

Individualised Rehabilitation Outcomes: Routine Administration of the Canadian Occupational Performance Measure in Community Rehabilitation.

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Introduction

Community-based rehabilitation aims to restore function in people who have experienced illness or injury. Medical diagnosis alone does not predict each person's level of care or functional outcomes. Patient-centred, outcome-focused care is essential to providing efficient and effective health care. The Canadian Occupational Performance Measure (COPM) is a standardised assessment that captures outcomes from a patient's perspective. This study investigated using the COPM in patients with chronic disease and injury in an age-diverse community rehabilitation setting (Table 1).

Male : Female	197:239
Age, Med (min-max)	77 (21-100)
Primary Reason for Referral to Rehabilitation	
Multiple medical conditions (falls)	237
Subacute Neurological	84
Progressive Neurological	62
Orthopaedic/Musculoskeletal	31
Multiple medical conditions	17
Other	5

Table 1: Patient Demographics: Characteristics of group based on Australian Rehabilitation Outcome Centre Impairment Codes (n=436)

Aim

To determine if the COPM can be used routinely by community based rehabilitation teams to capture therapy outcomes from a patient perspective.

Method

This cohort-translational study, collected admission and discharge data which is routinely documented in the records of community-dwelling patients (Table 2). A difference of ≥ 2 points in COPM indicates a functionally significant outcome. People accessing rehabilitation services have diverse participation goals (Figure 1). On discharge, goals, performance and satisfaction were reassessed. Results provide an outcome of rehabilitation efficacy from a patient's perspective.

COPM Completed	Admission	%	Discharge	%
Yes	421	96.6	327	75
No	15	3.4	109	25
Total	436	100	436	100

Table2: COPM goals scored on admission and discharge

Results

On admission, the COPM was utilised to identify goals in 97% of patients admitted for community rehabilitation (n=421). On discharge, it was utilised to re-assess outcomes in 75% of patients (n = 327). An intention to treat approach was used and all patients were reassessed even if they had only partially completed a rehabilitation program. The main reasons discharge scores were not collected were because patients declined intervention (n=35) or were re-hospitalised (n=23). Between admission and discharge, 63% (n=206) improved ≥ 2 COPM points for occupational performance (Figure 2) and 67% (n=220) for satisfaction with performance (Figure 3). As represented in the figures below the second largest group improved in both performance and satisfaction but this was not significant. For those clients who completed all aspects of their rehabilitation program more significant changes were seen with performance and satisfaction.

