

The Occupational Therapy Role at the Stratford Family Health Team

SKILLS FOR THE JOB OF LIVING

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What is Occupational Therapy?



- Participation in occupation (i.e., self-care, productivity and leisure) is *essential* to our health and well-being.
- Participation can be restricted by chronic illness, disability and life circumstances.
- “The grand essentials of happiness are: something to do, something to love, and something to hope for.”

-Allan Chalmers

OT in the Context of the SFHT



- **A Brief History**

- Discussion with the SFHT started in May 2010 following the announcement that OT would be funded in FHTs
- SFHT agreed to a 3 month OT pilot project
- Official launch of the pilot project was October 2010

Key Considerations



- Understanding of the programs and services currently offered by the SFHT
- Developing an occupational therapy role that did not duplicate any existing programs or services
- Building a team
- Measuring outcomes to demonstrate the value of OT in primary care

Pilot Project Planning



- Pilot project planning included development and use of the following tools:
 - Physician survey
 - OT referral criteria and corresponding referral form for team members
 - Patient satisfaction survey
 - Physician satisfaction survey

Building a Team



- Core team consisted of:
 - Executive Director
 - Two occupational therapists with access to a larger team of OTs with clinical expertise across the lifespan
 - Nurse Educator/Program Coordinator (SFHT)
 - Coordinator of Practice and Education (Dynamic Therapy Solutions)

Building a Team



- Support team consisted of:
 - Physician Lead
 - Referring Physicians
 - Medical Office Assistants
 - Pharmacist
 - Other Allied Health Professionals

Physician Survey Results



- **Priorities identified by Physician group:**
 - Cognition
 - Driving
 - Mobility and related medical equipment
 - Falls prevention
 - Home safety
 - Pain management

Referral Criteria for Occupational Therapy



Criteria for referral to Occupational Therapy (developed in collaboration with Physician Lead and Nurse Educator)

- Rostered patients 65 years of age and older
- Suspected decline in patient's ability to manage personal activities of daily living
- Difficulty following basic instructions
- Has had a fall or is at risk of falling
- Any notation on record of concern regarding functional decline and/or Mild Cognitive Impairment

Pilot Project Summary



- **What did our pilot project look like?**
 - 1.5 days per week of occupational therapy assessment and intervention
 - Most visits occurred at the FHT, with a handful of visits occurring at home
 - 39 individual patients received occupational therapy assessment and intervention
 - Key issues at referral included memory impairment, risk of falls, home safety, balance and mobility issues, and other comorbid conditions

OT Pilot Project Outcomes



- **Canadian Occupational Performance Measure (COPM)**
 - Interview-based outcome measure used to evaluate change in patient self-perception of their occupational performance over time
 - Patients identify issues related to self-care, productivity and leisure which are then used for goal-setting and occupational therapy intervention

OT Pilot Project Outcomes



COPM

Performance

Satisfaction

Identified Issue	Before	After	Change	Before	After	Change
Walking outdoors	2	7	5	1	5	4
Bathing independently	2	6	4	2	6	4
Managing finances	6	8	2	6	8	2
Having company over	4	8	4	2	8	6
Keeping track of grandson's hockey games	7	8	1	4	8	4

Average change scores: Performance=2.73; Satisfaction=3.3

OT Pilot Project Outcomes



- **Patient Satisfaction Survey**
 - Completed by 31 of 39 patients (79% response rate)
 - 100% of patients either agreed or strongly agreed with all survey items; many patients added positive comments and/or signed their surveys
- **Physician Satisfaction Survey**
 - Completed by 4 of 5 referring Physicians
 - Positive feedback with informative comments related to referral process and identification of other patients who would benefit from OT

Case Study



Mr. Brown, 60 year-old man:

- Ca bladder, 2008 (chemo for 2 years)
- Carotid stenosis
- Workplace injury, 1990, resulting in back injury and inability to work
- Intention tremor in right hand
- Mild memory impairment
- Unsteady on feet, limited endurance for walking
- Limited financial resources; spouse not employed

Case Study



What would an OT assess?

- COPM (self-care, productivity and leisure)

Client-centred goals identified:

- 1) Walk my dog safely.
- 2) Have a bath in the tub.
- 3) Help out with meals and laundry again.
- 4) Rely less on my wife to remember my appointments and medications.

Case Study



- **Other areas of assessment:**
 - Functional ROM, strength, coordination
 - Endurance and safety for ambulation
 - Balance and falls risk
 - Cognition
 - Environment (including home environment and family/social environment)

Case Study



- Based on OT assessment, intervention and recommendations included:
 - System navigation
 - Trial and prescription of equipment and assistive devices
 - Patient and caregiver education
 - Promotion of health and wellness
 - Referrals to community programs
 - Strategies to compensate for memory impairment
 - Referral to chronic pain management program at SFHT

Case Study



- Following OT assessment and intervention Mr. Brown is able to:
 - take his dog for walks using his new wheeled walker
 - bath safely and independently
 - socialize at his community exercise group
 - engage in self-management related to his chronic health conditions
 - actively participate in household management activities

Case Study



- OT contribution to Mr. Brown's care at the SFHT:
 - reduced risk for falls, injuries and hospital admission
 - reduced number of visits to physician
 - reduced caregiver anxiety and stress

The overall goal for Mr. Brown is to live well despite his chronic health conditions.

Lessons Learned



- With shared common values of health promotion and wellness, OT is an excellent fit in FHTs
- Great care and planning is required to ensure that the OT role does not duplicate existing services
- Each FHT is unique and a collaborative effort is required to ensure that the OT role is a good fit with established teams, and effectively meets the needs of rostered patients

Next Steps at the SFHT and Beyond



- Funding has been extended for OT ; continue with current referral criteria and open up referrals to all 12 doctors
- Ongoing collaboration with team to understand other priority areas for OT
- Expand our OT services beyond the SFHT

The Occupational Therapy Role in the SFHT

QUESTIONS AND DISCUSSION

**PANEL MEMBERS: LINDA LACKEY, OT & NANCY
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