

ADL Support for Older Adults in Recuperative Care

Caitlin Synovec, OTD, OTR/L, BCMH
Assistant Director for Medical Respite
National Health Care for the Homeless Council



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Objectives

1

Participants will be able to identify activities of daily living (ADL).

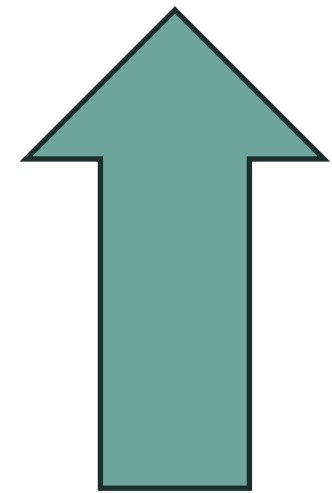
2

Participants will be able to identify the ADL needs of older adults experiencing homelessness and in recuperative care settings.

3

Participants will be able to identify strategies to address ADL needs of older adults experiencing homelessness.

Impact of Homelessness on Health (1 of 2)



Chronic Conditions

Cognitive Decline

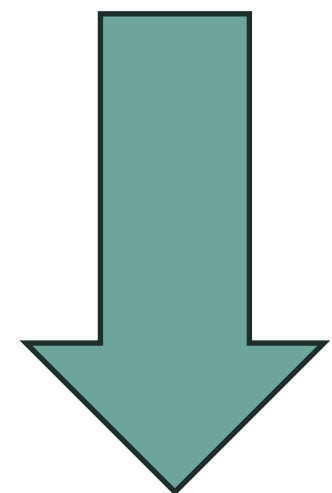
Geriatric conditions

Mobility limitations

Co-occurring with:

Mental Health

Substance Use



Chronic condition management

Skilled nursing care

Harm reduction in health care

Accessible environments

Impact of Homelessness on Health (2 of 2)

Not able to access specialty care for:

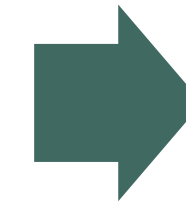
 vision loss

 hearing loss

 mobility

 incontinence

Sensory deprivation



Risk for cognitive impairment & dementia

Increased risk for falls



Falls result in more significant medical needs

Institutionalization & long-term care

Early mortality

Some Important Definitions

Geriatric conditions

are defined as “multifactorial health conditions that occur when the accumulated effects of impairments in multiple systems render [an older] person vulnerable to situational challenges” (Inouye et al., 2007).

Functioning

“a dynamic interaction between a person’s health conditions, environmental factors, and personal factors” ([International Classification of Functioning](#)).

Functional Limitation or Impairment

are the limitations experienced by a person due to the interaction between their health needs and the environment in which they live. In practice, we commonly refer to functioning as a person’s ability to engage in activities of daily living (ADL), their mobility, instrumental activities of daily living (IADL), and health management (AOTA, 2020).

Cognition

“information-processing functions carried out by the brain,” and include aspects of thinking, such as attention, memory, executive functions, comprehension and formation of speech, calculation ability, visual perception, and praxis skills. Cognition is an underlying skill that contributes to a person’s ability to do everyday activities.

Cognitive Deficit

an inclusive term used to describe the impairment of different domains of cognition. Cognitive deficit is not limited to any particular disease or condition but may be one of the manifestations of someone's underlying condition. It is also used interchangeably with "cognitive impairment." It might be a short-term condition or a progressive and permanent entity.

Activities of Daily Living (ADL)

are activities oriented toward taking care of one’s own body and completed on a routine basis.

What are ADLs? [1 of 3]



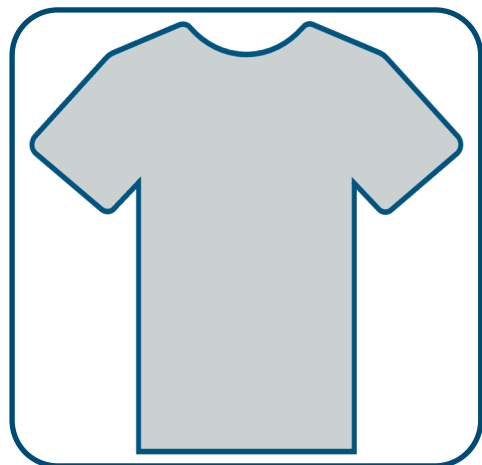
Bathing, Showering

Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; transferring to and from bathing positions.



Toileting and Toilet Hygiene

Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, caring for menstrual and continence needs (including catheter, colostomy, and suppository management), maintaining intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control.



Dressing

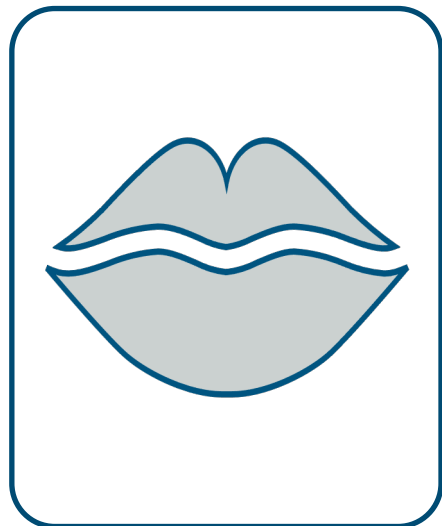
Selecting clothing and accessories with consideration of time of day, weather, and desired presentation; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; applying and removing personal devices, prosthetic devices, or splints.