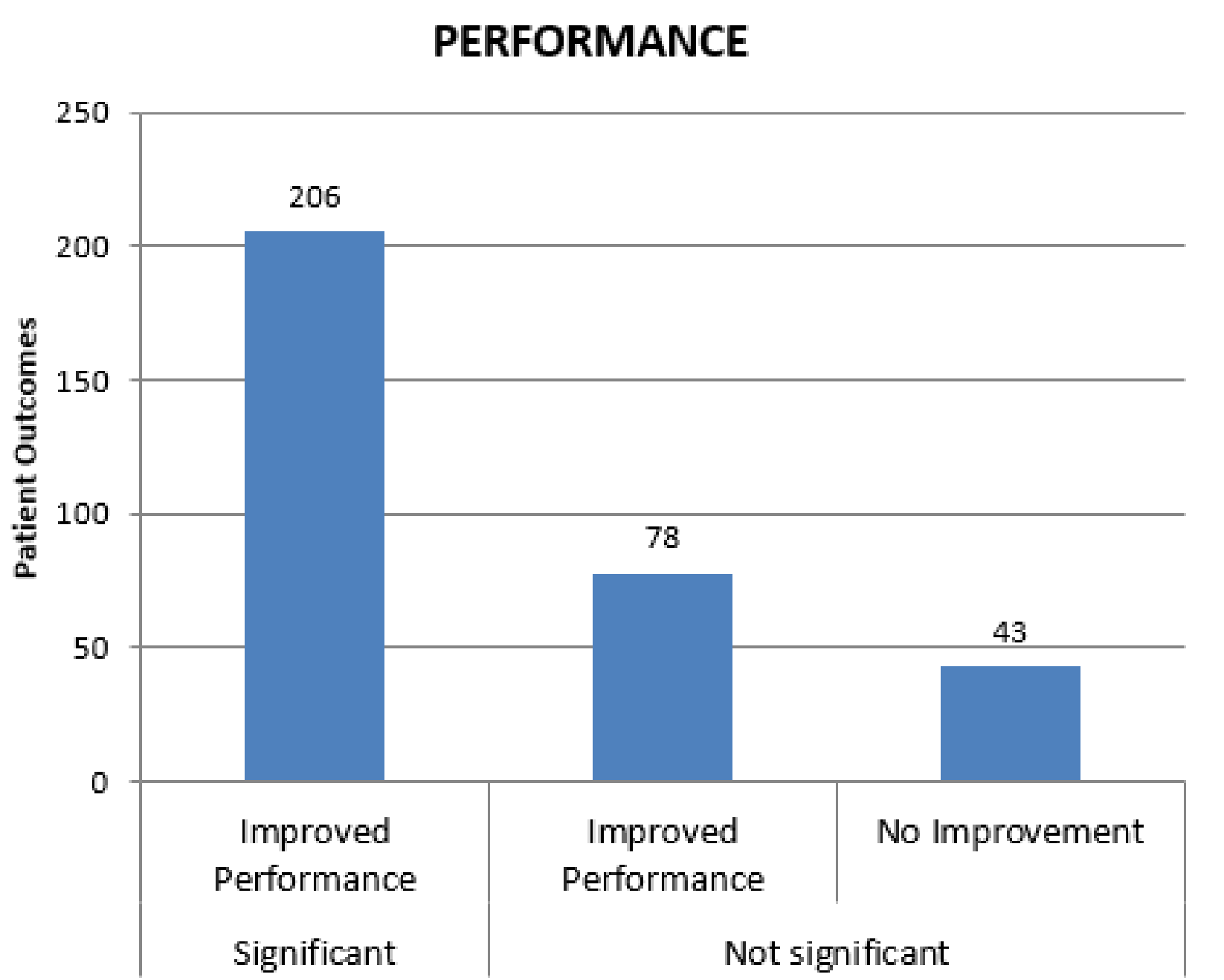


Figure 2: All admission and discharge data: Improved performance on discharge ≥ 2 points clinically significant change

