

McMaster
University
HEALTH SCIENCES



Department of
Family Medicine

McMaster
Family Health Team

Occupational Therapy
Role in Optimizing Practice in
Primary Healthcare:
*team perspectives, clinical experiences
and where to begin*

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Occupational Therapists in Family Health Teams



Catherine Donnelly

Assistant Professor

Queen's University

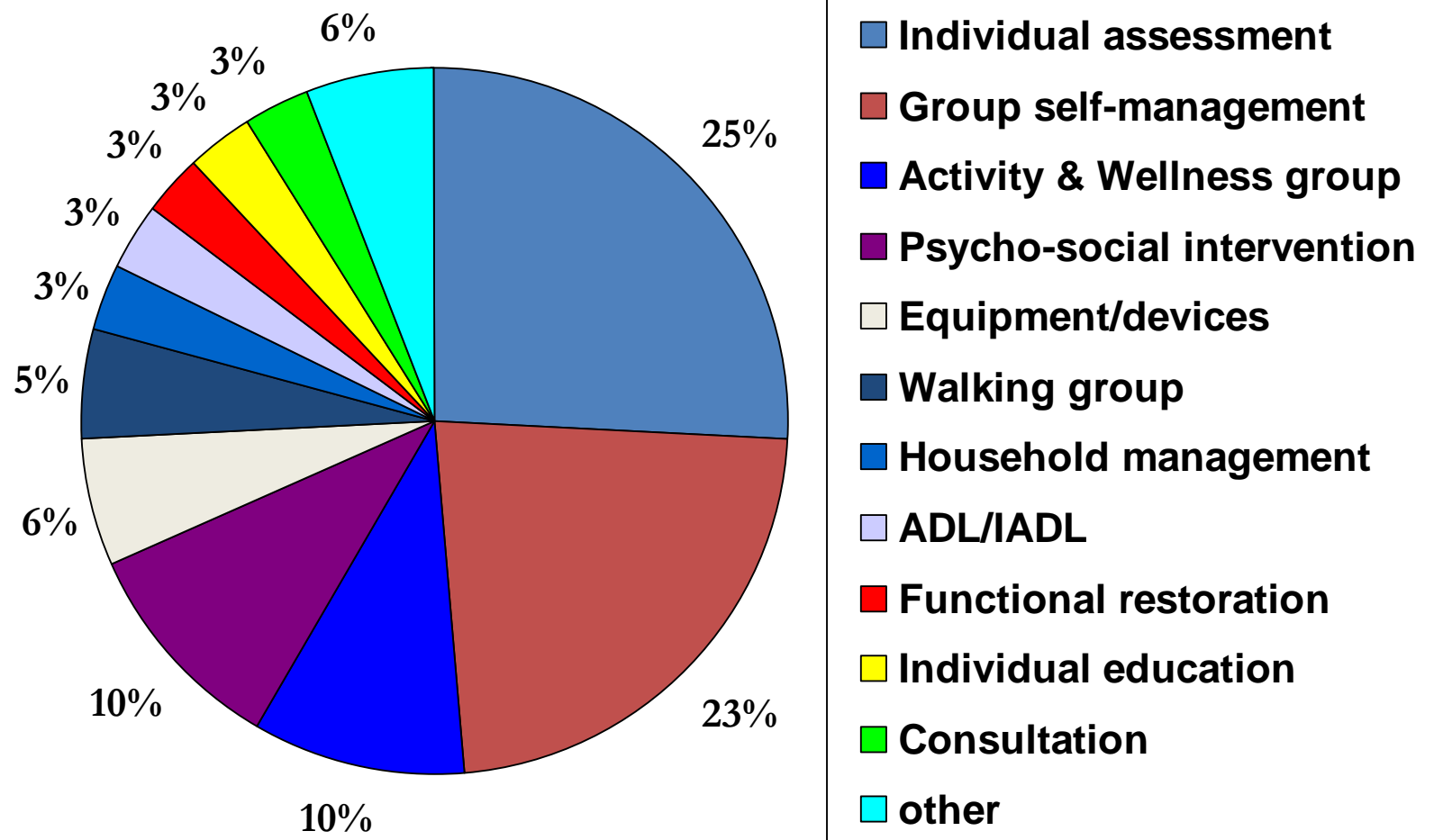
Occupational Therapy Program

Occupational Therapy and Primary Care

- Evidence to support occupational therapy in primary health care
- Older adults, diabetes, arthritis, work place interventions (Clark et al, 1997; Jackson, Carlson, Mandel, Zemke & Clark, 1998; Hammond & Freeman, 2004; Hammond, Young & Kidao, 2004; Lorenzi et al., 2004; Steultjens et al., 2004)
- Limited evidence and examples of occupational therapy in primary care
 - Richardson, Letts et al (2010) found those receiving rehab had significantly fewer planned hospital days ($p < .000$) and were more satisfied with rehabilitation services
 - no difference in health status between those who received rehab (OT & PT) ($n=152$) and those that did not ($n=151$).



