SERVICE LEARNING PROJECT
REBUILDING TOGETHER HOME REPORT

Preparation for Class

*Read this assignment thoroughly before the Rebuilding Together (RT) presentation*

**Dress Code for Rebuilding Together-OKC Assignment** Department of Rehab Sciences clinical dress code and nametag

**Preparation for the Home Evaluation**

- RT homeowners are assigned so students can receive homeowner packets before lab
- Inform the course coordinator immediately if you have special accommodations for health conditions. If medical conditions, such as severe allergies, pose a health concern, talk with the Rebuilding Together representative and course coordinators to ensure an assignment that can reasonably accommodate your health and safety needs. See course policies section on reasonable accommodations.
- Rebuilding Together has met with the homeowner for an RT home assessment. RT may already have done some modifications. If so, evaluate the appropriateness and use of existing modifications to include in report.
- On Thursday, 5/29, use a *campus phone* to contact the homeowner to set up a mutually agreeable time. Students will use designated Thursday work time or other times to complete the home assessment, but students may not miss any course work to do the evaluation.
  - Do not use your personal cell or home phone. When calling, remind the homeowner that they signed up with Rebuilding Together. Explain that you are volunteering with Rebuilding Together and will talk, give assessments, and evaluate the house on your visit. You will visit once for 2-3 hours with the homeowner present.
  - Represent yourselves as students in the Program in Occupational Therapy, the University of Oklahoma Health Science Center and OU-Tulsa, the profession of occupational therapy, and a volunteer for Rebuilding Together-OKC.
  - Give the course coordinator’s office number to homeowners who have questions.
  - Regardless of the homeowner’s attitude and expression of gratitude, know that you are providing a valuable service to the homeowner.

**During the Evaluation**

- Dress in clinical clothing and wear your nametag.
- Have all assessment materials organized. Carry a clip board for easy note taking. We have blue painter’s tape on both campuses for your use. Do not use regular masking tape.
- Carpool to complete the windshield tour of the neighborhood and take notes. (See D2L for windshield tour instructions).
- Introduce yourselves to the homeowner and refer to the letter and phone call from Rebuilding Together. Confirm that you are at the right house and talking with the right homeowner.
  - Represent yourselves as students in the Program in Occupational Therapy, the University of Oklahoma Health Science Center and OU-Tulsa, the profession of occupational therapy, and a volunteer for Rebuilding Together-OKC.
- Explain that you are there to talk, give assessments, and evaluate the house. Tell the homeowner that you will report results to RT-OKC.
• Review and sign consent forms from OUHSC & Rebuilding Together-OKC. Have the homeowner sign forms from OUHSC agreeing to participate in the project.
• Inform the homeowner that you will be taking notes and photographs. Remind the homeowner that they signed RT-OKC forms allowing pictures.
• **Evaluate existing home modifications** already completed by the homeowner or RT-OKC. For example, evaluate ramp components and safety features and the vertical: horizontal run on ramps; determine appropriateness and positioning of bathroom modifications. Include in your report.

• **Required Assessments**: All students will demonstrate competence in all assessments in Movement Science I or in this course before the RT Home Assessment. All students must be prepared to administer all assessments on site.
  - Home-Based Occupational Profile *
  - In-Home Occupational Performance Evaluation (I-HOPE)
  - Fall Prevention Profile
  - Timed Up and Go
  - Functional Reach
  - Falls Screening Questions
  - Home Profile
  - Neighborhood windshield tour
  - OUHSC Hazard Assessment
  - Home Environment Lighting Assessment (HELA)
  - In-Home Occupational Performance Evaluation (I-HOPE) *

**ASSESSMENT FAQ**

• **Determining who the client is can be tricky.**
  - In some cases, one homeowner has a disability and the other is a caregiver. In other cases, you may discover on site that both homeowners have disabilities. How do you know who to develop the home modifications for?
    - Decide if one or both would benefit from home modification.
    - If both, include the primary homeowner whose name you received and ask the other partner about their home occupational performance needs during the I-HOPE card sort. Include the other family member in step 3 of the I-HOPE. Consider both in home modifications. Generally, supports for one person will help the other but not always. If that’s the case, consider that in your choices for durable medical equipment (DME) and assistive devices (i.e., removable raised toilet seat vs. new toilet).

• **Do I still do the balance screenings if the homeowner(s) use a wheelchair / doesn’t have the required amount of open space in the home?**
  - Ask the homeowner if he or she walks in the home and if not, defer testing that requires standing or walking. State the rationale for not administering these assessments.
  - If the homeowner walks only occasionally or uses “catch places,” use your reasoning. As long as the homeowner can do the balance assessments without assistance and you feel comfortable with having them do so, proceed with extra caution.
• If in any doubt, err to the conservative side and defer balance screening, explaining rationale in the report.

