
Occupational Therapists on The Front Line: The Importance of The Occupational Therapy Role in The Emergency and Acute Care Setting

¹ Iva Ricko
¹ Joy John
¹ Edel McManus
¹ Ellen McAulife
¹ Jessie Basra

¹ Royal Berkshire Hospital, Reading, United Kingdom

Article received: 30.08.2021.

Article accepted: 30.11.2021.

Author for correspondence:

Iva Ricko
Royal Berkshire Hospital
London Road, Reading, RG15AN, United Kingdom
E-mail: iva.ricko@royalberkshire.nhs.uk

<https://doi.org/10.24141/2/5/2/6>

Keywords: occupational therapy, emergency department, audit, admission avoidance

Abstract

Introduction. There is a growing focus on the need for an increased number of allied health professionals to reduce the pressure on acute hospitals through admission avoidance. There is little in the way of guidelines on how services should be delivered and a lack of evidence base demonstrating effectiveness.

Methods. An audit has been carried out by the occupational therapy team in the Emergency Department to capture the total number of referrals to the occupational therapy service in the Emergency Department at Royal Berkshire Hospital and to capture discharge decisions made following occupational therapy input.

Results. The occupational therapy team in the Emergency Department focuses particularly on admission avoidance using a home first approach to prevent patients from being admitted to acute wards. The results showed that the service was beneficial regarding both the number of referrals and the utilisation of various discharge destinations from the Emergency Department.

Conclusion. The report has identified several areas for further research by the same team and implications for the wider literature base. The hope is that this report would highlight the role of occupational therapists working in the emergency department at Royal Berkshire Hospital and encourage the completion of further research in this area of practice.

Introduction

In 2020, The Royal College of Occupational Therapists (RCOT) set out key priorities for Occupational Therapy research in the United Kingdom. Priority 8 has highlighted that research is essential to clarify what impact the role of occupational therapists has on reducing hospital admissions (1). Occupational therapy is emerging as a profession within the context of emergency care, particularly within Emergency Departments. Based on recent evidence, there is limited understanding of the role of occupational therapy within the Emergency Department (2). Thus, the need for further robust research to underpin occupational therapy practice in the Emergency Departments is imperative.

Each year, nearly 350,000 patients spend more than three weeks in acute hospitals (3). Staying in the hospital for longer than necessary can have a negative impact on patient outcomes (4). Therefore, it is imperative to enable patients, particularly older people, to continue their recovery in their own home environment or, for those who cannot go straight home from the hospital, within a care location most suited to their needs (3).

The Emergency Department can be an unsettling experience for many patients. An occupational therapy intervention in the Emergency Department supports patients' ability to continue taking part in daily occupations and activities that are meaningful and purposeful to them (1). This support can make a real difference giving people a renewed sense of purpose, opening up new horizons, and changing the way they feel about the future" (1).

The British Journal of Occupational Therapy highlighted a selection of occupational therapy core skills that are specific to the Emergency Department. Such unique skills include the provision of rapid assessments, efficient discharge planning, triaging referrals in a timely manner, prioritising referrals, rapid risk assessment, assessing for discharge home, having knowledge of acute medical conditions and effective clinical reasoning skills (2). Occupational therapists in the emergency department work collaboratively with other members of the multidisciplinary team (MDT) to provide timely, patient-focused assessments and treatment for patient groups who are mainly elderly,

frail, or who have had a change in function (5).

Occupational Therapy in the Emergency Department at Royal Berkshire Hospital

For occupational therapists working in the Emergency Department, it is important to provide an effective and prompt intervention (2). The emergency department occupational therapy team in the Royal Berkshire Hospital (RBH) provide various services such as therapy assessments, equipment provision, advice, signposting, cognitive assessments, review of care needs, rapid response referrals and admission avoidance referrals from early in the patient journey. There are multiple risks associated with older people attending the emergency department as they tend to have longer admissions (6). Therefore, concise safe discharge plans are fundamental.

The service provides seven-day cover from 8am-8pm. The team consists of five highly specialist occupational therapists (four full-time and one part-time), one senior occupational therapist and one occupational therapy assistant.

Referrals are received via the telephone, the bleep system, verbally and via written referrals on the Electronic Patient Records (EPR). Any member of the multi-disciplinary team can refer and discuss potential referrals. These referrals are then screened and accepted or declined as appropriate. The referrals are then put onto a spreadsheet for statistics and prioritised. In terms of who is prioritised first, the team would see the medically stable patients who are ready to be discharged.