Richardson et al (2010): OT Direct Time Distribution



Models of Occupational Therapy Practice

- Traditional Clinic Model
- Self-Management – Therapist as Educator
- Case Management
- Outreach
- Community Based Rehabilitation-Community Development



Looking to the Future

- Ongoing collaboration between OSOT, occupational therapists, FHTs, MOHLTC
- Working to full scope of practice
- Need to develop systems for OTs in FHTs:
 - On-site needs assessment
- Identification of organizational structures:
 - Space, workload measurement systems, documentation
- Collaborative evaluation of:
 - Processes
 - Outcomes



Wise Elephant
Family Health Team

Occupational Therapy

Candace Crawford
Occupational Therapist
Wise Elephant Family Health Team



Wise elephant family health team

Who are we?

- 8 family physicians, 3 NP's, 1 mental health nurse, 1 palliative care nurse, 1 child psychologist, occupational therapist, pharmacist, diabetes health promoter, clinical staff
- Approx. 8000 rostered patients
- Located in the downtown Brampton core



OT role with Wise elephant FHT

- Individual referrals from FHT members, clinic hours, diabetes day.
- Conditions include: mental health, chronic pain, chronic disease (MS, Diabetes, arthritis), seniors (mobility, falls, isolation)
 - Case coordination
 - Individual assessment/intervention/advocacy
 - Outreach (home visits)
 - Group Educator (self-management groups)



Case vignette

- **49 y.o. male with undiagnosed progressive neurological disorder**
- **Assessment**
 - ❖ exploring functional impairment in the realm of self-care, productivity, leisure that is identified by client
 - ❖ Functional impairment issues: falls in shower and ambulation, return to work, transportation, speech and swallowing issues when eating.
- **Intervention**
 - ❖ Liaison with disability specialist at work to promote safe and successful return to work
 - ❖ Safety rail, bath stool for safe bathtub transfers
 - ❖ Application to Transhelp
 - ❖ Advocacy for client with family physician and specialists
 - ❖ Referral to speech therapist for swallow assessment
 - ❖ Teaching of communication skills
 - ❖ Walker recommendations for ambulation
- **Outcomes**
 - ❖ Increased client satisfaction with priority functional tasks
 - ❖ Decreased risk of falls
 - ❖ Returned to work
 - ❖ Decreased safety risk associated with swallowing
 - ❖ Support team established to assist client through stages of disorder



“The OT focus on productive activity is very valuable in helping pts preserve and regain functioning when dealing with depression”

K.K

Mental Health nurse



“I really appreciate that you offer home visits and can work on practical day-to-day problems that really interfere with a patient's functioning. Solving these types of problems helps patients to follow through on medical and other recommended interventions/directives”

A.E Child Psychologist

Occupational Therapy McMaster Family Health Team

Colleen O'Neil
Occupational Therapist
McMaster FHT

McMaster Family Health Team |

The McMaster Family Health Team consists of two academic primary care centres where care is provided using an inter-professional model.

Health Care providers at McMaster FHT include **Physicians, Registered Dietitians, Social Workers, Pharmacists, Lactations Consultants, Nurse Practitioners, Registered Practical Nurses, Physician Assistants, Psychiatrists, Clinic Aides and Occupational Therapists**

McMaster Family Health Team:

McMaster Family Practice (MFP)