What are ADLs? [2 of 3]



Feeding

Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)



Eating and Swallowing

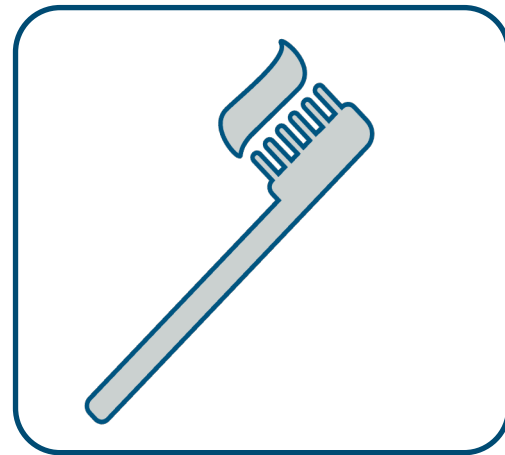
Keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)

What are ADLs? [3 of 3]



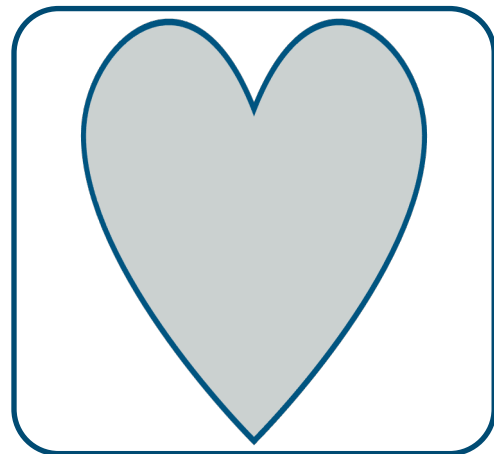
Functional Mobility

Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects



Personal Hygiene & Grooming

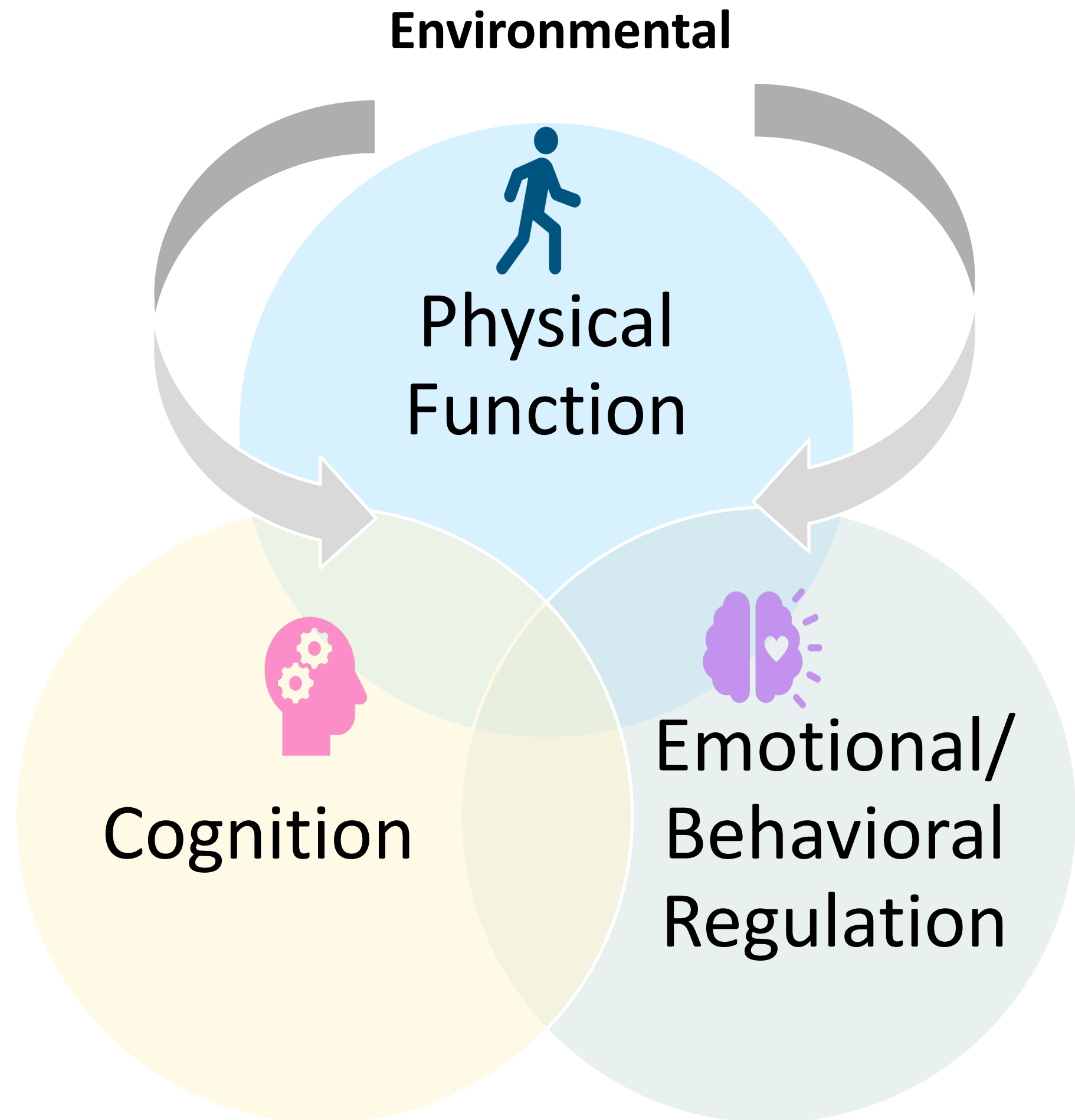
Obtaining and using supplies; removing body hair (e.g., using a razor or tweezers); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; removing, cleaning, and reinserting dental orthotics and prosthetics