Early intervention from the occupational therapists ensures that patients are safely discharged to the appropriate setting with the suitable intervention. Admission avoidance services support occupational therapists to prevent medically stable patients from being admitted into the hospital. This then reduces the pressures on the hospital.

The Occupational Therapy Team in the Emergency Department aims:

1. Reduce hospital admissions by reviewing patient's holistically, education and intervention.
2. Reduce the length of stay for patient's attending the Royal Berkshire Hospital Emergency Department.

3. Reduce the amount of patient's deconditioning due to early mobilisation.

Literature review

A literature review was carried out to identify literature related to the specialist area of occupational therapy practice in question. The literature review has shown limited published evidence on the role of occupational therapy in the Emergency Department (7). Most published articles indicate the need for occupational therapy assessments from the admission avoidance perspective (8). The accessible literature without doubt demonstrates an increase in presence of occupational therapists in the Emergency Department, especially in England where occupational therapy has been observed as an emerging role with limited evidence to guide its development (9).

Although most studies relied on evidencing that there are no precise set of principles of occupational therapy in the Emergency Department, a small number of researchers have managed to complete their studies on how the needs of patients attending the Emergency Department should be met (10). In the study by James et al. (11), it was reported that attendances to Emergency Department are described by deteriorating conditions, falls, complex social issues or functional changes resulting in changes in productivity and mobility. In most hospitals in England, more than 50% of elderly patients with extremity, rib or back trauma would have left the Emergency Department struggling with basic activities of daily living (12). However, Hendriksen and Harrison recommend approaching this problem by setting occupational therapy services in the Emergency Department to assess and meet the needs of patients before returning home from the hospital (13).

The literature searches have also shown a lot of outdated publications on occupational therapy teams in the Emergency Department, however most of them still prove the efficiency of existing occupational therapy services and prove that it has major contributions to the reduction of inessential admissions (14). Even though there remains a limit to research evidence one study reveals occupational therapists as health professionals who provide actions that lead to prevention of hospital admission or return to the Emergency Department (15). Finally, it is evident from the literature that occupational therapists can make better use of their competencies to assure

continuous care and to make admission avoidance services more reachable (1). This situation suggests that not only are there more roles for occupational therapists in the Emergency Department, but the professionals in these roles are more likely to be facing increasingly challenging competencies.

Overall, to direct attention to the lack of research in this particular area and to address the gap, the establishment of up-to-date research in occupational therapy is required. Due to this examining the impact of the occupational therapy service in the Emergency Department was of high importance for the profession in general.

Audit rationale and method

The focus of this report is to demonstrate the role of occupational therapists within the emergency setting based on the analysis of an audit completed by the occupational therapy team in the Emergency Department at the Royal Berkshire Hospital. The team consists of five highly specialist occupational therapists, of which four are employed as full-time therapists and one as a part-time therapist, one senior occupational therapist and a therapy assistant.

As part of the occupational therapy service in this study, daily statistics are inputted and recorded on Excel charts. The audit scheme was constructed by the multidisciplinary team within the emergency department with a view to capturing relevant data which can be easily interpreted by designated practitioners involved in patient care. These statistics record the number of patients seen by an occupational therapist, patient details (location in which they were seen, name, National Health Service (NHS) number, presenting complaint) and their discharge destination. Following a successful referral to the occupational therapy service, all patients were attended to in a timely manner.

The study was conducted at three sites: observation bay in the Emergency Department, majors and minors' unit in the Emergency Department and Acute Medical Unit, all located at the Royal Berkshire Hospital. To participate in completing the audit, the practitioners were required to be licenced specialist occupational therapists with relevant experience in assessing patients in the emergency department.

To analyse the role of occupational therapy in the emergency department further, an individual coding

Table 1. The intervention and transfer location categorized into codes

Occupational Therapy in Emergency Department codes	
A	Home with previous support - includes family support, previous care at home, previous support via community teams
B	Home with Rapid Response Team - rapid community support with patient care needs, also provides rapid therapy input and equipment provision
C	Home with Social Services Follow Up - social care support with long term care needs
D	Transferred to Community Hospital - provides further inpatient rehabilitation
E	Not medically well and transferred to the ward - patients that require further medical intervention
F	Increase in Package of Care - increased care calls at home to a maximum of four times a day

system was used to describe the discharge activity and discharge plan (Table 1). Even though the code system is self-explanatory, a separate paper version had to be created and displayed in the office area to obtain insight into the feasibility of this tool and the audit itself.

