therapy services

The Essential Guide for Timely and Effective Use of Therapy Services in Homecare

A tool to assist CCACs in decision-making for:

Dietetics
Occupational Therapy
Physiotherapy
Social Work
Speech-Language Pathology

Developed by:

APACTS

Alliance of Professional Associations for Community-Based Therapy Services
www.apacts.ca
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<u>A Reference Guide for CCACs</u>

Updated January 2010

The *Alliance of Professional Associations for Community-Based Therapy Services (APACTS)* exists to promote and profile the benefits of therapy services to the home and community sector. It is comprised of representatives from the five Professional Therapy Services Associations whose members provide community-based services for Community Care Access Centres (CCACs). These services include Dietetics, Occupational Therapy, Physiotherapy, Social Work and Speech-Language Pathology.

Members of the professional therapy team work collaboratively with case managers, clients, families and other caregivers in providing services. This document is a tool to assist in decision-making for case-managers, when referring for therapy services. Direct contact and consultation with therapy providers is always welcomed and encouraged where further information is required.

When hospital stays are abbreviated, much of the recovery and rehabilitation happens at home. Through proactive preventative measures, early intervention, client /caregiver education and self-management support, therapists can facilitate independence, community integration and strategies to facilitate aging at home for adult clients and their families. Students in schools are provided with skills to enhance learning and communication while strategies to enhance tools for learning are provided to school personnel and parents by School Health therapy service providers

APACTS continues to adapt to the changing healthcare environment through utilization of practices supported by evidence and research. With the introduction of the Multiple Data Set for Home Care assessment tool (MDS-HC), *APACTS* developed a complementary tool entitled: “Linking the therapies to the MDS-HC”, in an attempt to simplify the process of choosing the right professional for the right job at the right time. This document is included on the last page of this booklet.

The goal of the five therapy associations that comprise APACTS is to mobilize homecare through the effective use of therapy services to support students at school and to support aging at home.

APACTS

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registered dietitian services

Who are Registered Dietitians?

Registered Dietitians (RDs) are regulated health professionals who are uniquely trained to advise on diet, food and nutrition. In order to practice in Ontario, RDs must complete an accredited undergraduate university program in food and nutrition, complete an accredited practical training program (e.g. internship) and pass a standardized exam set by the College of Dietitians of Ontario.

RDs translate the science of nutrition into healthy food choices for clients and use their expertise in the prevention and treatment of nutrition related disorders. RDs help individuals meet their nutritional needs, in health or disease, at all stages of the life cycle.

What services do Registered Dietitians provide?

In the community home care setting, dietitians work individually with clients of all ages. They focus their skills, professional knowledge and expertise on: optimizing client nutrition intake; individualizing food intake to meet specific nutrition, dietary and/or functional needs; promoting overall health and well-being; and maintaining client independence.

Dietitians work closely with community partners and home care provider teams to ***provide services that include,*** but are not limited to:

- ***Assessment of nutritional needs***, including determination of energy, fluid and nutrient requirements, and interpretation of biochemical and anthropometric data
- Development, implementation and evaluation of ***treatment/nutrition care plans***
- Development of ***individualized therapeutic diet prescriptions***
- ***Counselling/teaching*** clients, families and caregivers: ***Counselling*** *to explore options, modify behaviours and/or resolve problems or conflict;* ***Teaching*** *nutrition principles and strategies to meet individual needs*
- ***Evaluation of nutrition outcomes*** related to care plan goals
- Recommendations and education regarding oral ***nutrition supplements; enteral feeding*** products, schedules & equipment; ***parenteral nutrition*** solutions; enteral/parenteral feeding complications and managing risk
- ***Addressing issues of food access and food security***, finances, meal planning, and food preparation, storage and handling
- Assessment of ***nutrient/diet/drug interactions***, and counselling to minimize related adverse implications
- ***Paediatric nutrition care*** services at home and in school
- ***Consultation with the health care team*** and written documentation of activities
- Identification of ***nutrition-related community services and resources***

When should a client be referred to a Registered Dietitian?

A referral to a dietitian should be made whenever the nutritional status of a client is compromised or there are nutrition related concerns/questions. Clients with multiple disorders and complex care needs are often at risk nutritionally, compromising overall health status.

