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Bridging the Gap

Teaming with Care Partners for a Successful Transition to Home
By Jess Blough, COTA/L and Emily Theisen, OTR/L

In collaboration with Kasey Stepanski, OTR/L

SMALL STEPS. GIANT STRIDES.

1

Objectives

Demonstrate increased confidence in navigating difficult conversations for early discharge planning with both persons served and their care partners.

Identify areas for increased transdisciplinary collaboration within the rehab setting to promote thorough discharge planning and more fully prepare persons served and their care partners for transition to home

Discuss the importance and benefits of developing partnerships with care partners.

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Let us hear ya!

What are your biggest stressors related to discharge planning?

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For Us in 2019

Most common barrier in DC planning:
Reduced time

Biggest stressors for discharge:
The Scramble

The impact of pace:
FIM focus

Who gathers information:
Social work and clinical liaisons

On With Life Average LOS

Year	Traditional	DoC
2015	101	251
2019	87	198
FY20	63	68
FY21	72	141

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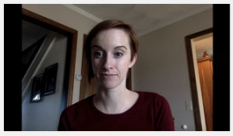
Our Aha-Moment

AOTA conference spring 2019 – "Caring for Our Caregivers"

Meet:
Kasey Stepansky



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On With Life's Care Partner Needs

- Wishful thinking + excessive flight delays → new project
- Generation of a modified list of questions
- Collaboration with neuropsychologist
- Collaboration with Rehab Director
- Staff education by Fall 2019
  - Inservice
  - Case by case trials
  - Informal feedback, continued modification
  - Gradual progression to frequent use

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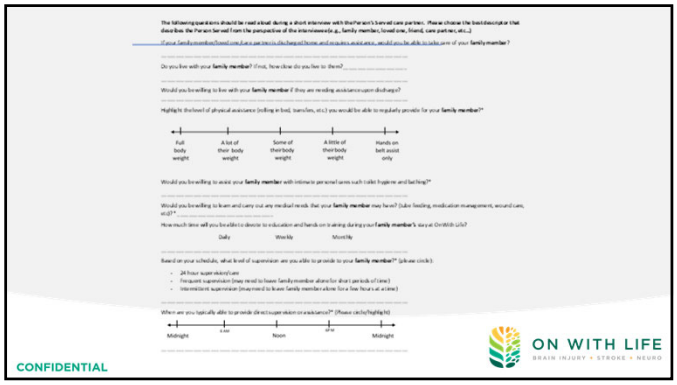

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Setting: Acute Rehab – ABI unit (Kasey's original)	Setting: Skilled Nursing - ABI (OWL's Adaptation)
Caregiver Needs Assessment	Care Partner Needs Assessment
Administered by: Social Work	Administered by: SW, OT and/or PT
Size: 40 bed	Size: 28 bed Facility
LOS: median 17 days	LOS: Avg 86 days ('19) - 61 days ('22)
FIMs: vary from CGA-Max Ax2	FIMs: vary from CGA-Max Ax2
Handoff	Case-by-case handoff
Standard on boarding process	Case-by-case decision for use

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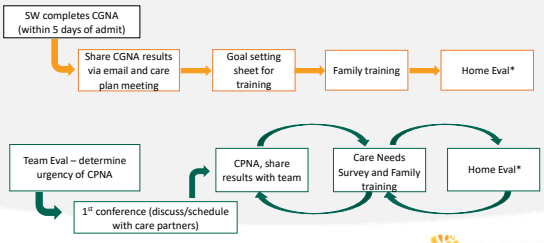
Program Process



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Case Studies

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Rod

Injury: L BKA and resulted in R MCA CVA during acute rehab

Deficits: L hemiplegia with emerging movement in L LE, flat affect, reduced insight into deficits, L neglect, poor initiation, open wound on BKA site, incontinent B&B, chronic hip pain

Assist: Transfers with mechanical lift or slide board (assist x2), ADLs with assist x2

Plan A: Discharge home with daughter, accessible home

Plan B: Discharge to care center near home

LOS: 30-60 days with limited flexibility

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Breakout

What red flags do you see?

What do you need/want more information on? (follow up questions, more detailed discussion, etc)

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CPNA Results

Completed with wife, daughter, and granddaughter (Day 21)

Supervision: can piece together 24/7 supervision with multiple family members

Physical assistance: wife can provide supervision, other family up to max assist

Intimate cares: daughter and wife comfortable with assisting, sons possibly comfortable, granddaughter not comfortable

Comfort level: daughter, granddaughter somewhat comfortable, open to training

Home setup: Daughter's home is ranch with 3-4 STE, tub/shower

Family goals: as independent as possible with toileting and transfers

Availability for training: weekly

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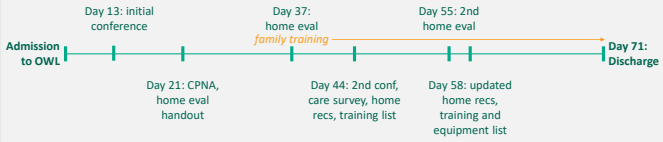
Rod's Timeline



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Care Needs Survey

CURRENT CARE NEEDS SCHEDULE

12AM	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM
		Incontinence check?				Wake up, incontinence cares, get dressed, shower, up to chair, medications, blood sugar checks, breakfast				Cares check/attempt toileting	Blood sugar check, medications, lunch

12PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Transition bed	Rest in bed	Up to chair, Cares check/ attempt toileting			Attempt toileting, medications, supper			Cares check/attempt toileting, get ready for bed			