These statistics were audited over August, September, and October 2019 to avoid increased pressures during winter months and to provide data about occupational therapy interventions provided. The analysis was completed monthly, and the findings are summarized in the charts below.

This audit was an efficient method of providing data for the following:

1. Total number of referrals to the occupational therapy team in the Emergency Department.
2. The rates of transfer and discharge decisions following occupational therapy service in the Emergency Department.

The total number of patients referred to the emergency department occupational therapy team, and the occupational therapy in the emergency department codes were analysed and tabulated. In this study a variable of interest, the occupational therapy in the emergency department codes and the number of patients assessed and discharged with occupational therapy input versus the number of patients assessed but transferred to the ward as not medically fit, were compared for the period of August, September, and October 2019.

Results

Referrals to the occupational therapy service in the emergency department

Figure 1. clearly illustrates the total of 1422 referrals to occupational therapy service in the Emergency Department from August to September 2019. Data also demonstrates a small difference in the number of referrals to the occupational therapy service for the months of August and September 2019 compared to the number of referrals in October 2019 (Figure 1). It is noticeable that the number of referrals had increased by 5.35% compared to the number of referrals in September and up by 3.31% compared to the number of referrals in August 2019.

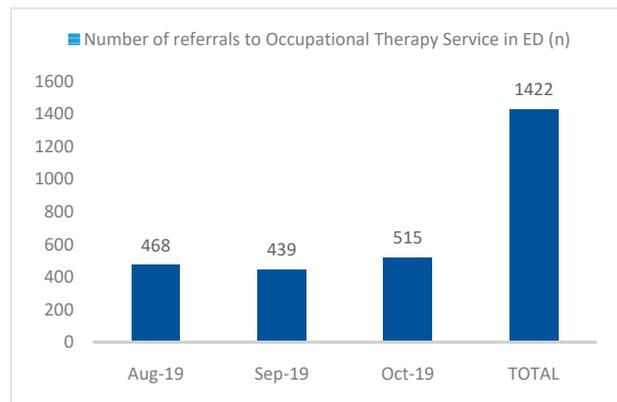


Figure 1. Number of referrals to the occupational therapy service in Emergency Department for August, September, and October 2019

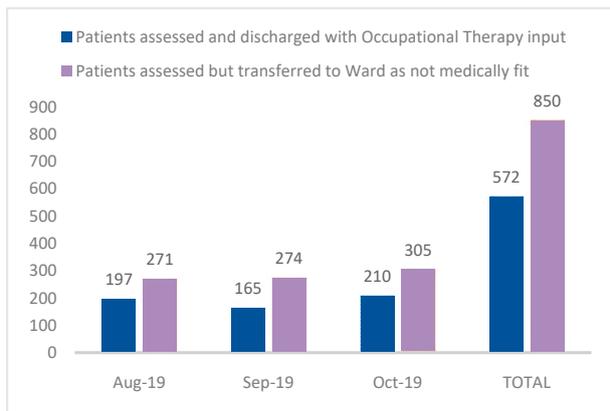


Figure 2. Number of patients assessed and discharged with occupational therapy input versus number of patients assessed but transferred to the ward as not medically fit

Of the 1422 patients referred to the occupational therapy service in the Emergency Department during a three-month period, 572 (40.23%) were assessed and discharged with Occupational Therapy input (Figure 2). No patients assessed by occupational therapists following a referral (n=572) were admitted onto a reward as a result of occupational therapy input in the ED. 850 (59.77%) patients were assessed by occupational therapy service but had to be admitted to the hospital due to presenting as medically unwell (Figure 2).

The outcome of OT intervention and transfer location

Overviews of the outcomes of occupational therapy intervention and discharge destination are illustrated in Fig. 3 and refer only to the group of patients that were discharged following occupational therapy input (572). The chart demonstrates 13.99% (80) of patients who were discharged home with support from the Rapid Response Team. Following their attendance to the Emergency Department from August to October 2019 only 1.22% (7) of patients required input from social services on discharge. A total of 20.1% (115) patients were discharged to local community hospitals for further rehabilitation purposes.

Figures suggest that the majority of patients referred to the occupational therapy service in the Emergency Department and AMU were assessed and discharged back home with their previous level of support. This equalled 57.52% (329) patients in total during the three-month period.

