

Best Practices for Pediatric Home Health Intervention

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Objectives

- Identify key evidence that supports therapeutic home intervention
- Apply best practices to case examples
- Examine various strategies for optimal treatment in the home environment
- Recognize the significance of family-centered care approaches for home health intervention

Home Care

A health service provided in the patient's place of residence for the purpose of promoting, maintaining, or restoring health, or minimizing the effects of illness and disability.

Free Dictionary



Home Therapy Services

Services delivered by one or more members of a team, or private individual, offering a combination of medically necessary therapy and therapeutic training and support. The main focus is to ameliorate and minimize the children's developmental challenges, as well as strengthen the family structures and supports.

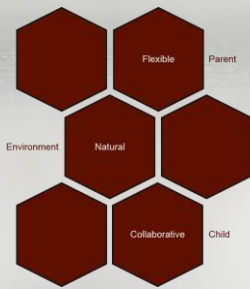


Adapted from - <http://www.mass.gov/eohhs/docs/masshealth/cbhi/mmc-in-home-therapy-services.pdf>

Historical Highlights of Home Health in the U.S.

- Patients treated in homes before hospitals
- Group of nurses in **1883** founded the Good Cheer Society – visited the disadvantaged and sick mill workers
- In **1902** hired its first nurse and the Nashua Visiting Nurse Association was formed
- **1989** – Three Visiting Nurses' Associations joined to create an organization that offered comprehensive home health from prenatal to bereavement care.

Unique Value of Home Intervention





Home Health Treatment Requires

FAMILY CENTERED CARE



Family Centered Care History

1986 – Amendments to the Education of the Handicapped Act established systems for coordinated care for infants and children – FCC language integrated

1990 – Systems were strengthened under the retitled Individuals with Disabilities Education Act

Part C – 0-3 years of age with disabilities are entitled to early intervention

Family Centered Care – Integral part of the language in IDEA

Collaborative approaches with families to ensure their needs and priorities are understood and respected in regards to the care of their child.

Core Principles of Family Centered Care

1. Active listening
2. Flexibility and adaptability
3. A reciprocal relationship
4. Formal and informal support systems
5. Collaboration at all levels and between team members
6. Building on strengths of families



Optimal Characteristics of a Home Health Provider

- Adaptive
- Creative
- Team-player
- Flexible
- Effective communicator
- High frustration tolerance
- Non-judgmental
- Enjoys problem-solving
- Family-centered care overlap



Are you Family-Centered for Home Health Practice?

Always – 3, Usually - 2, Rarely or Never – 1.

1. Develop goals together with family?
2. Ask the families what their priorities are and collaborate on goals?
3. Discuss evaluation results prior to and after writing report?
4. Discuss family rituals, norms and customs on the first or early visit in the treatment process?
5. Ask where the best treatment space is in the home?
6. Respect family routines and schedules?
7. Don't interfere with other family members unless asked to provide input?

18-21 – Family Centered, 14-18 – Fair, Below 14 – Need work

How Family Centered Care oriented are you?

- [Family Centered Care Assessment Tool](#)





Starting the process effectively

HOME HEALTH PROCESSES



Home Health – Where to Start

- Following referral
- Team or individual? Agency or independent?
- Medical History/Occupational History/Developmental History/Family Priorities
- Evaluation
- Assessment
- Recommendations
- Goals
- Plan Approved
- Understand documentation requirements



History and Intake

Family Concerns/Issues

Medical History

Developmental History

Occupational History

Family Priorities

OT Cares

Intake Form

Name:

DOB:

Reason for referral:

Primary Physician:

Parents' Names:

Address:

Birth History:

Developmental History/Occupational History

Outstanding Medical History

Parental Concerns

Environmental Aspects

Observation of Home Setting

- Use good judgment in touring space.
- How many family members in the home?
- Play spaces? Toys and other equipment?
- Outdoor space? Bathrooms?
- Sleeping arrangements? Expected Tx space?
- Mealtime space and routines? Other family routines?
- Family gathering space? Interaction styles?



Treating Sensory Processing Disorders in the Home Setting

- Tactile Defensiveness- SUR
 - water play
 - massage
 - texture play
 - play-doh
 - dress-up
 - cooking
 - outdoor play

Same activities can be used for SUR

- Vestibular Modulation Issues - SUR
 - swing sets
 - blanket swinging
 - scooters in the hallway



Sensory Activities in the Home

Ideas for Sensory Play in the Home (video)

Reference: https://www.youtube.com/watch?v=ZCw5yr_8t8



Sample goals

Family Priorities – Dressing and Bathing
Concern – Tactile Defensiveness

- Daniel will initiate upper body dressing 2/3 trials, 2 consecutive sessions within one month
- Daniel will engage in water play, as a pre-requisite to bathing, for 5 minutes during a one hour session, 2/3 sessions within one month

Tx – Tactile activity list and so much more

Goals need to be functional, measurable, specific and family-driven



A family centered approach

CONSIDERATIONS FOR CHILDREN WITH AUTISM



Autism Considerations

- 1 in 88 children diagnosed with Autism, characterized by communication and social differences, as well as restricted and repetitive behaviors and interests. Many have sensory processing differences.

Several authors identified intervention should include -

- Involvement of family in programs
- Incorporation of recommendations in daily routines
- Structured approaches with higher degree of intensity than typical therapy hours
- HOME HEALTH

Liao et al (2014)

Evidence – Floor time for Children with Autism

DIR – Developmental individual difference, relationship based by Greenspan and Wieder.

