

EAST AYRSHIRE - SERVICE USER STORY

Name: Miss D – 66 years, lives alone in local authority accommodation, she has limited family support, 1 niece who visits on occasionally.

PMH: Parkinsons disease, CKD, diabetes, frequent falls history, mild cognitive impairment.

Referral: Via day hospital for OT functional Assessment due to falls at home.

Issues identified: Falls risk, social isolation, unsafe access to shower area, unsafe external access with delta frame, cluttered and hazardous home environment.

Personal Goals: Miss D wished to decrease her social isolation and be able to access her shower facilities.

Outcome of intervention: Falls education, environmental risk assessment and identification that property was not suitable to meet long term needs both social and physical. Short term environmental adaptations were explored. Chair based exercise and transfer practice facilitated by Occupational Therapy Assistant.

The attached diagrams illustrate how the pathways were improved by utilising the skills of one OT.

The new model offers increased continuity of care and allows **one** occupational therapist the opportunity to see a person through their whole OT journey.

HEALTH AND SOCIAL CARE (NEW) MODEL: Outcome of intervention

Referral

- Referral to hospital based OT (via day elderly hospital).

Assessment

- Full holistic OT assessment.
- Exploration of physical, mental, social and environmental needs.

Outcome

- Falls education
- Confidence building
- Transfer practice/chair based exercises
- Small aids provision
- Environmental modifications - short term re-siting slabs, handrails for external access
- Assistance and completion of process for re-housing to sheltered housing.
- Exploration of social activities.

EAC/ NHS AYRSHIRE AND ARRAN: Old model

Referral

- Referral to hospital based OT (via day hospital).
- Needs identified.

Assessment

- Referral to SW OT for adaptations.
- Look at possibility of WFS and slabbing/step alteration.

Assessment

- SW OT recommends re-housing to meet physical and social needs.

Assessment

- Referral to housing OT to **'further'** assess for sheltered housing.

Outcome

- Falls education.
 - Confidence building.
 - Transfer practice/chair based exercises.
 - Small aids provision.
 - Environmental modifications - short term (re-siting slabs, handrails for external access).
 - Assistance with the process of re-housing to sheltered housing
 - Exploration of social activities.
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