### Evaluating a Novel Extended Scope of Occupational Therapy Service Aimed at Hospital Avoidance in Tasmania, Australia, from the Perspective of Stakeholders



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#### Abstract

- A novel, extended scope of Occupational Therapy (ESOT) service was established aimed at supporting hospital avoidance.
- Clients were referred to ESOT after being assessed as having a high risk of imminent (within 5 days) hospital presentation due to functional/social issues. Occupational Therapists (OT) provided usual practice and 'extended scope' interventions (e.g. mobility, nutrition, support service facilitation)
- Evaluation used a convergent parallel mixed methods design to determine whether the program
  met aims four aims: support hospital avoidance; enable faster access to allied health care; add
  value to clients and care givers; add value to referring health services
- Quantitative data: routinely collected organisational data (n=100) and purpose-built survey of referring clinicians (n=30)
- Qualitative data: semi structured interviews with patients & carers (n=12)
- A collaborative project between University of Tasmania's Tasmanian School of Medicine and Tasmanian Health Service (THS)





#### Outcomes

- Most clients (81%) were able to stay at home
- Clients in the highest priority triage category (see within 24 hours) were responded to within the appropriate timeframe in 95% of cases
- Clients received an average of 4 different interventions with at least one 'extended scope' intervention
- At least 75% of referring clinicians who responded to the survey agreed or strongly agreed to statements supporting the timeliness, utility, and ease of use of the ESOT service.
- Qualitative data revealed that mobility, support, and facilitating access to support services were factors which added value to the client and carer experience.
- Four global themes emerged from the qualitative data: clients & carers prefer staying at home, preventing falls through tools and education, increased access to health services and feeling important.





# Conclusion What the combined research data tells us

Did ESOT service	Quantitative results	Client/Carer perceptions	Referrer perceptions
Support hospital avoidance	81%	A frequent theme	77% in agreement
Provide rapid access to allied health services	Met high priority referrals	A frequent triente	80% "timely"
Valued			

# Addressing Health Inequities

- Increased timely access to community allied health supports: clients able to remain at home and access services/supports faster than traditional community allied health services
- Expanded access to service and supports: services and equipment provision possible and provided on weekends
- Service provision to those not usually accepting of medical input: clients who decline attending GP/hospital were able to receive input at home, allaying clients concerns about being taken away from their home indefinitely and placed in a nursing home
- Transdisciplinary approach: achieved continuity of care and decreased burden of repeated questioning and assessments for clients
- Cohesive coordination of allied health: ESOT staff able to act as short term case manager to navigate complex health system / coordinate cares / services/ referrals
- Potential cost savings to THS: allied health provided in community setting negates need for presentation / admission to hospital (and associated costs!)





## Implementation & Translation to Practice

- Results show a need for the care provided by ESOT service and the service has made a positive impact on the lives of clients and their carers
- Consistent with studies from the United Kingdom: OTs working with paramedic services led to cost savings associated with reductions in fall rates, Emergency Department presentations and subsequent admissions
- Demonstrated that extended scope of practice for Occupational Therapists can contribute to efficiency and effectiveness into the healthcare system
- Continuation of service supported and moved from acute setting to community setting as part of community
   OT team
- ESOT is now AHRRT (Allied Health Rapid Response Team) with a physio and dietician, but still same assessments and processes.





# Queries / Further information......





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