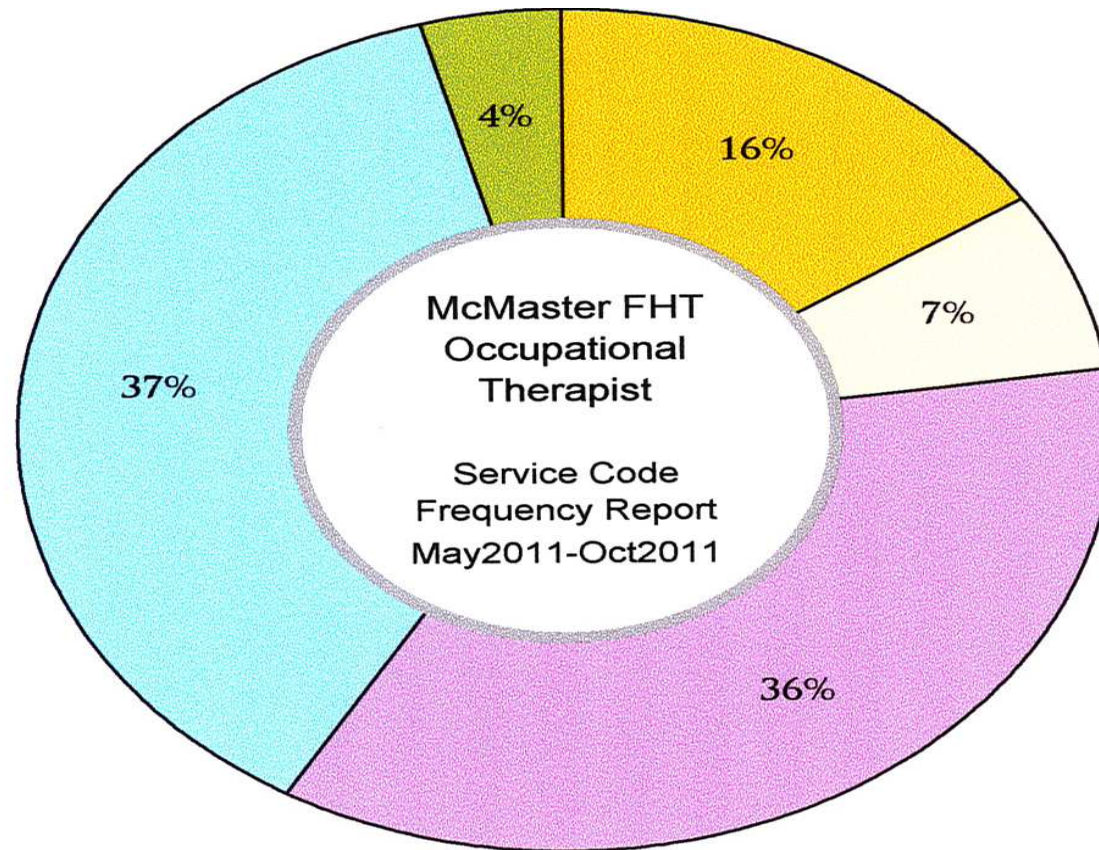
- McMaster Family Practice (MFP), a clinical teaching unit affiliated with McMaster University and Hamilton Health Sciences
- located close to the downtown core and McMaster University, MFP cares for patients from Hamilton, Burlington, Dundas, Ancaster and Stoney Creek
- The unit consists of 15 practices organized into two teams

McMaster Family Health Team: Stonechurch Family Health Center (SFHC)

- Stonechurch Family Health Centre (SFHC), a clinical teaching unit affiliated with McMaster University and Hamilton Health Sciences
- located in the rapidly growing suburban part of the Hamilton Mountain, SFHC cares for patients in Hamilton, and surrounding areas
- There are 30 practices at SFHC, organized into 3 teams

Role of Occupational Therapist:

- Liaise with other team members to provide holistic care to patients of family practice
- Educate team members about scope of practice of occupational Therapists
- Educate Family Medicine Residents about the role and the benefits of having an Occupational Therapist involved in providing care to their patients.
- Occupational Therapy has been a full-time position since May 2011.
- The FTE for Occupational Therapy is divided evenly between the two clinics.
- 2 days/week at each clinic.



- Assessments/Consultations
- Co-Bookings with Health Care Providers
- Direct Patient Care/Intervention
- Patient Education

Case Study:

Moira (name has been changed to protect patients identity)

Scenario

- Previous Treatment: WSIB Upper Extremity Clinic; Physiotherapy; Joint Injection
- Modified Duties
- Return to Work Specialist : 5 week Plan
- Appointment: for medical approval of the Return to Work Plan

Case Study (continued):

- Left arm held against her side in internal rotation at the shoulder ; elbow flexed to 90 degrees and hand resting against her stomach
- Not using to use left arm for any tasks.
- Hand use only for gripping but not for any functional tasks
- Significant Left scapular elevation
- Sensation of swelling in her axilla and below her scapula
- Pain with any ranges of the shoulder 9/10 or 10/10 resting pain 7/10