Sexual Activity

Engaging in the broad possibilities for sexual expression and experiences with self or others (e.g., hugging, kissing, foreplay, masturbation, oral sex, intercourse)

Factors Impacting ADL Performance



Causes of Limitation in ADL: Environmental

Lack of access to spaces to complete ADL

Lack of accessibility in spaces to complete ADL

Lack of access to supplies to complete ADL

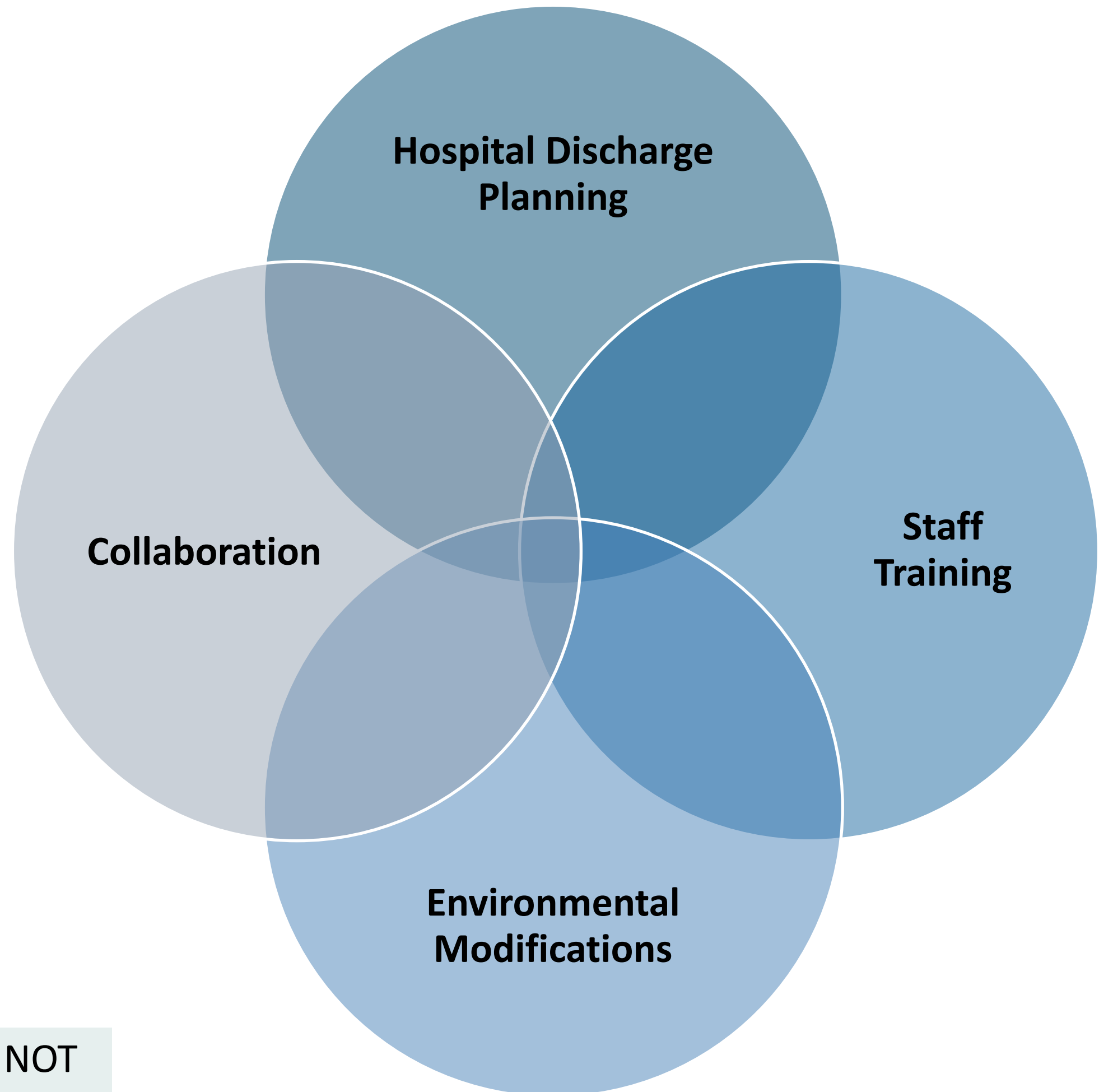
Lack of access to adaptive equipment to complete ADL

Not enough time to safely complete ADL

Disrupted routines or inconsistency in ADL resources

Difficulty self-advocating or navigating needed services

Approaches to Supporting ADL Needs of Older Adults



Note – All strategies presented today are ones that DO NOT require hands-on assistance or physical touch of clients.