• **What if the homeowner does not have / cannot use a flat surface to do the I-HOPE card sort?**
  - Improvise with what you have.

• **What if the homeowner is not capable of / willing to do step 3, the performance-based rating, of the I-HOPE?**
  - Step 3 is the performance-based assessment during which the interviewer identifies environmental barriers that are making performing activities difficult. The interviewer asks the client to perform each activity that was prioritized during Step 2 in the room(s) where the activity is typically performed. Based on this observation, the interviewer identifies and rates the influence of each barrier on the client’s performance.
  - If the homeowner is usually mobile in and around the home, allow him or her to give you a tour. If willing to demonstrate the activities they identified as in Step 2, allow them to do so WITHOUT YOUR ASSISTANCE. No hands on or even SBA. If in any doubt, follow the directions below.
  - If the homeowner is hesitant to demonstrate or not mobile without assistance in the home, or if your clinical reasoning informs you not to administer this part, omit the demonstration - observation in part 3 of the I-HOPE. Ask the homeowner to describe how they perform the occupations in part 3 and use the barrier list on pp. 34-37 to find out the barriers.

• **Communicating Results of the Home Assessment**
  - Rebuilding Together-OKC determines the home modifications to be completed based on the report recommendations.
    - Do not create expectations that all Rebuilding Together - OKC will make all the home modifications you recommend or that the homeowners suggest or want. This is not Extreme Home Makeover.
    - Do not discuss specific recommendations you plan to make in the homeowner’s presence.
    - All communication between you and the homeowner occurs during the evaluation. The course coordinator co-signs and submits the report to the program director of Rebuilding Together - OKC.
    - Students provide a copy of their E-BP Falls Prevention handout (lab assignment of evidence-based fall prevention tips) to the homeowner at the end of the evaluation.
    - Do not give your home or cell phone numbers to homeowners. If the homeowner wants to contact you or an update on home modification plans, refer them to Rebuilding Together -OKC.
    - If you want to remain in contact with the homeowner at the completion of the assignment, email the designated staff at RT-OKC.

**WRITING THE REPORT**

• Attend all sessions of the writing labs for this course with your lap top and all materials. We will view groups’ actual writing in the labs.
• Our affiliation with Rebuilding Together permits and requires use of the homeowner’s actual name and address in the report.
• Title page has the homeowner’s name as the title and lists each student.
• Each student participates in writing and proofing the report.
• All students sign the note. Include space and a line for the instructor’s signature below student signatures.
• The course coordinator will not submit the final report if the report contains errors; all students have signed the final report; all assessment sheets and consent forms are attached. Incomplete or incorrect reports will result in an “I” for all students in the group and may delay summer FW.

Reading & Reference (Report format and rubric reflects this information)
Refer to the AOTA Practice Framework (2014) and the AOTA Practice Guidelines for Home Modifications


Report Headings shown in bold caps

HOME-BASED OCCUPATIONAL PROFILE and WRITING CHECKLIST

- Homeowner name, age, gender
- If provided by RT or the homeowner, state the 1º & 2º health conditions with onset, precautions or contraindications, and reason for referral by RT
  - State the source of this information
- Describe homeowner’s dress, appearance, observed impairments, use of assistive devices for mobility.
  - Give a verbal picture of the homeowner. Use the Sames text to guide your writing in this section.
- Assessments Performed
  - For this section, list each assessment and report on each in turn until you’ve reported on all assessments.
  - Give the complete name of the assessment followed by its abbreviation in parenthesis and the (Author, year) on first mention. You may use the assessment abbreviation after that.
  - For each assessment, brief describe the assessment, including the purpose and scoring from the assessment manual.
    - The Canadian Occupational Performance Measure (COPM) is an outcome measure of the individual’s perception of occupational performance and satisfaction over time. In the interview, the individual names and rates the importance of self-care, productive, and leisure occupations. The individual rates the five most important occupations for performance and satisfaction on a scale from 1 to 10 with 1 as the lowest and 10 as the highest. The initial score serves as a baseline comparison for re-assessment. Baseline and re-assessment scores are compared for change in performance and satisfaction on identified occupations with a change of 2 or more points at re-assessment considered clinically significant. Mrs. Ruby identified walking to the mailbox, dressing, and making a sandwich as occupations she wanted to perform in her home.
- If you did not complete an assessment, so state with your rationale.
- If you think that additional testing is indicated, state your rationale. If you do not feel that further assessment is indicated, state this.
- Occupational Profile: Use data from the I-HOPE to write a one paragraph summary of prior and current levels of OP. Calculate and give the Base Activity Score and the Difficulty-with-Activity Score. Provide a bulleted list of the homeowner’s identified
  - Activities done now with difficulty
  - Activities done now but worried about ability in the future
  - Activities not done now but wish to do
- This section is a narrative in paragraph format.
  - This section is NOT a story – “I asked this and she said that.” Summarize the results of each assessment one by one.
FALL PREVENTION PROFILE and WRITING CHECKLIST