Discussion

The completion of the audit has provided information that characterises the journey of patients seen

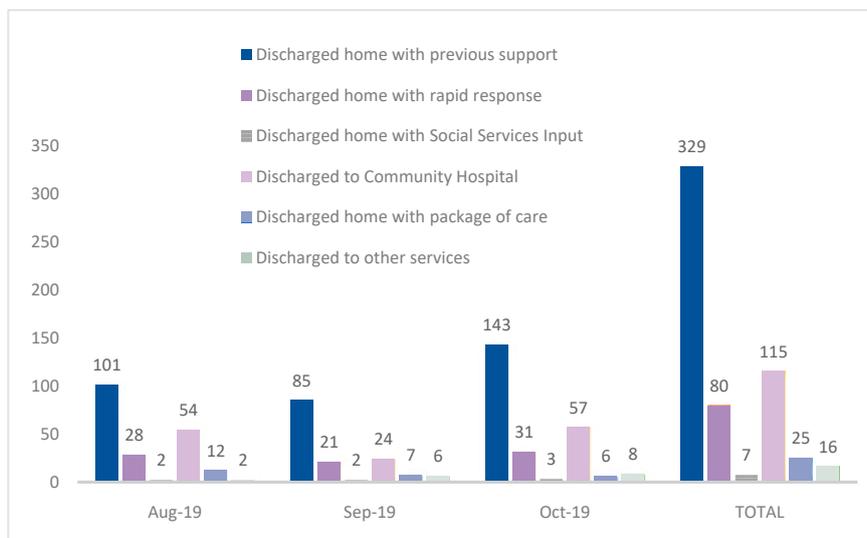


Figure 3. Occupational therapy intervention and discharge destina

by occupational therapists during this period at the Royal Berkshire Hospital. The audit found a 40.23% referral conversion rate whereby 572 of the total 1422 referrals translated into occupational therapy assessment which means that patients were not well enough medically for occupational therapy input at the time of the referral. This highlights the need for doctors to complete a more thorough medical review before referrals are made to the occupational therapy service, and for a more robust referral pathway to be taken into consideration.

Approximately one fifth of the patients seen (20.1%) were discharged to local community hospitals as a result of the occupational therapy intervention. An interesting area for further investigation would be exploring why this may be the case and compare to other relevant occupational therapy services. The current criteria for referral to community hospitals in the localities served by the Royal Berkshire Hospital require the identification of goals, an up-to-date assessment of functional mobility and justification as to why the patient cannot return home on discharge. It is therefore the therapists that are required to make these referrals, which demonstrates the value of occupational therapists in the urgent care setting. One interesting outcome elicited by the audit review is that only 7% required social service support on discharge. It would be valuable to explore this further and identify whether this is down to the nature of patients' needs in the acute setting or whether this is due to access to other services facilitating a quicker discharge. This may provide some evidence that the acute and emergency setting is not as reliant on social service-based interventions at that point in the service-users' journey through acute healthcare or that the majority of social service interventions are not required to be in place at the time of discharge (16).

One further explanation could be a lack of understanding of the access to and services available through adult social care in the localities served by the RBH and therefore are not being as frequently used.

One issue was highlighted during the audit process with regards to the use of the codes when recording the statistics. An issue of consistency of how to categorise certain patient outcomes was identified whereby some occupational therapists would use a different code to their colleagues for the same scenario. This would have an impact on some of the data

and would provide rationale for completing further studies on the same topic in the future. The issue of coding disagreement was addressed on daily team meetings which as a result had benefited the occupational therapists and allowed a better understanding of the individual codes in categorizing service outcomes. Ongoing in-service training on coding implementation has been introduced to the occupational therapy service in the Emergency Department since. In future research a detailed review of the codes and their reliability should be considered.

It would also be valuable for health and social care research to conduct more studies into the role of adult social services in helping people better manage long-term health and social care needs with the view of preventing deterioration that leads to presentation to hospital. This would allow an early review of community support and the need for social care interventions. Potentially, this would tie nicely with the implications presented in this study, furthermore it would support collaborative working between health and social care teams and the occupational therapy team in the Emergency Department.

Implications for future research

Several considerations for future research in this specialist area of occupational therapy practice have been identified from the discussion of the data presented.

On the discussion of the findings of this current study, several questions and areas for reflection have been identified. One over-arching theme is that this is an area of practice that is relatively underrepresented and lacking in the literature base. There appears to be a significant research-practice gap as in reality, a large number of occupational therapists are actively working in this setting.