Hospital Discharge Planning

Identify existing
ADL support needs
at referral

Acquire needed
DME before
person is onsite

Connection to
follow-up care to
assess or address
ADL (if needed)

Staff Training

Trauma
Informed Care

Falls
Prevention &
Response

Safe Handling /
Non-Touch
Strategies

Environmental
Strategies

Reviewing
Referrals &
Documentation

Collaboration

Community-based
rehabilitation
programs or student
programs

Refer for in-depth
assessments and
individual
recommendations

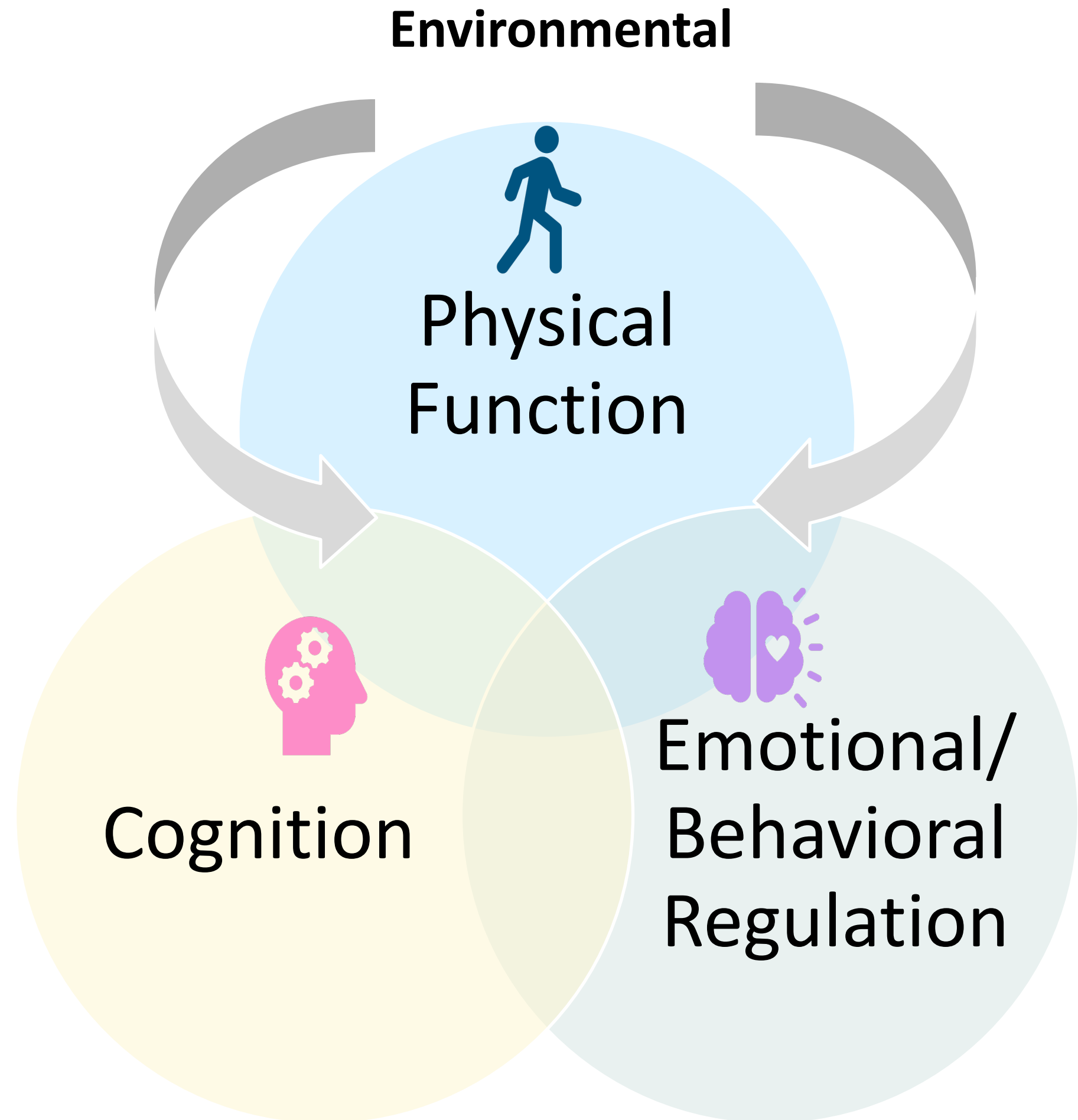
Develop relationships
with home health
and caregiver
organizations