Clients with the following conditions are at ***high risk*** of complications caused by nutrition depletion and require ***immediate assessment and intervention by a Registered Dietitian:***

- Cancer and related treatments affecting intake and/or absorption
- Dehydration
- Diabetic clients: newly diagnosed, new to insulin or uncontrolled
- Enteral tube feedings
- Negligible food intake/malnutrition
- Palliative clients with nutrition concerns
- Paediatric failure to thrive and eating behaviour problems
- Geriatric failure to thrive
- Poor wound healing/decubitus ulcers
- Renal failure
- Swallowing disorders/dysphagia
- Total parenteral nutrition
- Unintentional weight loss of 10% or greater in 6 months

Clients with the following conditions are frequently at ***increased nutrition risk*** and require ***prompt assessment and intervention by a Registered Dietitian*.**

- AIDS
- Alcoholism
- Anorexia / bulimia
- Bowel conditions, e.g. IBD, IBS, colostomy
- Degenerative diseases, e.g. ALS, MS, Parkinson's
- Diabetic clients: with poor glycemic control or for reassessment of requirements
- GI surgery/Gastroplasty
- Feeding problems

Clients with the following conditions ***may be at nutrition risk***, particularly when these conditions are present in combination with other problems. ***The RD needs to assess the client*** to determine level of risk and decide on the best plan of care.

- Anemia
- Cardiac conditions
- COPD
- Dementia
- Food access/security issues
- Food allergies/intolerances
- GI distress
- Hyperlipidemia
- Liver and renal disorders
- Potassium or sodium altered diets

What information would be helpful to provide when requesting RD services?

Information of value, beyond medical history and factors leading to referral, includes:

- Client height and current weight
- Current lab values i.e. glucose, cholesterol, Hgb, albumins, renal values
- Complete medication list including vitamin and mineral supplements
- Specifics about enteral tube feedings: placement of tube, feeding product, schedules
- TPN orders
- Swallowing assessment reports
- Specifics from hospital RD's discharge/transfer notes
- Client's living arrangements

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occupational therapy services

Who are Occupational Therapists?

Occupational Therapists (OTs) are client-centred health professionals with specialized university education and training. **OTs bring a unique ability to address the complex interaction of psychosocial, physical and emotional skills** in their work with individuals throughout the life cycle whose lives have been affected by physical illness or injury, congenital or developmental delays, mental illness, the aging process and/or psychosocial problems. **The focus of their holistic assessment and intervention is on the critical life skills required for independent living** - day-to-day activities in the areas of **self care/personal care, productivity and leisure.** The emphasis of intervention is to assist the individuals to develop skills, restore function and independence, maintain ability, and promote health and safety. OTs are registered with the College of Occupational Therapists of Ontario and may treat a client without a physician's referral.

What services do Occupational Therapists provide?

Occupational Therapists in the community provide services to children and adults. Interventions may include assessment/consultation, direct treatment/rehabilitation toward client-determined goals, teaching/training of clients or their caregivers, and advocacy.

Examples of areas of intervention in adult-based services are:

- Self care: feeding, dressing, toileting, bathing and grooming
- Homemaking: meal preparation, laundry, cleaning
- Community living skills: banking, shopping
- Leisure/socialization: hobbies, interests
- Vocation: worksite assessments and recommendations to facilitate engagement or return to work
- Child care: ability to physically or emotional carry out child care
- Mobility assessment: transfers related to ADL, wheelchair and seating, transportation issues
- Prescription of equipment to increase functional independence and safety
- Home safety assessments/recommendations
- Home renovations to allow accessibility
- Upper extremity: functional assessments/treatment
- Cognition: orientation, memory problem solving, organization, judgement
- Perception: visual and sensory impairments
- Emotional issues affecting function: mental status, mood, behaviour, insight, self-esteem, coping, relationships
- Family dynamics: understanding the client's support systems, roles and networks that impact on client function and independence
- Community linking: assisting client and caregivers to access resources
- Energy conservation and work simplification or body mechanics and joint protection education, and
- Pain, stress or time management

