A day in the life of a Hospital at Home Occupational Therapist

One of the key elements of the national definition for Hospital at Home is that there is an MDT approach to supporting patients to remain in their own home when receiving care. Teams across Scotland have different team compositions, and this case study reflects a day in the life of Elaine Leburn (pictured), an Occupational Therapist (OT), embedded within the Aberdeen City Hospital at Home team. Elaine was redeployed to the team at the start of the pandemic, and has recently been successful in securing a permanent post for one of the highly specialised OT posts in the team, and so, in her own words, she's here to stay!

8am

I arrive at work, quickly get lunch put away in the fridge, check emails, grab a handover sheet and head to the meeting room for the morning huddle. In our team we have two OTs, only one of us will attend the huddle, so if we are both in we will have a quick catch up before the huddle to handover the patient information to the OT that is attending.

Our team is Consultant led and provides a Comprehensive Geriatric Assessment for each of our patients; this means that every patient is assessed by each member of the Multi-disciplinary team; Doctor, Nurse, Occupational Therapist and Physiotherapist. This allows for ongoing discussions throughout the day between all members of the team as and when is required, which helps to create a supportive working environment.

The huddle is an MDT meeting where we discuss the current situation and what the plan is for each patient that day. The length of the meeting varies as it depends on the number of patients we have and the complexity of each patient, but we aim for it to be no longer than 45 minutes. During the meeting each member of the team is given the opportunity to feedback relevant information they have. Our focus is the patient's ability to carry out day to day tasks, including roles and activities that are important to them. We also identify why they may be limited and whether they have the potential to return to what they would normally be able to do. At the end of the meeting it is identified which members of the nursing staff, medical staff and senior health care support workers will visit which patients.

9am

After the meeting, if both OTs are working we will have a quick catch up and handover from the huddle and then make a plan for who we will see and any other tasks that we need to do that morning. We will often do a joint assessment with one of our physiotherapist colleagues, so we usually catch up with them as well to make our plan for the morning.

9.15am
It's time to make a coffee and read the patients' notes before visiting them. For new patients I review the notes available on Trakcare to ensure I have all the information needed to complete the assessment. This includes what medical conditions they have and information about their social situation. It is also helpful to find out what other professionals have been working with the patient recently or currently and any concerns or issues that have been highlighted. I always phone patients to introduce myself, arrange to visit and check how they are today, as this can impact what we hope to do with them.

If a patient tells me that they are feeling unwell or have symptoms that are concerning, I would discuss this with my nursing colleagues or doctor and may do a joint visit with them, alternatively, they might see the patient first and let me know the outcome. If the patient explains to me a particular difficulty they are having with a daily activity I may be able to take a piece of equipment out with me, to assess how they manage with this. Phoning the patient in advance also gives a chance to discuss if the patient prefers for a relative to be present when I visit, meaning we can arrange a time that suits.

9.45am
We head out on a joint initial assessment with physio colleague to visit a Mrs Rosie, a 90 year old lady with a brain tumour who lives on her own and has had a rapid functional decline over previous week. We arrive and introduce ourselves and explain our reason for visiting, then have a chat to gather information about her living situation and daily activities. We assess Mrs Rosie transferring on and off the bed, toilet and commode and encourage her to be as independent as she can be when using the toilet. We try different equipment for toilet transfers and provide encouragement to try to build her confidence, giving reassurance throughout our visit.
Through discussion with Mrs Rosie, she sets a goal to return to being independent when transferring and using the commode by her bedside. We prepare a cup of coffee and yoghurt, and encourage her to consume this as her dietary intake has been reported to be poor.

11.45am
Onward to my next patient, Mrs James, where the plan is to practice making lunch and using the stair lift. This lady is 86 years old, she had a recent fall, a bereavement and subsequently her function has declined, which has left this lady with increased anxiety and fear of falls. Her son is staying temporarily but is due to return home in next 2 weeks. The aim of this session is to increase the patient's confidence and independence when preparing her lunch. She heats the soup up, then gathers all the items she requires and sets the table. Reassurance is given throughout the task to build confidence and she manages it well.
We then practice using the stair lift, up and down, to increase the patient's confidence in using controls and accessing upstairs independently. We discuss strategies to manage her anxiety and fatigue management strategies and provide information so that the patient can try these. Together with Mrs James and her son, we discuss care needs and all are in agreement that we refer on to Community Rehabilitation team to continue occupational therapy with aim to achieve the goals set by the patient.

12.45pm
On return to the office, one of the senior health care support workers approached me and asked how my visit to the first patient had gone, as they had been concerned about how she was transferring when they visited. I explain the outcome of our visit and demonstrate how to support the patient to transfer and progress with her independence and safety when doing this.

1pm
Time for our afternoon huddle. This is a quick MDT meeting of around 20 minutes where each member of the team updates any changes with the patients since the morning huddle, tasks for the afternoon are identified and a plan is made for who will carry these out. As with the morning huddle only one OT will attend and feedback to the other if we are both working.

1.30pm
Lunch time! A chance to have a chat with colleagues (not about work!) and have a bite to eat. As we are constantly on the move in Hospital at Home, it is very important to make sure we take a break and don't eat on the run - we have to look after ourselves as well as our patients.

2pm
A chance to get some notes written up, and review the notes and Trakcare information for the patients that we plan to visit this afternoon. Of course, I phone the patients to arrange visiting them and check how they are.

2.45pm
Off out to visit another patient. This is an initial assessment of Mrs Dunbar, an 84 year old lady living on her own, with heart failure and increased shortness of breath. We have a chat and I gather information about her living situation and daily activities. We have a walk around her home and assess how she manages toilet, chair and bed transfers. We discuss what care needs she has, as well as fatigue management strategies and encourage the patient to put these into practice.

4.30pm
I return to the office to write up my notes, and complete an initial care recommendation and community rehabilitation referral to the Community Adult Assessment and Rehabilitation Team. My nursing colleague approaches me and asks for advice about provision of a hospital bed and pressure cushion for a patient she has seen today. We discuss her concerns and I advise her to consider how this patient is able to move and transfer in/out of bed, how often is she moving around, the type of and height of the chair the patient uses and the concerns at present regarding her skin integrity. As my colleague is new to ordering via the joint equipment store online, we complete the order together.

5.30pm
Just enough time to complete an online training module in preparation for dementia training that I have later this week.

6pm
Home time!