Case Study - OT Assessment:

Assessment of patient included:

- Brief Pain Inventory and Arm/Hand Disability Measure
- Pain Catastrophizing Scale
- Canadian Occupational Performance Measure used to identify areas of deficit in self-care, productivity and leisure and to establish patient's goal for use of arm/hand

Results (communicated to the patient's WSIB case worker):

- High level of disability despite findings of minor impairment
- significant fear/anxiety: re: re-injury of self/ being responsible for injury of patient in her care

Intervention:

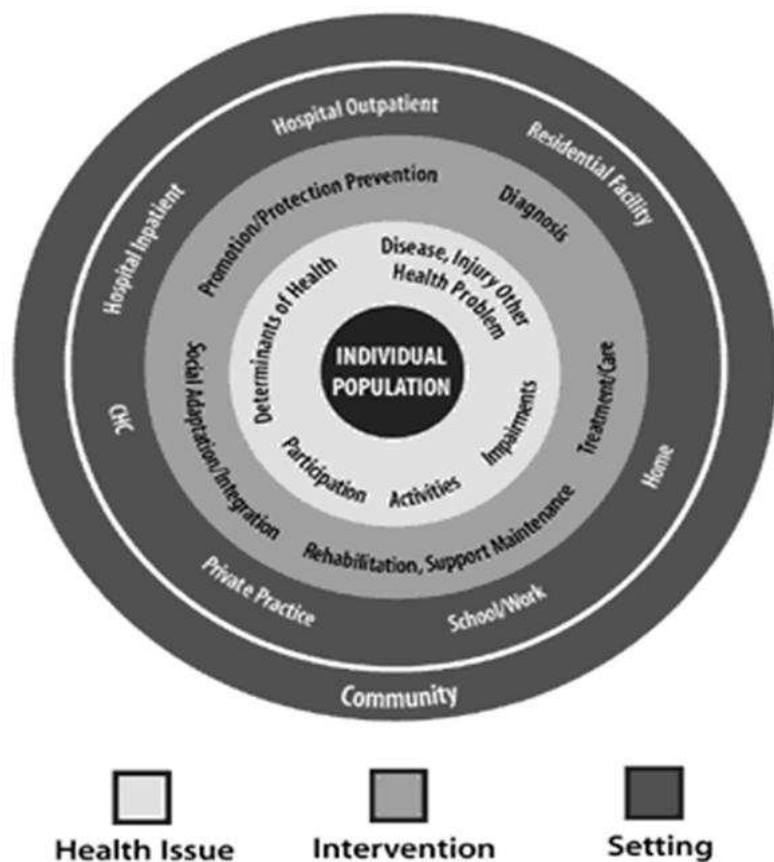
- Liaise with WSIB and Employer through Return to Work Specialist
- Functional tasks
- Job coaching including postures and effective ergonomic techniques
- Assistive devices
- Relaxation Strategies
- Involve Pharmacy

Outcome:

SUCCESS!!!

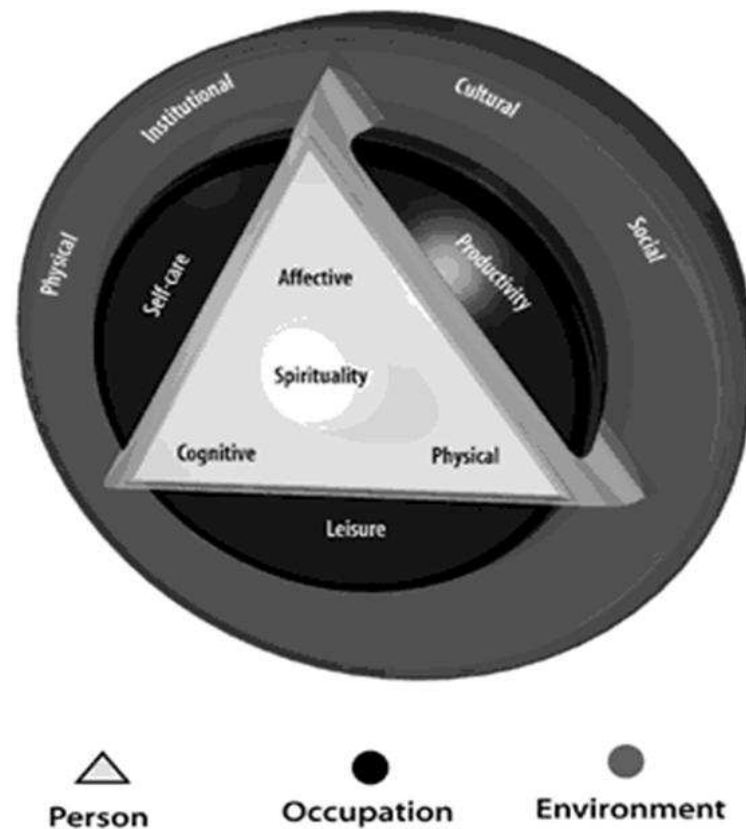
- Client has returned to full duties at work after 4 months of a graduated return
- Client still has pain but she is functional/productive and she is feeling more confident with shoulder/arm mobility
- From time of referral to OT, client only saw her family physician once

