we're really proud of that has been recently introduced has been our assistant enabled home visit process for pre-op hips and knees. So previously it was done through the therapist, and it was a very long day at the hospital for the consumer. And we actually did a consumer engagement process and had a big chat with them and then also with the pre-op nurses and the physios about what would work better and what timing would work better.

So, we've now moved to a process where we get the waitlist for the surgery for the hips and knees and actually months and months in advance are contacting our patients who are on our waitlist saying we've got some options for you. And it is very much at different levels so that different people need different amounts of support. It can be just a phone call and we send out an information pack. It could be that they might need information specifically on where to buy equipment, where they're fine to organise it themselves. Or they might need an occupational therapist to come out for a home visit and our therapy assistant actually coordinates that as part of an outpatient service. She contacts them and it's then a conversation of "What do you need? What would you like from us? How can we help you look after your health?" So, it's very much the consumer being empowered, not us telling the consumer what they need to do to come into hospital to get out of hospital fast.

Allied Health Assistant - Lisa: For the consumer, it might be more convenient to have that telehealth service there that they don't have to come into hospital. You can offer it in a different way.

Consumer - Steve: Well telehealth works really well with people like myself, who are shift workers. Time is very difficult because we start early in the morning and finish late in the evening and have a bit of time off in the middle of the day. So being able to do that over the phone, through video, has been excellent because that fits in with my busy schedule. So, coming home from work and being able to get on the video and get it all sorted before Sarah comes home.

Allied Health Assistant - Lisa: I have probably already spoken to them over the phone before we do any sort of video call or telehealth. So, even though they haven't seen me, they know it's Lisa on the other end of the phone and when they pop up, "Hi!". That must be the person that you're after because nobody else has that information to dial in. So, "You must be Steve. Hi Steve, I'm Lisa." So, you just start them off and say "This is what the process is. This is what I'm going to do. Thank you for filling in." I always like to say thank you, because it's something they need to know that I am very appreciative of what they've done so far. There's just a few bits of areas that we need to clarify or a few measurements that we'd need.

Director of Occupational Therapy - Jacqui: So, one of the important things, because it is on a mobile network, we're very conscious of patient confidentiality. We do get them to sign a consent form and with the staff, I've been working really hard to make sure they don't mention the patient's name or address or condition so that doesn't leave them vulnerable if there is any chance of someone listening in or overhearing things.

Allied Health Assistant - Lisa: Depending on what the consumer has at home, whether it's a desktop or an iPad or a phone, whether they're able to use it correctly and login. We can also have difficulties if they don't have the correct speed, because sometimes if they live a little bit far away, they don't have the 4G or now the 5G that makes it a little bit quicker. And it becomes very pixelated. The one this morning became very pixelated, and it tends to happen when they move the phone too fast. And I just ask them, "Just wait a minute. Keep it still" and it tends to come back. We have had difficulty sometimes with no sound. So, I've had to phone and speak to them like on the home phone on speaker phone while they show me around on the mobile phone.

Consumer - Steve: Lisa was very approachable, very easy to get along. She was very clear in what she required, without putting me down or saying, "Oh you're a silly billy". So, the things that she needed to do - that she needed me to show her, she said in a very clear way. And even if I made a mistake, she said "I don't think that's quite correct. You want to redo that?", which made me feel quite good because I was very unsure of how this was all going to take place and she mentioned things I hadn't even thought about. For instance, the bathmats as a trip hazard, wouldn't have even crossed my mind. So, it was fantastic that she was able to pick up on things through her extensive knowledge.

Allied Health Assistant - Lisa: I was shown some telehealth information. When I hit a brick wall, there's a phone number that you can ring. I've rung them many, many times. We have become best friends and they're excellent. The guys on the other end and one lady in particular has helped me quite a lot through the telehealth process. And that's to do with connection, that's to do with maybe not having sound, but I have done a lot of reading on telehealth and I was given a few quick demonstrations - "this is what happens."

Director of Occupational Therapy - Jacqui: With the model of care that we've set up with the assistant doing the prep hips and knees, it's very much scripted and has been checked through by the OT because it is still a delegated model. Their responsibility still rests with the OT who has

assigned these patients to the therapy assistant. Everything is checked back with that OT. It is then actually transferred - once it's completed as an outpatient, it's transferred to the occupational therapist on the orthopaedic ward as their responsibility. So, it's still very much keeping within that scope of a therapy assistant so that they feel safe, well trained, and able to answer the questions. They know where their scope ends to actually say, "No, I probably need to get the OT involved in that conversation.", and they feel comfortable with that. It also then doesn't misrepresent them to the consumers or the patients that they know more than they should, because they often get asked questions that are quite challenging and difficult.

Consumer - Steve: The telehealth system I found very easy to use. The email that came through had the link already in the email. So, all I had to do was press the link and then they had already given me what number to use. So, I found it very easy to use, which is a great thing. And all the documentation that came was very clear and I was able to easily fill in the required information and they were very helpful with things that I have missed in the documentation, only because I was confused.

Director of Occupational Therapy - Jacqui: One of the things that we have liked about getting in early with our patients and being able to say, "Let's get your lounge chairs at a better height so you can get up and down easier." or "Let's make your bed more accessible so you don't have to sleep in your lounge chair.". It's meant better pain management at home and more function prior to coming in, which means people are actually getting up and moving a lot more which makes them more well to come in for their surgery. So, it's an unofficial prehab process for them and it's actually made a big difference to how fast people can get up and going and getting out of hospital because they're not waiting to get anything changed once they're in hospital. Everything is already set up, they're already using it, they know how to use it and it makes that process of going through the acute ward and back out into community a lot smoother.

It definitely has had a benefit financially for our consumers because they do have more time to prepare. They know that their surgery's maybe six months off, three months off and that if they look at buying this now as opposed to hiring it from an acute ward, it's actually going to work out cheaper for them in the long run. It's meant that they've actually had the opportunity to chat with family members to say, "Can you help me out?". Or just to choose not to have that coffee every week and save that five dollars up and have enough money to get that shower chair. It makes a big difference to be able to plan for your surgery and plan financially.

Consumer - Steve: Yes, telehealth is fantastic. I would certainly give others - tell them to give it a go.