

A Service Evaluation of the Greenwich Community Occupational Therapy Team

Aims

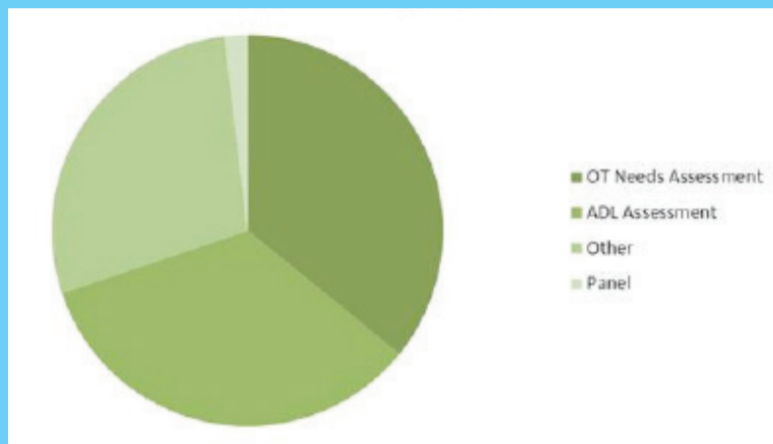
- To establish how the Greenwich Community Occupational Therapy Team is meeting the occupational needs of Service Users.
- To identify ways in which the team can improve service provision for clients and stakeholders.
- To develop processes to achieve optimum results and efficiency.

Methodology

- Requested a list of people discharged from the team between November 2011 - 2013.
- Team reviewed RiO records for needs identified.
- Chose sample size of 40 (this represents 10% of the total amount of Service Users seen).
- Team reviewed if team assessed need matches referral reason.
- Audit department randomly selected service users.
- Team reviewed outcomes against reason for referral and assessed OT needs.
- Requested the following data from business analytics for randomly selected sample: Referral to treatment time, Referral comment (free text) if available, Referral entry and exit date, Number of face to face contacts for OT referral and duration, Discharge outcome
- Team reviewed RiO records for reason if need not met.

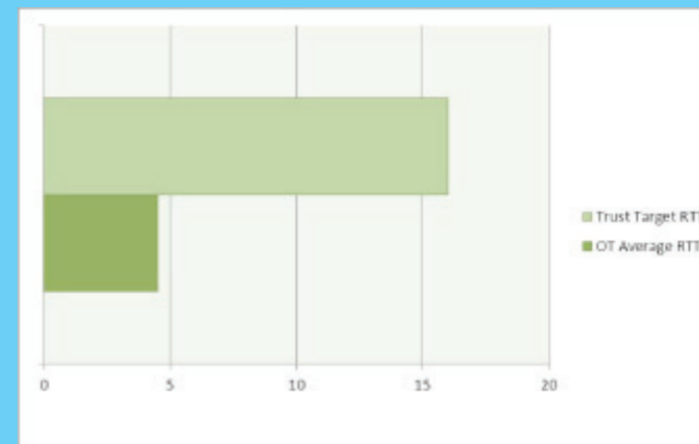
Results

Reasons for Referral



- The results highlighted that the main reasons for referral consisted of ADL and OT needs assessment.

RTT



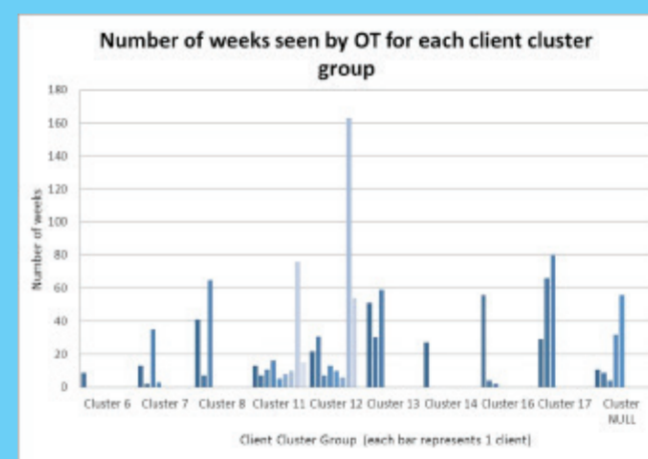
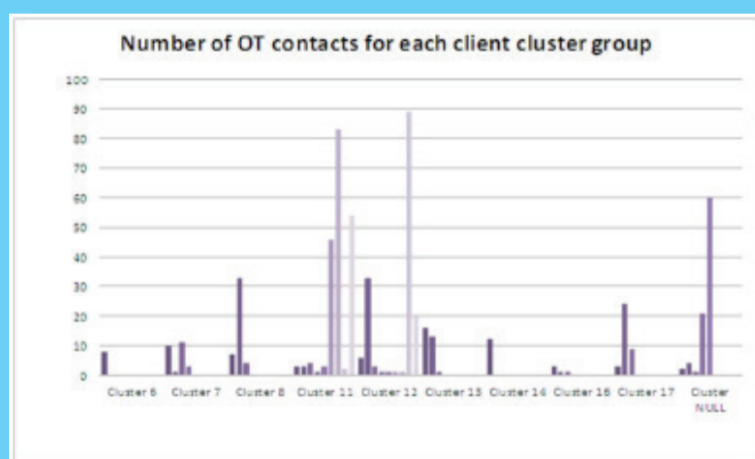
- The team are meeting the Oxleas NHS Foundation Trust Therapies Directorate referral to treatment time (RTT) targets.

Needs Identified



- It became clear that information about client needs was not recorded in a standardised format. As no outcome measure was being used outcomes could not be quantified and any deduction regarding if needs were met would be subjective. Therefore, there was insufficient data to consistently draw conclusions about whether OT input was meeting client needs, and the outcome of interventions. However, we were able to establish what needs were identified in assessment.

Clustering



- The range of weeks seen in each cluster group can be great. It is also of note that each cluster group (apart from cluster 17) has similar averages, which suggests that cluster does not greatly impact duration of weeks seen by OT. This reflects how at present OT referrals and pathways are led by individual identified need not clusters.

New OT Pathway

Action Plan

- What we are doing differently as a result of the findings.
- We have been able to utilise the findings from the service evaluation in order to develop an integrated care pathway for clients within the Greenwich Recovery OT service.
- In order to maintain exceeding RTT targets, we have re-evaluated prioritisation protocols and are continuing to respond to referrals in relation to occupational need. We have adapted our referral screening process in order to document prioritisation protocols onto the Rio system and evidence our clinical reasoning thus ensuring transparency to the wider MDT.
- We have added a formal review of care for clients by three and eight months and a case review following one year of intervention. For clients who have undergone an Activities of Daily Living assessment we will now be reviewing the recommended package of care in order to ensure that occupational needs are being met.
- We have integrated an evidence based outcome measure to be administered at the end of treatment. This will involve documenting treatment outcomes using a standardised format which clearly evidences whether therapeutic objectives have been met and how these have been met as a result of the OT intervention.
- Developed clear standards from which to audit variations between planned and actual care for clients.
- Informed the Trust service re-design in regards to occupational therapy and exploring expedient time periods for intervention/treatment.