Examples of areas of intervention for preschool or school-age children are:

- Self-care: dressing, toileting, feeding (including recommendations for aids/equipment)
- Fine motor: use of crayon, writing/printing, scissors work
- Perceptual skills: visual motor integration, recognizing and reproducing shapes, spatial orientation on paper, figure ground, visual memory
- Developmental assessments and program consultations
- Sensory processing skills: response to sensory stimulation, integration of information from the senses
- Play/leisure skills: assessing/recommending play activities appropriate to developmental and social stages
- Wheelchair and seating
- School/home adaptations: physical environment to promote independence, computer access
- Education and support to caregivers/teachers regarding developmental programs, behaviour management, classroom activities, fine motor activities, positioning, lifting and handling techniques
- Facilitating links with community resources and social/recreational programs.

When should a client be referred to an Occupational Therapist?

The following are specific examples of when a referral should be considered:

- A client has experienced a loss of ability to manage self-care, home responsibilities or leisure interests, independently or safely, due to physical, cognitive or psychosocial difficulties
- A child is having difficulty with fine motor skills (such as printing, writing, and cutting)
- A child or an adult requires a wheelchair or seating device to improve mobility, positioning or skin care
- A client is experiencing fatigue related to COPD, multiple sclerosis, cardiac difficulties, arthritis, fibromyalgia, HIV, or other medical problems which can have an impact on daily activities
- Client is struggling with completing daily activities due to emotional difficulties (such as variable moods, decreased concentration), difficulty coping with stresses, lack of interest in activities, or lack of confidence
- A child is having difficulty identifying shapes or is drawing letters backwards or upside-down
- A parent, teacher or caregiver describes difficulty knowing if a child is performing tasks or playing at a level similar to his/her peers
- A client is experiencing joint or back pain when trying to complete their daily activities
- A client or caregiver indicates that the client has difficulty remembering things, organizing tasks, or judging how to do something safely, which may be related to dementia, stroke, head injury or aging
- A caregiver describes difficulty helping an adult or child transfer from one area to another, and
- A client has difficulty using his/her hands to perform daily activities due to a stroke, hand injury, arthritic condition, or neurological conditions.

What information is helpful when you request Occupational Therapy services?

- Issues and description of goals as identified by the client or caregiver
- Any medical information from doctors, hospitals, and medical tests, and
- Any reports from other Occupational Therapy interventions, or from other health care professionals (e.g. nurses, physiotherapists, speech-language pathologists, social workers, dietitians, psychologists)

For more detailed information, see www.osot.on.ca or www.otworks.com.

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physiotherapy services

Who are Physiotherapists?

Physiotherapists (PTs) are recognized experts in physical rehabilitation who are essential members of the client-centred health professional team. They are licensed by the College of Physiotherapists of Ontario under the Regulated Health Professionals Act and may assess and treat a client without a physician's referral. Physiotherapists are specially educated to assess and improve movement and function and relieve pain. They use a comprehensive approach to evaluate physical needs and abilities, and develop a personalized program to help clients achieve their goals. The primary objective is to promote optimum health and function.

What services do Physiotherapists provide?

Physiotherapists assess and treat clients of all ages with a wide range of acute and chronic conditions. For CCACs, they provide service in home, facility and school settings.

Physiotherapists test and measure the functioning of the musculoskeletal, neurological, pulmonary and cardiovascular systems. They establish a clinical diagnosis and treat physical problems, whether congenital or caused by illness or injury. Physiotherapists may be involved with a child whose physical abilities and skills limit performance in the school setting. In all settings they provide client, family, school or support personnel with education and training to maximize physical abilities and they promote preventative health care for the client and caregiver. They also conduct research to promote best practices. Care planning and treatment are grounded in evidence-based practice.

