



OT PRACTICE DOCUMENT: ACUTE CARE

WHAT IS ACUTE CARE?

Acute care refers to short-term treatment of a person experiencing a sudden medical emergency, a severe episode of illness, or recovering from a planned surgery/procedure¹. In acute care, clients are provided with short-term, immediate treatment to help stabilize their condition so that they can either return to their place of residence or be transferred to a more appropriate care setting. Individuals admitted to acute care may present with one or more of the following:

1. An acute medical condition, such as a stroke or a severe infection;
2. An acute surgical condition, such as appendicitis or a burn;
3. An acute exacerbation of an existing chronic condition, such as worsening heart failure;
4. A mental health condition;
5. Complex medical needs, such as someone requiring intravenous medications.

THE ROLE OF OCCUPATIONAL THERAPY IN ACUTE CARE

In an acute care setting, occupational therapy services primarily focus on²: promoting early mobilization and participation in activities of daily living; restoring function/preventing functional decline; and supporting transitions and discharge planning. In all interactions with clients, occupational therapists provide culturally safe care.

In the United States, occupational therapy has been found to be the only spending category in acute care to reduce hospital readmissions, highlighting the important role of occupational therapy in acute care, particularly in preventing readmissions³. The occupational therapy role in acute care may also include^{2,4,5}:

Assessment

- Assessing a client's ability to complete daily activities.
- Performance-based screening of functional cognition, which is fundamental in achieving and maintaining community placement. A functional cognitive assessment takes into consideration how cognition, strengths, resources, routines, and strategies impact the client's ability to participate in everyday occupations.
- Assessing joint integrity and the need for splints, positioning devices, and assistive technology.
- Assessing the need for mobility assistance, including basic seating assessments.
- Conducting risk assessments.
- Conducting skin assessments to prevent wounds and pressure injuries and aid in the healing of existing wounds/pressure injuries (note: this may require further training).

Intervention

- Educating clients and caregivers about proper use of adaptive equipment, safety precautions, home safety, and how to adapt self-care tasks to promote independence.
- Implementing ADL programming and supervising occupational therapy assistants carrying out programs.
- Providing education on stress management and coping strategies, such as breathing techniques.
- Providing education on energy conservation strategies.
- Working with clients on completing self-care activities, such as bathing and toileting, by either modifying the activity or using compensatory strategies to meet current needs and abilities.
- Teaching functional mobility techniques, including bathroom transfers, kitchen mobility, bed mobility, and safe transfers.
- Educating the client on proper and safe seating and positioning.
- Working with clients to improve bed mobility and maintaining upright posture for improved self-care and participation in meaningful occupations.
- Using occupation-based interventions, such as participating in a morning self-care routine, and improving balance, cognition, endurance, problem-solving, and creating a sense of autonomy.



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Intervention

- Providing training for staff, the client, and/or caregiver on the proper use and placement of braces and orthotics, such as cervical collars and back braces. Training may also include how to participate in ADLs while using the brace or orthotic.
- Positioning clients and/or prescribing speciality equipment to support the healing of pressure injuries/prevent injuries from happening.
- Wheelchair provision (note: this may require further training).
- Implementing basic cognitive rehabilitation interventions, such as working on attention (often in collaboration with an occupational therapy assistant).

Discharge planning

- Supporting the discharge planning process by inquiring about pre-hospitalization roles and level of independence, and assessing current abilities, functional cognition, and available support. Based on this information, provide recommendations for the level of care needed, required assistive devices, and suggested referrals.
- Advocating for the needs and desires of the client for discharge.
- Conducting a home visit to assess home safety and provide recommendations for environmental modifications, assistive equipment, and community referrals.

It is important to note that occupational therapists working in acute care often face external pressures (e.g., system priorities and staff capacity) which can make it difficult to provide high-quality occupation-based support. To ensure that clients are provided with appropriate care, it is important that occupational therapists advocate for the needs of clients when discussing discharge plans and for adequate staffing. Tolerance for displacement while the home is being modified.

USEFUL RESOURCES

Occupational therapy clinical guide for activities of daily living & functional cognition in adult acute care by Alberta Health Services: albertahealthservices.ca/assets/info/hp/hpsp/if-hp-hpsp-ot-adl-and-functional-cognition-adult-acute-care-clinical-guide.pdf

REFERENCES

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2. Pendleton, H.M., Schultz-Krohn, W. (Ed.). (2013). Pedretti's occupational therapy: practice skills for physical dysfunction, 7th edition. St. Louis, Missouri: Elsevier. Chapter 3- Applications of the Occupational Therapy Framework
3. Rogers, A., Bai, G., Lavin, R., & Anderson, G. (2016). Higher hospital spending on occupational therapy is associated with lower readmission rates. *Medical Care Research and Review*, 74.
4. Griffin Griffin SD, McConnell D. (2001). Australian occupational therapy practice in acute care settings. *Occupational Therapy International*, 8: 184-97
5. Britton, L., Rosenwax, L., & McNamara, B. (2015). Occupational therapy practice in acute physical hospital settings: Evidence from a scoping review. *Australian Occupational Therapy Journal*, 62.

All Occupational Therapy Practice Documents have been developed and reviewed in collaboration with diverse occupational therapists with lived experience and expertise in the respective areas of practice. For any feedback, contact practice@caot.ca.