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Training List

Task	Date Completed and staff assisting
Medications	Nursing
Stand pivot transfers	
Slideboard transfers	
Pull to stands for chair swap out	OT 10/25
Get U Up	OT 10/25
Car transfers	
Bed mobility	
Prosthetic	
Wheelchair	
Commode use in another room	OT 10/25
Shower	OT 10/26
Dressing	OT and nursing 10/26

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Take Aways

The CPNA helped:

- Initiate early conversations about training and home evaluation
- Established a collaborative and working relationship between Rod, family, and rehab team throughout PS stay.
- Instill insight for PS and family in preparation for transition to new roles
- Distribute consistent information across disciplines and providers
- Accelerate the training and DC planning process
- Establish an organized and consistent plan/approach
- Illuminate the need to integrate therapy and nursing training
- Identify areas of need for increased support - head start on equipment referrals and home modification recommendations

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Sandi

Injury: Right PCA CVA

Deficits: L hemiplegia, L inattention, incontinence, impaired strength and endurance, moderate impairments in attention, memory, and insight

Assist: Sara lift for transfers, max-total assist x2 for ADLs & bed mobility.

Plan A: Home with husband

Plan B: Home with husband & private pay assistance/supports as needed

LOS: 29 days, option to extend pending progress

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CPNA Results

Completed with Sandi and her husband (Day 38)

Physical Assistance: Husband can provide CGA-min A, son can provide more assist but works (not consistently available)

Supervision: Unable to provide 24/7 supervision as recommended by the team

Intimate Cares: Husband is comfortable

Comfort Level: Husband has medical background, comfortable with medical cares

Availability for Training: daily education and hands-on training

Home Set up: 3rd floor apt, elevator, 2 bed/bathroom, walk-in showers, laminate floors, low ply carpet.

Person served/Family goals: Return home, regain strength, transfer with minimal assist

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Breakout

What red flags or discrepancies do you see between the current functional status and the supports available?

What do you need/want more information on? (follow up questions, more detailed discussion, etc)

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Sandi's OWL journey following CPNA:

Collaboration with:

- SW and rehab team regarding barriers to Plan A at DC from OWL
- Sandi's husband to encourage honest and frank conversation regarding his ability to care for her at home.
- Therapy team regarding importance of targeting transfers, bed mobility, and toileting/continence

Home evaluation completed one week after the CPNA, this allowed us to:

- Achieve Sandi's goal of returning to her home
- Facilitate open, honest conversations about discharging home
- Talk through plan B options as a step between OWL and home
- Provide list of recommendations for optimal home set up
- Provide opportunity for future home passes and training Sandi's sons

Discharge to skilled facility

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Navigating Difficult Conversations

- Use LOS as a pre-requisite to the conversation
- "Your recovery doesn't end when you leave here so we want to talk about the fact that when you leave here, you're going to continue to need some level of support." –Kasey Stepanski
- Normalize that this is a hard conversation and that's okay
- Own your knowledge and your experience

"As caregivers move through the phases, they do not have a good understanding of the role in which they are committing to. They are often unprepared to take on even the basic tasks to meet the patient's needs at discharge" (Lutz et al., 2011)

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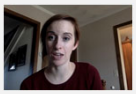
Keep in Mind:

- This is not just *one* conversation: We are gradually building insight through the process
- Be mindful of any personal biases



- Consider the gravity of role shifts in relationships (ie: mom as a care partner vs spouse as a care partner)
  - "The bigger the role shift in the relationship, the more uncomfortable the transition"

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Things We've Learned

- Set clear expectations
- Schedule specific dates/times for CPNA and for training
- Complete as much as possible in-person
- Get care partners hands-on as soon as possible
- Empower nursing staff to empower the family, too
- Difficult conversations are still going to be difficult
- Communication within the team is vital

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Process Changes

With implementation of CPNA, recognized additional benefit of:

- Team assessment
- Neurobehavioral assessment
- Home eval handout
- Care needs survey

Other Supporting Processes:

- Nursing/CM huddle
- Rehab 16 rounds
- Team meetings
- Family training check-offs
- Brain Injury specific education (Neuropsych, BICS, SP radar)
- Training badge/sign
- Equipment clinic, collaboration with Easter Seals

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Overcoming Barriers to Implementation

- Administrative support to maintain the process
- Gather feedback and get buy-in from staff
- Develop a Consistent Process

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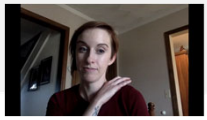
Why?

By investing in our care partners, we are investing in the quality of life for our persons served: The importance of Care Partners cannot be understated. They, along with the person served, are the most important members of the team.



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27

Special thanks to Kasey Stepanski for her passionate advocacy for care partners, enthusiastic collaboration and knowledge sharing throughout the implementation of our programming.

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28

"Caregiving is a marathon and not a sprint. Equipping yourself for the long haul is essential. You shouldn't walk the caregiving journey alone."

- Lisa Mayfield

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Staff feedback

"We are charged with the responsibility of managing patients to a certain LOS…the reality is that the lengths of stay have gotten shorter and shorter and all of us here have felt that and have felt that crunch. And the families feel that crunch too"

"We don't have time to wait to have these conversations."

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30

Staff feedback

"[The CPNA is] a systemic way of asking difficult discharge questions and a way to make sure we get all the info we need from everybody.

"[The CPNA] can help start some conversations and get people thinking about all the details, but I also think it is important to keep in mind that the answers aren't set in stone…carepartners can and do change as their loved one continues through rehab"

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31

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32

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