Relationship with SNF
with potential to d/c
to respite

Low-cost and
recycled DME
resources

Older adult housing/
community living
resources

Environmental Modifications





Causes of Limitation in ADL: Physical

Decreased gross
and fine motor
skills

Pain

Decreased
balance

Lack of physical
sensation

Tremors

Slowed response
rate

Paralysis or
hemiparesis

Decreased
endurance and
activity tolerance

Decreased
strength

Decreased
hearing or vision



Physical Accessibility

Creates access to structures for different physical abilities & disabilities

Install ramps as able to provide an alternative to stairs

Secure handrails at all stairs in and outside

Non-slip tread on stairs

Contrast at edge of stairs and transitions in floors

Remove tripping hazards and ensure hallways are clear

Remove or secure loose flooring or rugs

Offer different types and style of furniture

Provide raised storage to prevent bending and reaching from the ground

Non-slip mats or tread in bathrooms and showers

Add grab bars within the bathroom/ shower

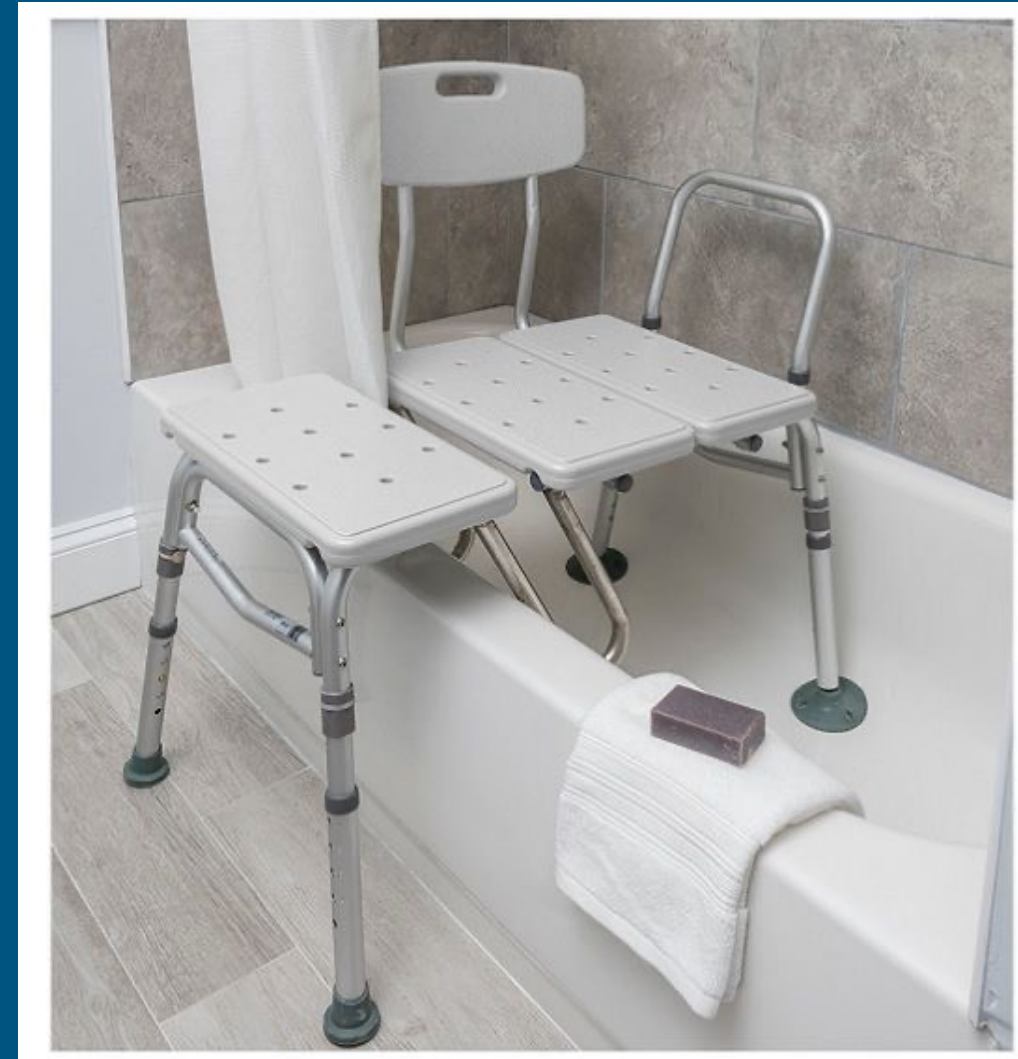
Ensure adequate lighting in all rooms or provide additional lighting through lamps