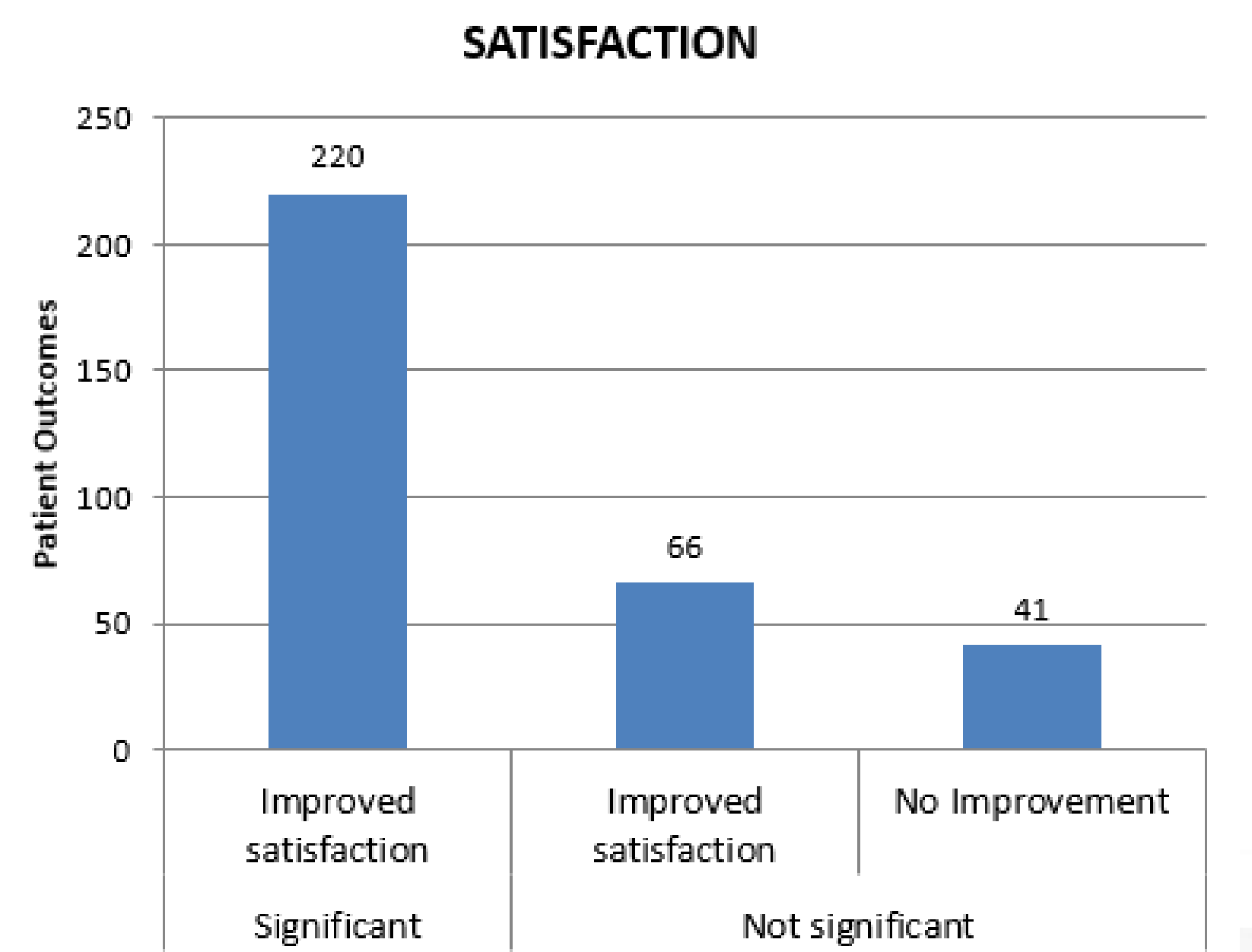
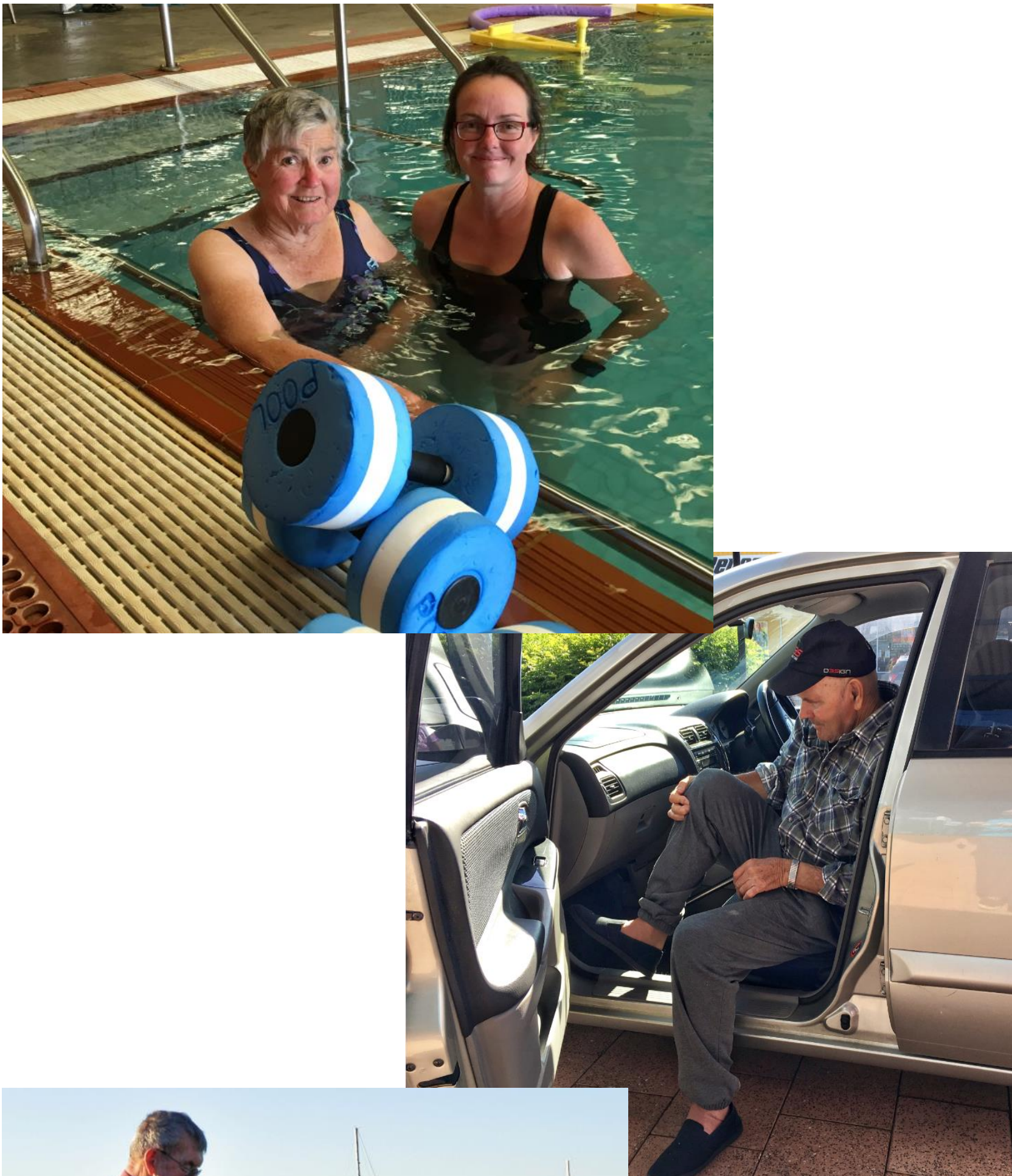


Figure 3: All admission and discharge data: Improved satisfaction on discharge ≥ 2 points clinically significant change

Conclusion

Community-based rehabilitation significantly improved functional self-reported outcomes in the majority of patients admitted to the service, and in almost all patients who completed their programs. Identifying patient-centred, goal-focused outcomes that can be used routinely in the "real world" context of health care is challenging for rehabilitation teams. In our experience the COPM was used successfully by all members of the interdisciplinary team. Our study demonstrates that the COPM can be used by generalist community rehabilitation teams as routine practise to set goals and evaluate outcomes of therapy from the patients' perspective.



