Best Practices for Pediatric Home Health Intervention Sandee Dunbar DPA, OTR/L, FAOTA

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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.

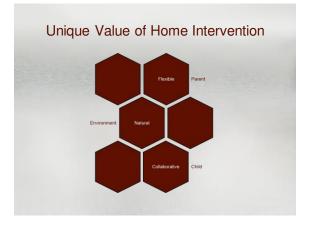


Adapted from - http://www.mass.gov/eohhs/docs/masshealth/cbhi/mnc-in-home-therapy-services.pdf

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.







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

 $\ensuremath{\text{Part}}\xspace C$ – O-3 years of age with disabilities are entitled to early intervention

Family Centered Care – Integral part of the language in $\ensuremath{\mathsf{IDEA}}$

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



- · 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



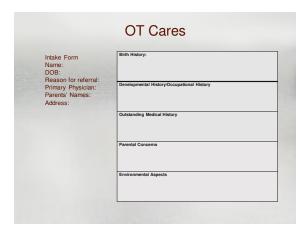


Home Health - Where to Start

- · 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	d Intake	
Family C	Concerns/Issues		
Medical I	History		
Developr	nental History		
Occupati	onal History		
Family P	Priorities		



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?



Daniel's Evaluation – Measurement Tools Produce Evidence

Matching observations with correct tools for use in the home. Standardized assessments are critical for establishing baseline, marking improvements, reimbursement, establishing therapeutic value

(running excessively - sensory)

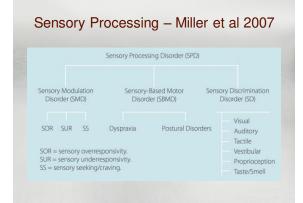
 Sensory Profile - (Dunn, 2014 - Sensory Profile 2. San Antonio, Tx: Pearson)





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Sensory Activities in the Home

Ideas for Sensory Play in the Home (video)



Sample goals

<u>Family Priorities</u> – 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



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.







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 -



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"

- Michael will sustain head at midline for 15 seconds during visual stimulation activity 3/5 trials for 3 consecutive sessions.
- 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, casuses 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







Use the outdoor spaces

PT Session Outdoors (video)



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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