Assessments Performed
- Follow the guidelines in the occupational profile section to give the complete name (abbreviation) of each assessment in this section and a brief description of the assessment, including purpose and scoring. Give the results and interpretation of the assessment.
- List the next assessment and continue until you’ve reported on all assessments. This section is NOT a story – “I tested this and he did that”. Summarize the meaningful results. If you did not complete an assessment, state your rationale.
- Recommendations and justification or further testing. Based on the result of either screening, discuss further assessments you recommend with rationale. If you do not feel that further assessment is indicated, state this.

Fall Prevention Profile: Based on your observation and assessment data, summarize the homeowner’s present fall risk in a sentence or two.

HOME PROFILE and WRITING CHECKLIST

- Home context including locale, type, & ownership (from the OUHSC Comprehensive Evaluation of the Physical Home Environment)
- Include a brief report of your windshield tour (using the guidelines on D2L)
- Using the Photograph and Sketches of Barriers in the Home document on D2L, document the barriers identified. Omit photographs and measurements for areas without barriers.
  - Go room-by-room providing a photograph, picture caption, and measurements for each barrier
  - Include other areas of the home if your recommendations include them.

OCCUPATIONAL PERFORMANCE PROBLEM STATEMENT (OPPS) and WRITING CHECKLIST

- This section is a narrative in paragraph format.
- Use the occupational, fall prevention, and home profiles to create the OP problem statements.
- OP Problem Statements state the home-based occupational performance problems indicating contributions of context and person factors
  - List the home-based occupational performance problems identified. These may be the same or different from those mentioned by the homeowner or ones that you reason based on data.
  - For each occupational performance problem, state the contributions of person (P) – environment (E) – occupation (O)
  - Note that each statement includes aspects of the P-E-O that inhibits or restrict occupational performance. Lead with the occupational performance and include the persona and environment factors that hinder occupational performance.
    - Mrs. Violet is unable to remove wet laundry from her top-loading washing machine when seated in her wheelchair
    - Mr. Brown cannot safely exit the front door due his poor walking balance and lack of handrails on the porch steps
    - Mrs. Green cannot maneuver her wheelchair over the 2 ½” high threshold between the living room and kitchen due to weakness in both arms
    - When Mr. Black carries groceries from the garage to the kitchen, he becomes short of breath and needs frequent rest breaks due to his respiratory condition and poor endurance

- Writing clear direct OPPS, summarize findings of your evaluation and forms, and provide the rationale for the intervention recommendations

Using the Photograph and Sketches of Barriers in the Home document on D2L, document the barriers identified. Omit photographs and measurements for areas without barriers.
  - Go room-by-room providing a photograph, picture caption, and measurements for each barrier
  - Include other areas of the home if your recommendations include them.
RECOMMENDATIONS (All students write this section)

Optional Overview Chart

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Occupational Performance Problems</th>
<th>Hazard Elimination</th>
<th>Renovation / Major Repairs</th>
<th>Home Modification</th>
<th>Homeowner Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most-used entry / exit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living room / den</td>
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<td>Bedroom</td>
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<tr>
<td>Bathroom</td>
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<tr>
<td>Kitchen</td>
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</tbody>
</table>

- Recommendations are in bullet format using these underlined headings

Recommendations for Hazard Elimination and Home Modification

- Temporarily place blue painter’s tape to mark exact placement of home modifications. Take a photograph, caption it, and insert it below each recommendation. Remember to remove the tape.
- In a bulleted list, list the barriers room-by-room and give recommendations
- If recommending major remodeling justified by the profiles and the OPPS, provide and rank order at least 2 options. For example:
  - Option 1: Remove the existing bathtub / shower and replace it with a roll-in shower (include a post-mod sketch of the new shower configuration)
  - Option 2: Recommend DME as shown in the examples below.