Figure 1. Primary health-care model.



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Figure 2. Canadian Model of Occupational Performance.



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“I think the OT focus on function is a great fit with family medicine. Our OT help us with return to work issues, chronic pain, people overwhelmed by life circumstances, the frail elderly and people with chronic upper extremity problems. They offer a pragmatic expertise that is great for patients and a valued source of continuing education for other members of the health care team. I have no idea how we managed without them.”

Dr Cathy Risdon MFP Unit Co-Director

“When OT’s started working with us in our clinic, it suddenly became clear to me just how little we know about managing function in our patients with chronic disease. The very practical approach to problem solving, and then tricks for helping people achieve what they want to, seem to have propelled us forward in a way that no other discipline has. From people with acute injuries to chronic pain and palliative care, OT has transcended all of our clinical domains with a paradigm and skill set that is perfectly suited to the challenges of primary care”

Dr Dale Guenter, MFP, Unit Co-Director

*“ Occupational Therapy role with geriatrics has helped us to understand how to assess, improve and support functioning of seniors living independently in the community through more timely access to preventative care including falls prevention.
Having Occupational Therapy in the clinic allows case discussion, improved communication regarding goals of care which enhances patient centered care and meeting family needs”*

Nurse Practitioner, McMaster FHT

“Occupational therapy has been such a valuable addition to our clinical team! From assisting with questions around functional status, working with patients with chronic pain, helping with assistive devices, cognitive assessments, questions around mobility aids etc etc. We have only begun to tap all the various ways in which this role will continue to enhance our patients' care!”

Dr. K. Ivanyi, Family Medicine Physician, McMaster FHT

Future Plans for Role of Occupational Therapy in Family Health Teams:

- Falls Class : for patients with low to medium falls risk but have conditions that suggest regular monitoring or management by multi-disciplinary team might be needed
- Return to work program: preparing those with work injuries for the return to work process ie early reactivation
- Developmental screening of infants/children to assist with selecting appropriate resources and facilitating referrals to appropriate agencies

OT and the McMaster FHT

Anne Childs

RN, BScN, MHs(N)

McMaster FHT Coordinator/Co-Lead

McMaster Family Health Team-101

- Academic FHT committed to providing excellence in teaching, excellence in patient care and to conduct research
- Clinical teaching sites for the Department of Family Medicine at McMaster University
- 35 allied health staff members (various funding)
- ~ 80 family medicine residents have clinical placements & ~ 25 allied health learner

The OT in the McMaster FHT

- Very successful
- Excellence in team work
- Integral part of the interprofessional team
- Essential partner in the ongoing education of learners
- Committed to the enhancement of primary care delivery

Discussing this role with the MOH

- McMaster has a long history of working with OT learners doing clinical placements
- Involvement in research for the role of OT in primary care (I am able 2009, Neighbourhoods & Activity, 2011)
- Some understanding of the role of OT in the interprofessional team.

Making the Case with the MOH

- Role description/clarification
- Emphasis on healthy outcomes & improved delivery of care
- Discussion re effective & efficient use of resources
- Clearly articulated project/plans/focus of the role with defined outcomes

Hiring the right OT

- Know & understand the role of the OT
- Team care: team player
- Funding appropriately (issues)
- mentorship/support/availability
- Job description & hiring template reflective of the needs/understanding of the clinic & role
- Orientation related to integrating the OT into the FHT

Integration of the OT into FHT's

- Understanding the diverse role-teaching colleagues/patients/team
- Pro-active participation in case finding
- System design (includes team rooms, IT support, consult process, communication etc)
- Active involvement in team meetings/case review

Going Forward

- Funding- not equitable r/t experience
- Consultant processes within clinic
- Understanding of the role within the extended health care team
- Educational opportunities for learners

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