HVC Meeting Summary 8/17/20

Facilitators: Adrienna Bartnicki and Juliane Chreston

Topic: COVID-19’s Impact on Practice

Summary: A virtual meeting was held via GoTo Meeting with 19 participants to discuss how the COVID-19 pandemic has impacted practice. The format was a Q&A with participants for the general benefit of all. All participants were able to contribute to the conversation.

1. **What lasting deficits or challenges are being observed in your clients as a result of COVID-19?**
* Neuropathy symptoms in arms and hands that are diagnosed as carpal tunnel have been potentially corresponding with mild COVID-19. These cases including numbness and tingling are not following typical patterns which leads us to believe that these symptoms may be related to COVID-19.
1. **What is our role as OTs before, during and after COVID-19?**
* Working in community based brain injury-adding goals about hand washing and practicing donning/doffing a mask
* Asking questions virtually about the personal experience, safety and education regarding COVID protocols and routines
* School based OT-preparing interventions and strategies for wearing and tolerating masks in the schools
1. **How did COVID change OT services, and are those changes advantages or disadvantages?**
* OT has been limited to certain areas (wings) they have been assigned to; caseloads have been negatively affected
* Outpatient hand clinic-reduced staffing model to 2-3 therapists a day for 10 hour shifts; appointments are an hour to support cleaning; fewer people are seen in a 10 hour day compared to 8 hour day; this negatively impacts scheduling; some patients have not been able to schedule appointments as soon as necessary
* Vocational rehab-hybrid model with some clients online and some in person in the same group (3 Zoom and 1 in person); interactive product design; wide field camera
* polysynchronous model
1. **What new opportunities for OT can come out of this?**
* Senior center groups through GoTo Meeting; grant work for literacy training and technology training
* Home assessments through telehealth?
* We could discover new opportunities such as having a family member walk-through for a virtual home assessment
* This may open doors to health and wellness (e.g., occupational balance at home)
1. **Do you expect telehealth to continue? If so, how long and in what settings/circumstances?**
* Vocational therapy in home setting has been ideal for patient comfort in some circumstances
* Final fittings with vendor for adaptive equipment for driving
* Payers and insurance may be more open to cover virtual expenses
* Team meetings are now virtual which may be a better model
1. **What tips or tricks have you used or found in administering telehealth intervention?**
* Product development for customers using Google docs or other cloud programs with sharing is helpful
1. **What has your facility done to adjust to COVID-19?**
* COVID-19 has changed the way facilities are set-up and organized. One large facility has set up a quarantine area for patients with COVID-19 while others were hospitalized. An admission unit has been set-up and is currently ready for a next wave of active cases.
* COVID-19 has affected required and available PPE. Facilities are now requiring social distancing. All infected individuals of one large facility have recovered with no patients currently infected. However, there are currently active cases in the staff population. The evaluation unit had to be converted to care beds in response to the pandemic. OT was on hold during the initial quarantine. Now OT and Recreation therapy are on the rehab team in the isolation unit.
* Acute care at a small community hospital-OT/PT at ICU level, not at initial quarantine level.
* OT eval & COTA treatment-typical treatment plan with PPE and testing
* The state is testing all patients weekly and staff can test as needed or requested. Results come back 24-48 hours.
* Upon entering work, therapists attest to lack of symptoms and complete a thermal scan.

**7b) What have you done professionally or personally to accommodate to COVID-19 precautions that affect therapy practice?**

* Purchasing headphones and make arrangements for multiple people working from home
* ACOTE review virtually-the program has to provide web rooms, live/pre-recorded tour
* Driver rehab is using GoTo Meeting
* Google Meet is preferred in schools; Zoom is preferred in vocation health because it is more versatile due to annotate features
* MiOTA conference has an excellent strategy for a virtual conference
* Patient education and staff education on the importance of communication; distance and masks make it hard to hear people; wear clear masks; use exaggerated facial expressions; OTs need to advocate for client needs as they adjust to this new method of communication

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Announcements

MiOTA Virtual Conference **Thursday, September 24th – Saturday, September 26th, 2020** (live & asynchronous options) <https://www.miota.org/schedule_of_events.php>

MiOTA 5K- **This year the event will be held virtually** and is open to conference attendees and those supporting occupational therapy. The race will be available from July 1 - September 30, 2020 for a fee of $22.50. Participants receive a pin. The OT program with the most faculty/student/alumni participation will win an award.

Outstanding OT nominations are due September 9, 2020. Please see your email to complete the nomination form.

Spelbring Conference at EMU has been postponed until next year. VIrginia Dickie will be the keynote speaker for a full day of workshops and 10th anniversary celebration on September 18, 2021. More information is located at www.spelbringlecture.com.