Physiotherapy intervention includes four main components:

- Assessment, direct treatment intervention, and consultation
- Client/caregiver related health training and teaching and linkage to resources
- Communication, documentation and reporting
- Measurement of goal achievement using objective measures

In the community and school, physiotherapists provide treatment interventions for the following client needs:

Impaired mobility/transfers

- Gait, balance and coordination training
- Manual therapy for improved range of motion
- Prescription/training with mobility equipment (e.g. walking and transfer aids to increase function and safety)
- Assess, prescribe and train in use of orthotic devices
- Fall prevention assessments and home safety recommendations

Musculoskeletal conditions

- Therapeutic exercises, strengthening, range of motion and instruction for clients to exercise independently
- Manual therapy techniques, soft tissue and joint mobilization
- Positioning, posture awareness, correction and training
- Body mechanics and ergonomics training
- Education about prevention and progression of disease

Pain and inflammation

Pain management techniques that may include:

- Electrotherapy modalities, electrical muscle stimulation, TENS
- Physical agents, heat and cold and mechanical modalities, ultrasound, laser, continuous passive motion (CPM), compression therapy, acupuncture
- Positioning

Neurological/Developmental Conditions

- Correct or alleviate movement problems
- Neuromuscular education, relaxation and facilitation
- Developmental activities training
- Educate client/caregiver concerning disease and management

Respiratory Conditions

- Breathing exercises, respiratory muscle training and trunk mobility
- Postural drainage, positioning
- Endurance training and energy conservation, education on prevention of infection

Circulatory Skin Concerns

- Education on skin care, positioning and prevention of pressure areas
- Wound management to facilitate healing, laser, exercises to improve circulation

Caregiver Training

- Training of the caregiver/Educational Assistant/ support person regarding carrying out simple exercises, transfers or activities when needed and appropriate
- Education on lifting techniques, back care and strategies for safe work practices to reduce workplace injuries

When should a client be referred to a Physiotherapist?

- Whenever physical movement or gross motor skills interfere with function
- Back, neck, joint or muscle pain, arthritis
- Weakness, stiffness, swelling, reduced range of motion
- Respiratory problems
- Circulatory problems, prone to skin breakdown and poor wound healing
- Balance, coordination and walking problems, requires a walking aid
- Neurological deficits, abnormal tone
- Assessment for lower extremity bracing and orthotic devices

What information is helpful when you request Physiotherapy services?

- Goals and service plan as identified by the client/caregiver and the case manager
- Medical and surgical information/tests from doctors, hospitals
- Reports from recent physiotherapy interventions and other health care professionals
- Details about risk factors and language spoken, where appropriate

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social work services

Who are Social Workers?

Social work is a regulated profession. The designation 'RSW' indicates that the person is a registered social worker with the Ontario College of Social Workers and Social Service Workers. Only registered social workers have the legal right to use the title "social worker". The designations, 'B.S.W.' (Bachelor's degree in social work), 'M.S.W.' (Master's degree in social work), or 'Ph.D/D.S.W.' (doctorate in social work) indicate degrees from university programs in social work. To work in the healthcare sector, an M.S.W. is often required.

Why Refer for Social Work Service?

The goal of social work practice is to:

- Restore, maintain and enhance functioning by mobilizing strengths.
- Provide psychosocial education to facilitate independence and informed decision making.
- Optimize coping capacity and safety.
- Modify dysfunctional patterns of relating and acting.
- Link people to necessary resources.
- Alleviate environmental stressors.
- Mediate and facilitate multicultural environments and diversity.

Social workers are trained to mediate the complex interaction between the individual and his/her environment, family dynamics, and functioning and develop strategies to enhance coping. Addressing the psychosocial aspects of care supports medical interventions and promotes self-management of illness.

What services do Social Workers provide?

Social workers in community-based health settings provide cost-effective services to address the following needs and conditions:

- **Adjustment to Illness/Disability:** enhancing coping capacities related to feelings of loss, grief and role change; assessing and intervening related to anxiety, depression, and/or anti-social/maladaptive behaviours; providing understanding of impact of illness/disability on family relationships; facilitating linkages with support systems.
- **Future Planning Needs:** assisting client and family to understand care needs (residential, financial, support) to participate in planning decisions, and emotionally prepare for transitions.
- **Palliative Care:** assisting client, family, and care team to efficiently manage the activities of in-home care support teams, understand palliative care needs and options; promoting open communication and coping strategies to enable effective and informed decision-making; providing information and referral regarding community resources.
- **Caregiver Distress:** facilitating identification of identifying stressors and adaptive coping strategies; providing education and support regarding caregiver issues (such as isolation and role changes); making linkages to community resources.
- **Intergenerational or Family Conflict:** assessing and providing psycho-educational, therapeutic and/or other counselling to address communication problems, dysfunctional social interactions and stressful situation/behaviours (which may pre-date onset of health problem); facilitating referrals to other mental health services.
- **Individual Psychosocial Issues:** assessing the role of emotional and social factors on health status and behaviour (e.g., depression, anorexia, insomnia); providing psycho-educational, therapeutic and/or other counselling to assist client to gain insight into behaviours.
- **Abuse/neglect:** assessing risk; informing about options for change/security; providing therapeutic counselling to reduce/eliminate risk factors and ensure safety; facilitating referrals about legal, housing, financial and other issues.

- **Social Isolation:** assessing adequacy of existing social supports; exploring options to strengthen formal and informal supports; intervening to reduce obstacles to social interaction.
- **Resource Issues:** assessing client's current living situation and needs; identifying options; facilitating application/referrals; advocating timely delivery of services and programs, especially when those are complicated or require advocacy.
- **Parenting Difficulties:** educating re: positive parenting strategies and assisting with problem-solving (e.g., sibling rivalry); facilitating effective communication between home and others involved with child (e.g., school); and providing linkages to community parenting programs and resources.

How to Introduce Social Work Service to Clients and Caregivers:

- Social Workers can be introduced as facilitators to clients and families who have been unable to resolve challenges themselves.
- Social Workers can provide a 'fresh look' at challenging circumstances.
- Social Workers can help clients/families cope with the complexities of care to facilitate decision making by providing information, and ideas, acting as a sounding board, by providing an objective perspective.
- Social Workers can provide information to families so that they can make decisions based on relevant, local, and current information and prepare for future needs.
- Social Workers can provide support to clients and families to facilitate organizing the rigours of scheduling, transportation, linking to helpful resources, completing application forms, providing information to clients/caregivers about legal issues, government systems, etc.
- Social Workers can help clients and caregivers prepare for end-of-life by providing information.

What information is helpful when you request a Social Worker?

- Identification of client need, presenting problem, desired outcome.
- Details about diagnosis/prognosis of medical conditions, especially related to impact on ability, functioning or expected outcomes.
- Description of precipitating factors, who identified the problem, (if known) client's perception of problem and details about potential risk factors.
- Client/caregiver(s) reaction to social work referral.
- Reports from previous social work interventions.
- Information about other services, goals of these services, and names of agencies.
- Identification of, and details about, any mental health needs or psychiatric diagnosis.
- Names of contacts and/or substitute decision-makers.
- Language or communication problems requiring translator.
- Cultural and/or religious information.

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speech-language pathology services

Who are Speech-Language Pathologists?

Speech-Language Pathologists (SLPs) are autonomous professionals whose practice is regulated in Ontario by the *Regulated Health Professions Act* and the *Audiology and Speech-Language Pathology Act*. SLPs have specific knowledge and skills in human communication, oral motor, and swallowing disorders and are integral members of the interdisciplinary/ educational team.

What services do Speech-Language Pathologists provide?

SLPs' expertise includes identification, evaluation, and treatment of congenital, developmental, and acquired communication, oral motor, and swallowing disorders; counselling of clients and families; training and educating clients, families, students, school personnel, employers and other providers; program/service development and evaluation; and related research. SLPs provide services in a broad range of settings. They may provide services to clients of all ages, from infants to elderly.

Community-Based Speech-Language Pathology Health Services
Speech-language pathology is well suited to community-based service – it enables skills to be generalized in the environment in which they are used. Speech-language pathology services are client-focused and are delivered through a variety of service-delivery models, which (depending on mandates) may include:

- Direct therapy: the SLP works directly with one or a group of clients on individual goals established for each client
- Mediator model: the SLP trains a mediator (educator or caregiver) to provide a client's program
- Consultation model: the SLP acts as a resource to educators or caregivers, and provides strategies to facilitate self-management and positive change in the client.

When should a client be referred to a Speech-Language Pathologist?