References

Law, M. Baptiste, S., Carswell, A., McColl, M.A., Polatajko, H., & Pollock, N. (2005). Canadian Occupational Performance Measure (4th ed.). Ottawa: CAOT Publications ACE.

Smith, S.M., Wallace, E., O'Dowd, T., & Fortin, M. (2016). Interventions for improving outcomes in patients with multi-morbidity in primary care and community settings. *Cochrane Database of Systematic Reviews*, 3(Art.No:CD006560.) doi:10.1002/14651858.CD006560.pub3.

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Occupational Themes

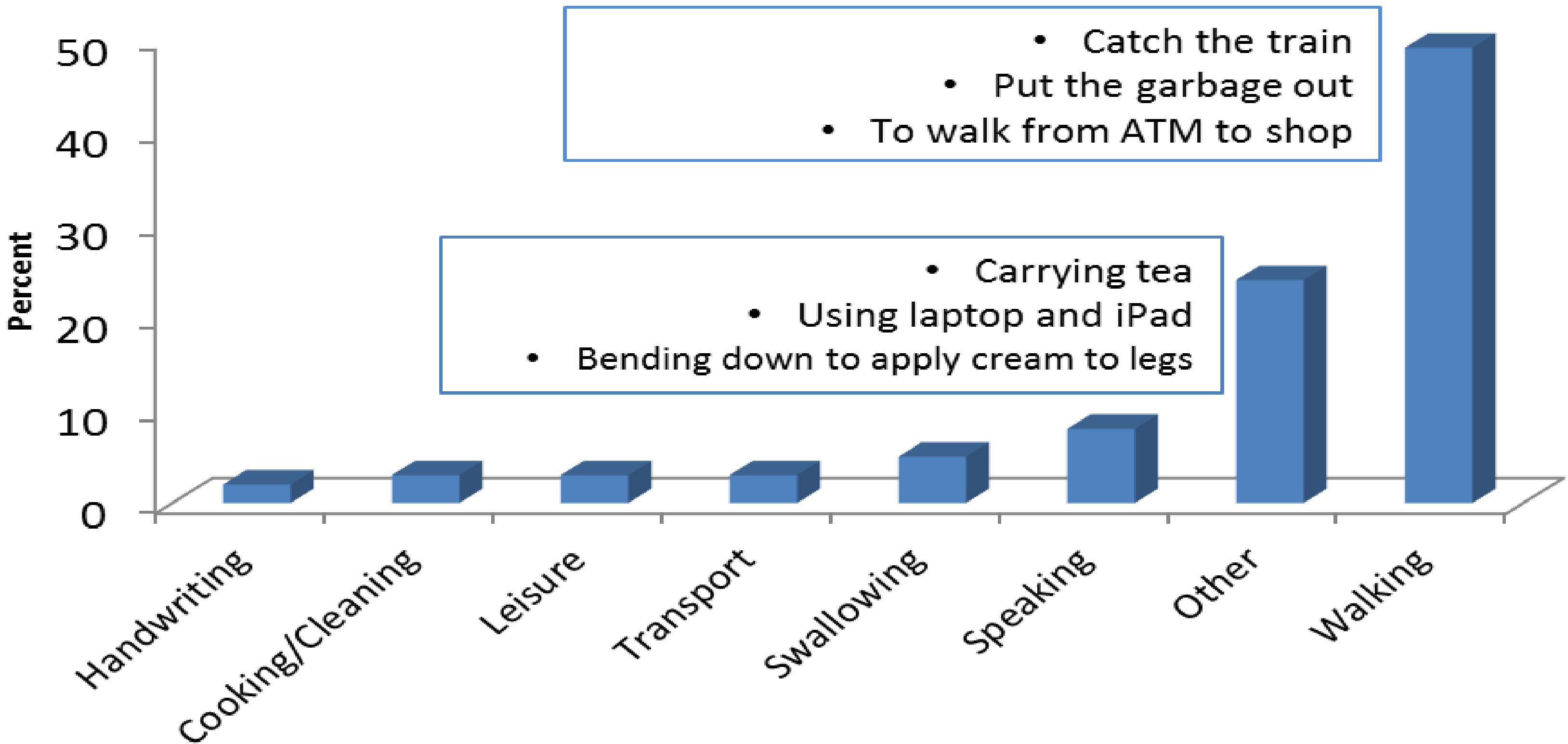


Figure 1: Representative sample of diverse participation goals identified by people accessing community rehabilitation