Have sensor detected night-lights in hallways or bathrooms

Accessibility for Bathing



Non-slip tread



**Removeable
Shower Bench**



Grab Bars

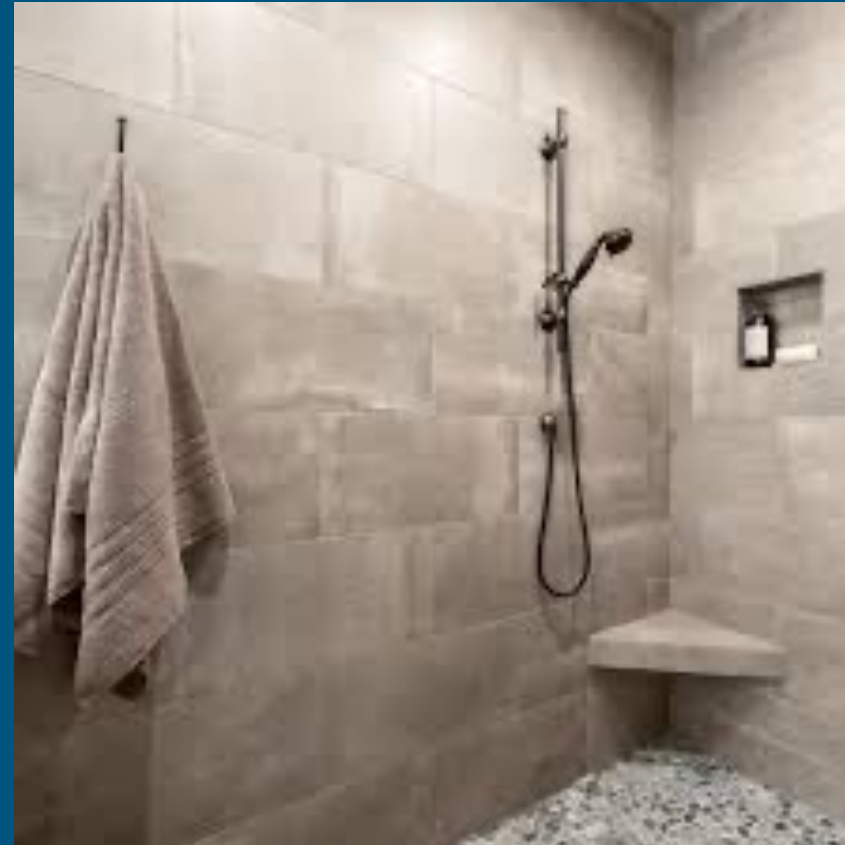


**ADA Accessible
Bathroom with Shower**

Accessibility for Bathing



Shower caddy to place supplies and prevent bending/ reaching



Provide towel hooks in easy to reach locations

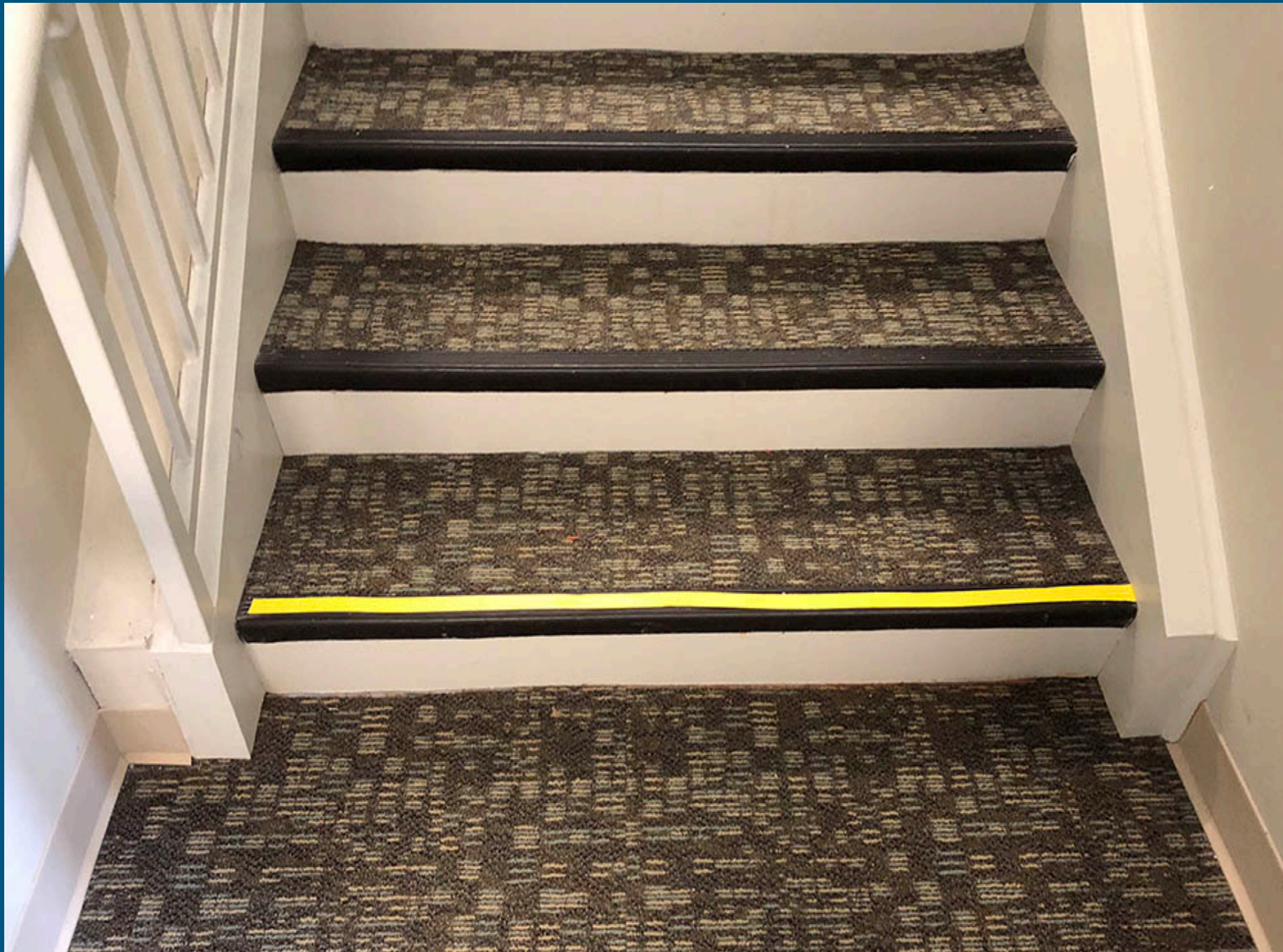


Accessible Toilets



- Measure what will fit current facilities
- Install safely and properly

Safe Stairs



Contrast at stair edges



Outdoor handrails

Falls Prevention



Non-slip backing to secure floor rug



Sensor night light



Causes of Limitation in ADL: Cognitive

Memory

Attention

Information
Processing

Executive Function

Self-awareness

Problem solving

Time awareness

Ability to adapt and
generalize



Cognitive Accessibility for ADL

Creates access for different learning and thinking abilities in spaces and activities

Provide verbal instructions to prompt the next steps

Demonstrating & having the person practice new skills

Clear signage especially for ADL spaces

Cue the person to take pauses & breaks

Help the person organize and gather ADL supplies

Assist the person in identifying time to complete ADL based on energy, space available, etc.