- Developed to improve social, emotional, cognitive skills through interactive relationships
- Work through six developmental levels toward reciprocal engagement
- Family involvement is critical
- Follow child's lead "on the floor" during play
- 6-10, 20-30 minute play sessions per day

Great approach for home therapy!

Liao et al (2014) - Evidence

11 mothers/11 children with ASD

Ages – 45-69 months

10 week home based DIR by mothers trained by OTs

Results

Perception of positive changes of parent-child interaction

Significant changes in mean scores for emotional functioning, communication and daily living skills

A family-friendly, child led, play (occupation) based approach works in the home! Other studies support.

Overview of Floor time

Floor Time (video)

Reference: https://www.youtube.com/watch?v=R_b-Pln8734



Session in the Home with Dr. Greenspan

DIR with Dr. Greenspan and a Family (video)

Reference: <https://www.youtube.com/watch?v=vApghedypFc>





Home health for more involved children

BE SAFE IN THE HOME



Home Safety - Prevention

Home care therapists have the unique opportunity to teach about and ensure home safety.

- **Standing water** – ice chests with melted water, low water in tub, toilet, pools, hot water faucet (120 degrees)
- **TVs** – Between 2000-2010, 170 children died from falling TVs
- **Lithium batteries** – remote controls, watches – cause chemical burns
- **Treadmills** – dangling treadmill cords strangle, more than 25,000 children injured each year by exercise equipment
- Stove, hot coffee -

Maria and Michael

Memorial Day Incident



History and Intake

Family Concerns/Issues

Medical History

Developmental History

Occupational History

Family Priorities

Evaluation

- Range of Motion
- Visual/Auditory/Tactile Responses
- Positioning
- Context



Family Centered Care Treatment

- Discussions with parent during treatment
- Olfactory stim
- Positioning
- ROM
- Collaboration with nurses
- Integration of sibling
- Father watched through cameras

Goals

Family Priorities – “walk again”

1. Michael will sustain head at midline for 15 seconds during visual stimulation activity 3/5 trials for 3 consecutive sessions.
2. Michael will actively move arm towards toy at least 10 degrees, following active assistive ROM, at least two times during a session

Letters of Medical Necessity

Check to ensure that insurance will cover in policy first
Components of the letter should include

- Identifying information – child, yourself and MD
- Date of evaluation, diagnosis (use the best for coverage)
- Medical and developmental history
- Why the requested equipment is **necessary**. Relate to function, independence, and insurance definition
- Summary statement, signature
- Keep copies, give to parents



Medicaid’s Criteria of Medical Necessity

- “Prevent, diagnose or cure a condition that endangers life, causes suffering or pain, physical deformity or malfunctions, or threatens to cause a handicap”
- “No equally effective course of treatment available for the recipient which is more conservative or less costly.”

Medicaid.gov

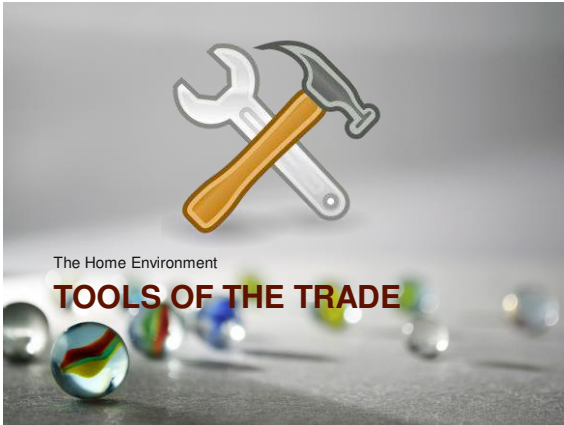
May need to use this format for justifying your therapy service or additional services as well, not just for equipment.

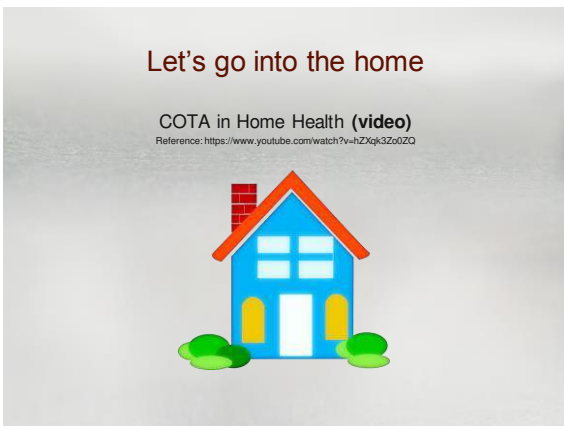
The Evidence – Hemiparesis

- One PT and two OTs trained in CIT
- 43 children, ages 4-12 years in the home
- Constraint Induced Therapy (3.5- 4 hours – 2x week) for 4 weeks during functional activities
- Parents asked to encourage use of affected limb in functional activities between PT or OT

Results

Higher Peabody Developmental Motor Scale score
Younger ages also demonstrated better hand use and quality of hand use
Improvements in ADL
Minimal information about the parents





How many ways can you use?



Everyday home tools for treatment

- Laundry basket
- Kitchen utensils, pots/pans, Tupperware
- Bowls of beans/rice
- Available toys
- Bathtub for supervised water play
- Furniture – obstacle courses
- Blankets/pillows



Your car trunk equipment



Use the outdoor spaces

PT Session Outdoors (video)

Reference: <https://www.youtube.com/watch?v=FKdHmYICJrw>



Summary

- Be flexible and adaptive
- Use explicit and measurable aspects for documentation
- Use family-centered care principles effectively
- Promote safety
- Recognize the unique needs of each child, regardless of diagnosis
- Know and use the evidence
- Understand the uniqueness of the home environment and leverage existing materials and family strengths

Questions?



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