Previous research has found that individuals who participate in community reintegration programming experience a multitude of benefits, including an increased life satisfaction; a better ability to socially integrate; increased feelings of independence and self-efficacy; and higher confidence in personal abilities (Reisetter & Abeu, 2005; McCabe et al., 2007; Pang, Eng, & Miller, 2007). Despite these benefits, community reintegration is largely overlooked by rehabilitation services (Gillian, 2011, p.75). Patients are recurrently dissatisfied with their preparation to reintegrate into the community after discharge from the hospital, often leading to decreased engagement in meaningful occupations (Pang, Eng, & Miller, 2007). Therefore, the purpose of the current project was to develop and advocate for a community reintegration program on the inpatient rehabilitation unit at TriStar Skyline Medical Center. Based on a review of the literature, a needs assessment, and collaboration with members of the rehabilitation team, a community reintegration program was developed and piloted. Program components include educational materials, therapeutic activities, therapeutic groups, and community outings. The development of a multi-dimensional program enables therapists to utilize some program aspect with any patient they may have. By incorporating a self-management perspective, patients may be empowered to take responsibility for their direction of care during the community reintegration process. Through education, simulated community activities, and community outings, the ultimate goal of this program was to increase quality of care so that patients may participate in life to the fullest extent once discharging home from inpatient rehabilitation hospitalization.

### Abstract

**Program Levels**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Preparatory Community Reintegration Activities</th>
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<tbody>
<tr>
<td></td>
<td>• Activity examples: Planning a trip to a grocery store, planning a trip to a restaurant, placing a to-go order at Subway, graded menu tasks, and couponing activities</td>
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<td></td>
<td>• Educational Materials and Resources</td>
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<td>• Diagnosis-specific support groups and organizations</td>
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<td>• Alternative transportation services</td>
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<td>• Food services and programs</td>
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<td>• Adult day services</td>
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<td>• Community activities and resources</td>
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<td>• Tennessee vocational rehabilitation services</td>
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<td>• DME and home modifications</td>
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<tr>
<td>Level 2</td>
<td>Community Reintegration Interventions within the Hospital</td>
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<td></td>
<td>• Community reintegration hospital resource list</td>
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<td></td>
<td>• Gift shop, pharmacy, cafeteria, chapel, Skyline Café, Subway, doctor’s offices</td>
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<td></td>
<td>• Directions to hospital resources for patient use</td>
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<td></td>
<td>• Therapeutic activities</td>
</tr>
<tr>
<td></td>
<td>• Activity examples: Lunch in cafeteria, mail activity, graded gift shop activities, graded pharmacy activities, locating doctor’s office activity</td>
</tr>
</tbody>
</table>

**Phase 1: Literature Review and Needs Assessment**

- Expanded on annotated bibliography
- Completed needs assessment through patient interviews, therapist surveys, and collaborative meetings with rehabilitation team
- Created program outline which was presented and approved by full rehabilitation department

**Phase 2: Program Development**

- Created program materials for levels 1-3

**Phase 3: Piloting**

- Piloted therapeutic activities, therapeutic groups, and community outings with patients and therapists

**Phase 4: Revision and Presentation**

- Revised program materials based on feedback from patients and therapists during piloting phase
- Organized program materials in facility for therapist access
- Presented finished program materials to full rehabilitation team

**Timeline**

- **Literature Review and Needs Assessment**
- **Program Development**
- **Piloting**
- **Revision and Presentation**

**Needs Assessment**

**Therapist survey**

- "I’ve been out of the world for so long"
- "Actually doing is what builds confidence"
- "I need to feel confident when I leave here, because I will be going home alone"
- "Practicing community outings with therapists would ease the mind of my wife and I"
- "Community plans after discharge should be discussed with all patients"

**Patient interviews**

- "Above all else, TriStar Skyline is committed to the care and improvement of human life. We strive to deliver high quality, cost effective healthcare in the communities we serve."

### Learning Goals and Outcomes

1. To advocate for patients treated on the inpatient rehabilitation unit of TriStar Skyline Medical Center by addressing the need for community reintegration programming

**Outcomes**

- Annotated bibliography
- Needs assessment
- Program outline

2. To collaborate with the rehabilitation team to develop and implement a sustainable community reintegration program for the patients treated on the inpatient rehabilitation unit of TriStar Skyline Medical Center

**Outcomes**

- Program components
- Educational materials
- Therapeutic activities
- Community outing guidelines, ideas, locations, and activities
- Pilot testing of therapeutic activities and community outings
- Summary of community outings
- Video of interview with patient after completion of a community outing
- Presentation of program materials to full rehabilitation team

3. To develop community reintegration groups for the patients treated on the inpatient rehabilitation unit of TriStar Skyline Medical Center in order to meet patient and organizational needs

**Outcomes**

- Group rationale
- Group materials
- Pilot testing

**Patient Feedback After a Community Outing**

- "I feel more confident and independent going out"
- "I feel like it’s a good practice. The whole experience was really nice"
- "I got to stand in line at the store like normal"
- "Practicing in the community would be very beneficial for future patients to give them peace of mind that they can be better"

### Curricular Themes

- "Collaborative and reflective process that involves content-specific knowledge, engagement of the patient and family in understanding the clinical problem, and incorporation of critical contextual factors (Furze, Gale, Black, Cochran, & Jarenas, 2015)."

- "Empowering clients to obtain resources to fully participate in daily life occupations (American Occupational Therapy Association, 2008, p.41)."

*References available upon request*