Allow the person increased time to complete ADL activities

Cuing & Set-up Assistance

Ways to support the person before going into the bathroom for a shower:

General Cue:

- Do you have everything you need to take a shower?

Directive Cue:

- Do you have your:
 - Soap
 - Shampoo
 - Towel
 - Clean clothes to change into (underwear, pants, shirt)
 - Shower socks

Set-up Assistance:

- Assist the person in gathering their supplies
- Organizing supplies into shower caddy

Ways to support to set-up of the shower space:

General Cue:

- Is your space set-up?

Verbal/ Direct Cues:

- Is the shower chair in the right spot?
- Did you put your soap where you can reach it?
- Did you put your towel where you can reach it?

Set-up Assistance:

- Assist the person in moving the shower chair
- Organizing supplies in the shower
- Moving the shower caddy into a space where they can reach

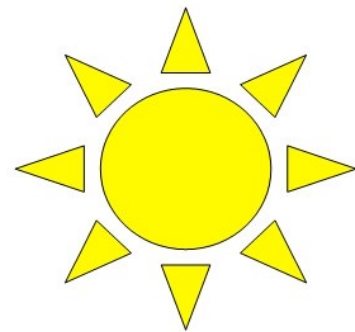
The type and frequency of cues needed might change by activity or even by step of the activity.

Visual Reminders for Daily Routines

- Should be placed in natural and easy to view locations
- Don't overuse – focus on important reminders or tasks
- Should be readable and make sense to the person