- Examples (note use of the OPPS)
  Kitchen
    - Mrs. Chartreuse cannot safely prepare meals in the kitchen due to the trip hazard posed by the varied flooring surfaces near the refrigerator. Recommend replacing all kitchen flooring with non-slip easy-care flooring.
      - * NOTE: You do not have to recommend specific home repair items such as building supplies, flooring, standard railings, etc. easily available at local home improvement stores.
Entry
✓ Mr. Brown cannot safely enter or exit the front door due to his poor walking balance and lack of handrails on the porch steps. Recommend installation of sturdy hand railings on both sides of the porch steps extending ___ feet from the porch (see blue tape) to ___ inches past the last step. Recommended height of railing is ___ inches. See blue tape in accompanying photo.

Bathroom
✓ Miss Scarlett cannot safely enter or exit her bath / shower due to weakness of her right arm and leg.
  o Recommend installation of a ___ inch grab bar on the (north, south, east, west) wall of the shower wall at a height of ___ inches from the shower floor placed horizontally ___ inches from the ___ to ___ inches from the ___. See blue tape in accompanying photo.
  o Recommend installation of a bathtub transfer bench with a back and arms on each side. Install bench facing the faucets. NOTE: Requires a bariatric bench that holds 350 lbs. Recommended benches include (fill in the chart with at least 2 DME. Repeat the chart for each DME.)
    • Include vendor information for DME and specialty items not available in home improvement stores (i.e., off-set hinges)

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Vendor contact information</th>
<th>Item Name</th>
<th>Item Number</th>
<th>Quantity</th>
<th>Price per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>See * above</td>
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Evaluation of Existing Home Modification

• If modifications have been made by the family or by RT OKC, evaluate its appropriateness and record the homeowner’s description of its effectiveness and use.
• If the homeowner reports problems, treat it as a barrier in need of modification and make recommendations in this section.

Recommended safety measures or resources describing specific changes in homeowner behavior for home-based occupations identified in the justification column.
  o Example: Due to poor balance, Mrs. Smith should sit on the bedside chair to don and doff her clothing instead of standing.
  o Example: Mrs. Smith could use discount coupons for taxis from the local public transit company (555-555-5555).
Process of Home Occupational Performance Report

Report incorporates sound clinical and professional reasoning from reported data through recommendations that “HANGS TOGETHER”

1. Support the homeowner’s desired and necessary home-based occupational performance
2. Match assessment results, descriptions, & forms
3. Addresses identified occupational performance problems that include body structure / function impairments and contextual barriers
4. By recommending modifications, DME and assistive devices, and safety measures that are reasonable, address noted problems in occupational performance, & make sense for the home & homeowner

In other words, the entire report “hangs together” and makes sense; information introduced in each section that leads to recommendations; no new information included at the end. For example, it is inappropriate to recommend a bariatric bedside commode for a frail, underweight woman, recommend that the entire bathroom remodel without offering low-cost modification using assistive equipment, or include a ramp without providing a sketch for its construction. Students can lose all “hang together” points by making one major or several minor errors.

NOTE In order to comply with Oklahoma licensure regulations, students may include specific recommendations in the report to Rebuilding Together-OKC and discuss recommendations in class but may not provide them to the homeowner. Do not give verbal or written promises or assurances of what RT-OKC may do with the report. Do not imply in any way that RT-OKC or OUHSC will provide or fund modifications. Based on actual findings and credible literature sources, students may provide homeowners can provide a list of the evidence-based fall prevention tips created in lab. If the homeowner has questions, refer them to the course coordinator.
Provide the homeowner with your handout of fall risk prevention tips.

Submission

- **The revised signed report with all attachments is due Thursday, June 26 by noon.** Students must correct all writing and conceptual errors to the instructor’s satisfaction on a final corrected and signed copy of the report before completing the course.
- **If the report is unacceptable in any way, ALL students will be “on call” until the report is satisfactory.** All students in the group must participate in the final revisions.
- Each student contributes equally to the report. By each heading place the initials of the major writer in parentheses. All students receive the same grade on the report. Student partners assure that all students participate equally. The comprehensiveness, conciseness, and quality of the note and attachments earn 100% of the grade on the assignment. See the grading rubric.
- Use the writing checklists above and the grading rubric before submitting the report.

- Begin with a cover page using DRS guidelines using the homeowner’s full name as the title and list all students in the group
- Report using the headings shown in **BOLD CAPS**
- **Attachments in order** following the report:
  - Report using the headings
  - Entire completed assessment score sheets in the order covered in the report
  - Signed consent forms from OUHSC by homeowner
  - Copies of RT OKC volunteer release forms from each student

The course coordinator co-signs and submits the revised final reports to Rebuilding Together - OKC.