

Therapeutically-led Occupational Therapy Services (Cameron 2019)

Inputs

Investment

Costs

Staff salary (already in position so no additional costs)

- 1 x Band 6 OT £38700 total cost per annum
- Occupational Therapy Technical Instructor (OTTI) - £25900 total cost

Materials for fatigue cooking group (existing budget already in place for this)

- £11.72 every 12 weeks =£46.88 a year

Resources

Staff

- 1 hour of OT and OTTI's time Mon-Thu every 6 weeks = total 24 hours (this is just a redesign of staff's time not an additionality)

Supplies/equipment

- Already in place except for materials for fatigue week which need purchased every 12 weeks

Facilities/ premises

- Using day services facilities already in existence

The Service

Service delivery

Traditionally

- OT referrals were identified by the OT or OTTI at morning handovers. Only 12 referrals in 3 months were from non OT staff.
- Average number of referrals were 12/month
- Case load was averaging at 21 patients/month.
- OT Intervention was mainly offered on a one to one basis. Due to the need to cover both the in-patient unit and day services, patients to be assessed were prioritised daily depending on their needs.

Pilot Project

- OT delivers education to day service patients on self-esteem, cognition, and fatigue management.
- Additional practical sessions were offered on these three weeks plus an additional three sessions including being active, looking back and moving forward, and anticipatory care planning.
- Patients currently in the in-patient unit were encouraged to attend these education and practical sessions.
- One to one OT assessments still available
- Volunteers still offer distraction activities as they did previously including art and crafts, gardening and quizzes

Summary of Benefits

For patients

- Decreased perceived anxiety, carer anxiety and practical problems on OT led weeks according to the integrated palliative outcome scale (IPOS)
- Increased confidence to self-manage, reducing the patients perception of their carers stress.
- Reduced anxiety.

For OT

- 75% increase in referrals to OT from patients attending day services during the 12 week pilot
- 83% increase in non-OT staff referring
- Case load increased to 143 patients in 3 months (47 average a month)
- A patient who was in the in-patient unit participated in the cooking group. This avoided the OT having to assess her one to one in the unit.

For Hospice

- Potential decreased need for respite for carers, increasing capacity of the respite and response team.
- Increased capacity for counselling team.
- Reduced cost per patient for OT input.

For other Local Authority

- Increased capacity for OT in local authority teams as equipment now prescribed by Hospice OT directly to stores rather than requiring local authority OT to assess for aids.

Opportunities for service development

- Liaise with the Scottish Occupational Therapists in Palliative Care and Oncology special interest group to establish if any other area has plans to look at therapeutic activities.
- Introduce a quality of life outcome measure to occupational therapy specific activities, or use an OT standardised outcome measure.
- Increase the number of patients in the in-patient unit that are attending the practical sessions.
- Record how many referrals to respite and response are avoided due to the increased confidence of patients to attend to Activities of Daily Living (ADL's) independently.