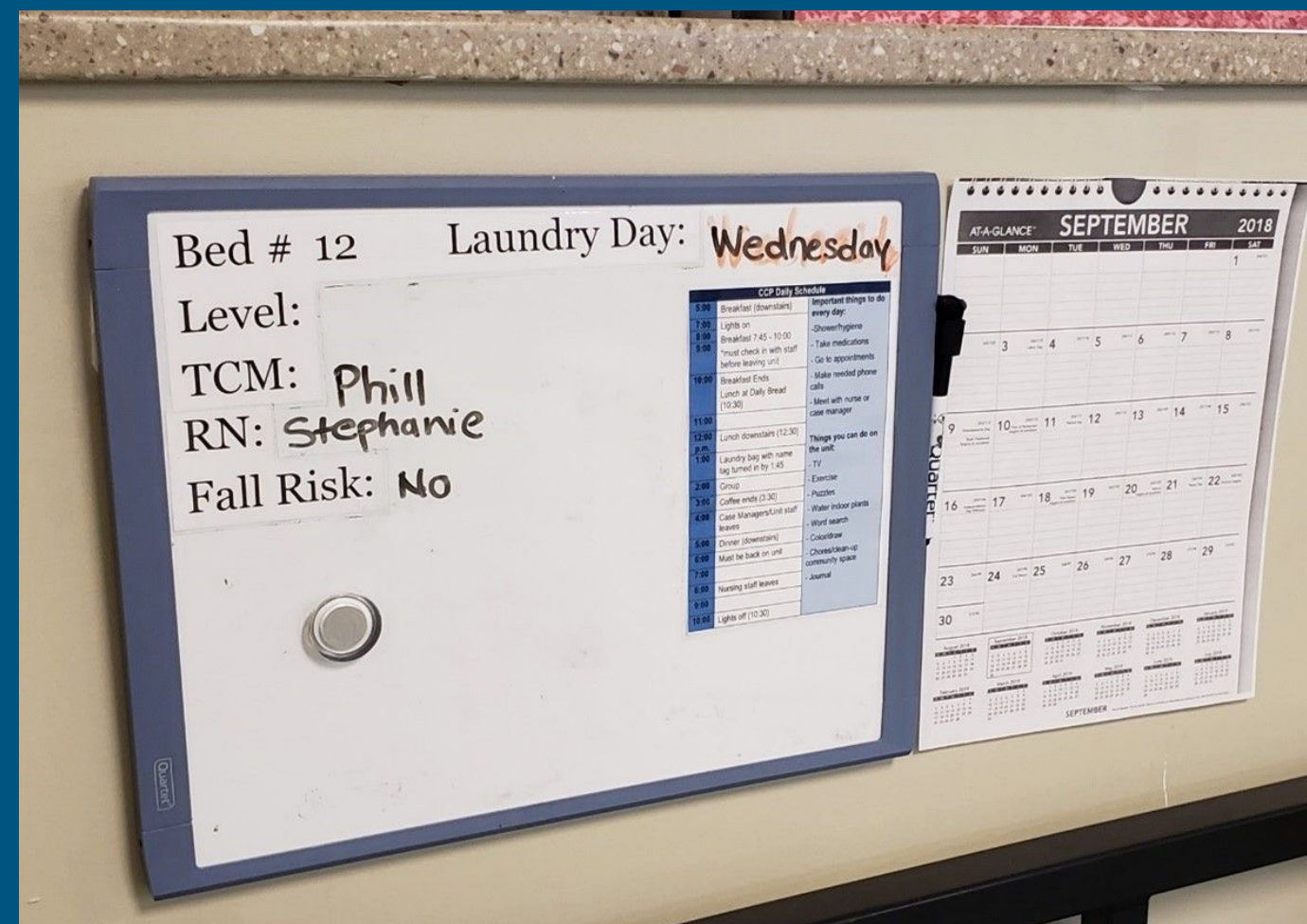
Morning To-Do

- Say prayers
- Shower/Wash-Up
- Brush teeth
- Put clothes on
- Breakfast
- Take medicine



Night To-Do

- Wash face
- Mouthwash
- Comb hair
- Take medicine



MORNING

WAKE UP

MAKE BED/
PICK UP ROOM

TAKE SHOWER
GET DRESSED
EAT BREAKFAST
BRUSH TEETH

LEAVE FOR
SCHOOL

EVENING

HOMEWORK/
CHORES

DINNER/
FAMILY TIME

BRUSH TEETH
SAY PRAYERS

LIGHTS OUT-
GO TO BED

Space to Organize Personal Items

- Keep priority items safe but easy to access
- Use labels to help quickly identify where items are located
- Store items that are used together in the same location
- Minimize clutter as much as possible





Causes of Limitation in ADL: Psychological

Adjustment to new onset of diagnosis or symptoms

Decreased cognition

Executive functioning

Adjustment to new physical or health limitations

Impulsivity

Body image and self-esteem

Active substance use

Active withdrawal from substances

Acuity of symptoms

Feelings of safety



Emotional & Behavioral Accessibility

Creates access for different self and emotional regulation in spaces and activities

Screening and referral to behavioral health services

Use of falls prevention as harm reduction

Connection to social supports / peers

Prompt and support participation in physical activity

Prompt use of coping strategies

Practice and prompt use of deep breathing

Teach and practice mindfulness

Natural or non-fluorescent lighting



Use of sensory strategies to increase alertness

Ensure consent for ADL support and provide expectations around how staff will help

Staff training in de-escalation and trauma-informed care

Recommended Collaborations

- Geriatrician, geriatric medicine specialists
- Audiologists
- Ophthalmologists and vision specialists
- Home health care agencies
- Caregiver assistance agencies/ homemaker support services
- Outpatient rehabilitation programs
- Rehabilitation student programs (e.g. PT, OT)
- Area Agency on Aging Services
- Older Americans Act Services
- PACE Programs
- CAPABLE programs

Recommended Resources

Clinical Guidelines for Medical Respite Care: Activities of Daily Living

[Webinar](#) & [Publication](#)

Clinical Guidelines for Medical Respite Care: Incontinence

[Webinar](#) & [Publication](#)

[Barriers to Accessing Higher Levels of Care: Implications for Medical Respite Care Programs](#)

[Trauma-Informed Environment Checklist \(publication\)](#)

[Falls Screening in Medical Respite Care \(publication\)](#)

- [*Falls Screening in Medical Respite Care – Fillable PDF Form*](#)

[Pathways for Incorporating OT Services into Medical Respite/ Recuperative Care Programs \(publication\)](#)

Recommended Resources

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Clinical Guidelines for Medical Respite Care: Incontinence: [Webinar](#) & [Publication](#)

[Barriers to Accessing Higher Levels of Care: Implications for Medical Respite Care Programs](#)

[Clinical Guidelines for MRC: Dementia](#)

[Clinical Guidelines for MRC: Cognition](#)

- Webinars: <https://nhchc.org/resource/addressing-cognition-in-medical-respite/>

[Creating Healing Spaces: Trauma Informed Design in Medical Respite Symposium](#)

[Trauma-Informed Environment Checklist](#) (publication)

[Falls Screening in Medical Respite Care](#) (publication)

- [Falls Screening in Medical Respite Care – Fillable PDF Form](#)

[Pathways for Incorporating OT Services into Medical Respite/ Recuperative Care Programs](#) (publication)

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