Community-based speech-language pathology services are offered to individuals of all ages in accordance with program eligibility criteria. *These criteria may vary across CCACs.* To ensure early intervention, a referral should be made as soon as a concern is identified.

Paediatric In-Home Services for Children with Complex Health Conditions (e.g., following illness, trauma, surgery, being tube fed)

Specific signals that infants or children should be referred to speech-language pathology services include:

- Difficulty with feeding and swallowing; need for oral motor stimulation
- Developmental speech and/or language difficulties (does not speak clearly, has difficulty expressing wants or needs, or understanding others)
- Trauma to the head or neck, causing speech, language, or voice difficulties.

If providers, during a home visit, notice other speech, language, or voice problems in paediatric clients or their siblings, they should immediately direct the family to the local Preschool Speech and Language Program. These programs can provide developmental speech-language milestones. For concerns regarding hearing, direct clients to a local audiologist (the SLP can assist with this).

Adult Services (e.g., for adults who have suffered stroke, brain injury, have a neurological condition such as Parkinson's Disease, have cancer of the head and/or neck, or are palliative clients). These services are provided in the client's home, nursing home, or long-term care facility.

Some specific signals that referral to speech-language pathology services is warranted include:

- Difficulty swallowing foods or liquids (excessively slow eating; coughing, choking, or "gurgly" voice associated with eating or drinking; recent weight loss; or repeated bouts of pneumonia)
- Difficulty understanding language (any change in ability to follow directions or understand verbal, gestural, or written language)
- Difficulty producing speech and/or language (any change in ability to speak clearly, retrieve words, construct sentences, express ideas, use gestures)
- Difficulty interacting with family/friends (may include initiating/maintaining topics, taking turns)
- Decreased job performance (e.g., difficulty following directions, inappropriate interactions with colleagues)
- Difficulty with cognitive tasks (reasoning, problem solving, memory for words, organization)
- Need for augmentative or alternative communication.

School Health Support Services (depending on local mandates, may be provided in settings outside the school, including home).

The school health support program does not treat language-based difficulties as the primary need. Services are provided based on local agreements between CCACs and school boards with respect to *Policy/Program Memorandum No. 81* (1984) and the *Interministerial Guidelines for the Provision of Speech and Language Services* (1988).

Signals that school-aged children or adolescents should be referred to speech-language pathology services include:

- Difficulty speaking fluently (stuttering, cluttering, rhythm)
- Difficulty with voice quality (hoarse/breathy/strident), resonance (hyper/hypo nasal), pitch or volume; loss of voice; or if the student has had/will have vocal cord surgery
- Phonology/articulation difficulties or apraxia (oral motor difficulties)
- Avoidance of participation in class/curriculum choices
- Little or no functional communication skills
- Use of an augmentative or alternative method of communication
- Difficulty with feeding/swallowing.

What information is helpful when you request speech-language pathology services?

- A description of the primary concern and reason for requesting services
- Medical, social, academic, vocational and other relevant history
- Assessments pending (whenever possible, children should have their hearing tested prior to speech-language pathology assessment)
- Pertinent reports/results from other speech-language pathology interventions, or from other health care/education professionals (e.g., audiologists, education consultants, occupational therapists, optometrists/ophthalmologists, otolaryngologists, physiotherapists, psychologists, registered dietitians, social workers, teachers)
- Details about an IEP in school-aged children

linking therapies to the MDS-HC

Client Assessment Protocols (CAPs) are general guidelines for further assessment, intervention, and care planning designed to focus attention on causal factors and next steps:

WHO is experiencing an identified problem?
WHY should it be addressed?
WHAT should be addressed?
HOW can it be monitored?

According to the MDS-HC manual, of the 30 CAPS, 10 are triggered in an average assessment. Rarely does a client have fewer than 3 CAPs.

	MDS-HC Section Descriptor	Refer to:	Utilization Benefits To Client System
B	**Cognition**: • Memory • Cognitive Skill • Delirium • Safety	**OT** **SW** **SLP**	↑ **Independent functioning** via: • Risk assessment to minimize hazards • Strategies to enhance coping • Support to caregiver system • Improved communication to/from client
C	**Communication**: • With others • To others • From others	**SLP** **OT** **SW**	↓ **Loss of function & ↑ Independence** via: • Strategies to promote client communication to care team and/or care team communication to client/ caregiver/family system
D	**Vision**	**OT**	↑ **Independence** via: • Environmental adaptations
E	**Mood & Behaviour**: • Angry/sad/fretting • Exit-seeking • Abuse – financial, physical, verbal; neglect • Risk to self/others • Caregiver impact • Isolation/withdrawal • Suicidal	**SW** **OT** **SLP**	↑ **Functional Independence** via: • Strategies for coping &/or psychotherapy management of dementia-related behaviour • Social supports to ↑ autonomy/safety • Respite/residential options • Crisis/safety plan • Improved communication • Understanding sensory needs
F	**Social Function**: • Able to express openly past social interaction patterns • Social Isolation is impacting psychosocial & health needs	**SW** **OT** **SLP**	↓ **Loss of Independent Function** via: • Awareness of options and risks • Participation in care plan development & activity by ↑ communication strategies • ↑ awareness of adverse health effects resulting from isolation
G	**Informal Supports**: • Informal & formal support systems that enable client/caregiver to live in place • Caregiver status & coping	**OT** **SW** **SLP** **PT**	↓ **Loss of Independent lifestyle** via: • Living in place strategies • Client/caregiver strategies to optimize safety • Client/caregiver strategies to optimize communication
H	**Physical Functioning & Mobility**: • IADLs • ADLs • Self-Care • Transfers • Mobility	**OT** **PT**	↑ **Functional Independence** via: • Access to affordable equipment • Safe transfers & teaching new strategies to client/caregiver • Adaptation of the environment • ↑ strength, mobility, endurance

	MDS-HC Section Descriptor	Refer to:	Utilization Benefits To Client System
J	**Disease Diagnosis**: • Progression of illness & impact on client/caregiver/family function • Symptom management • Needs resulting from treatment, infection, complications, secondary diagnosis • Hospitalizations	**PT** **OT** **SLP** **RD** **SW**	↓ **Loss of Functional Independence** via: • Functional mobility & planning • ↓ possibility of hospitalizations • ↑ coping for client/caregiver system • ↑ awareness of future planning needs, (financial, POA, residential options, respite, safety) • ↑ involvement in end-of-life planning • ↑ education for self management of condition
K	**Health Conditions & Preventative Health Measures:** • Pain management • Falls & risk of falls • Lifestyle smoking/alcohol/substance • Potential abuse from client • Problem conditions – physical/ mental/cognitive/emotional	**PT** **OT** **SW** **RD**	↑ **Independent functional abilities** via: • Pain management strategies • ↓ risk from loss of function • ↑ education to minimize risks and ↑options • ↑ awareness of impact of lifestyle choices • ↑ strategies to manage mood/behaviours and ↓ risk to others • ↑ education to overcome/manage problem conditions
L	**Nutrition & Hydration:** • Weight & height • Consumption • Swallowing	**RD** **SLP** **OT**	↓ **Loss of functional abilities** via: • Education & strategies to maintain/improve nutrition status • Oral motor evaluation and assessment of swallow function • Strategies/compensations to enable safe swallowing • Provision of exercises to improve swallow function • ↑ awareness of sensory needs • Feeding strategies for babies
M	**Dental Status – Oral Health**	**RD** **SLP**	↓ **Risk of health deterioration** via: • Strategies to meet nutrition needs with altered textures • Education regarding importance of oral hygiene and mouth care
N	**Skin Condition:** • Skin problems • Ulcers • Wound Care	**RD** **OT** **PT**	↑ **Independent Management of health** via: • Education for care and prevention; e.g., wound care & management • ↑ education for care/management and equipment when necessary, e.g. laser therapy, positioning, exercise
	Home Environment: • Safety & risks – pets, clutter, cleanliness • Living arrangement - caregiver system – degree of support to client living in place, client participation & ability to understand situation	**OT** **SW**	↓ **Loss of Autonomy & Independence** via; • Environmental safety for client/caregiver • ↓ hazards, risks, and potential crises
	A, I, P, Q, R are not applicable for Rehab Therapies		