Future research could seek to address some of the following questions:

- What are the components of the occupational therapy assessment in the acute setting?
- What is the role of adult social services in preventing hospital admission and/or reducing the length of stay?
- Is there variation in similar occupational therapy services in the acute setting across the UK?

Conclusion

The need for occupational therapy service in the Emergency Department was clearly shown in the overall number of referrals, furthermore, the importance of the service and the utilisation of the various discharge destinations could not be overemphasised. This report should highlight the role of occupational therapists working in an urgent care setting and encourage the completion of further research on this area of practice.

The need for larger-scale evaluation of acute medical and emergency department occupational therapy service provision has been demonstrated emphatically. This is required in order to produce evidence-based guidelines, inform team structures, the scope of services as well as informing local policies and procedures. This will also help create the basis for standardisation in the occupational therapy role and assessment process in the acute setting in addition to providing the evidence of our effectiveness in reducing pressure on acute hospitals.

A further hope of the current research would be to begin more discussion and information sharing amongst occupational therapists working in this clinical area to celebrate the work of the profession as well as to work towards excellence in occupational therapy practice.

The ongoing venture of clinical research is to demonstrate the effectiveness of practice, to explore perspectives and experiences and develop an understanding of knowledge areas. As much as this is a requirement of practising clinicians, it is ultimately about the individual service user. In the end, practice and research alike is for the benefit of service users.

References

1. Royal College of Occupational Therapists (RCOT). Career Handbook [Internet]. www.rcot.co.uk. 2019. Available from: <https://www.rcot.co.uk/file/2073/download?token=gUhLmRtt> Accessed: 14.01.2020.
2. Royal College of Occupational Therapists (RCOT). Occupational therapy as a career [Internet]. www.rcot.co.uk. 2019. Available from: <https://www.rcot.co.uk/occupational-therapy-jobs/advanced-occupational-therapist-admission-avoidance-team> Accessed: 18.01.2020.
3. Walsh B, Roberts H. Older people's use of Accident & Emergency services. *Age Ageing*. 2005;34(5):535-6.
4. Mowery NT, Dougherty SD, Hildreth AN, Holmes JH 4th, Chang MC, Martin RS, et al. Emergency department length of stay is an independent predictor of hospital mortality in trauma activation patients. *J Trauma*. 2011;70(6):1317-25.
5. Burki TK. NHS England statistics and long-term plan. *Lancet Oncol*. 2019;20(2):187.
6. Aminzadeh F, Dalziel WB. Older adults in the emergency department: a systematic review of patterns of use, adverse outcomes, and effectiveness of interventions. *Ann Emerg Med*. 2002;39(3):238-47.
7. Bird SR, Kurowski W, Dickman GK, Kronborg I. Integrated care facilitation for older patients with complex health care needs reduces hospital demand. *Aust Health Rev*. 2007;31(3):451-61.
8. Hawkes N. Disputes over payments for short stay patients are wasting NHS time, says watchdog. *BMJ*. 2012;344:28-68.
9. James K. Occupational therapists in emergency departments. *Emerg Med J*. 2016;33(6):442-3.
10. Taheri PA, Butz DA, Greenfield LJ. Length of stay has minimal impact on the cost of hospital admission. *J Am Coll Surg*. 2000;191(2):123-30.
11. James K, Jones D, Kempenaar L, Preston J, Kerr S. Occupational therapy and emergency departments: a critical review of the literature. *Br J Occup Ther*. 2016;79(8):459-66.
12. Wyatt J, Taylor R, Wit K, Hotton E. *Oxford handbook of emergency medicine*. 5th ed. Oxford: Oxford University Press; 2020.
13. Hendriksen H, Harrison RA. Occupational therapy in accident and emergency departments: a randomized controlled trial. *J Adv Nurs*. 2001;36(6):727-32.
14. Hann C. Use of occupational therapists in A&E. *Emergency Nurse*. 1997;5(6):26-30.
15. Caplan GA, Williams AJ, Daly B, Abraham K. A randomized, controlled trial of comprehensive geriatric assessment and multidisciplinary intervention after discharge of elderly from the emergency department--the DEED II study. *J Am Geriatr Soc*. 2004;52(9):1417-23.
16. Lopez A, Vanner EA, Cowan AM, Samuel AP, Shepherd DL. Intervention planning facets four facets of occupational therapy intervention planning: economics, ethics, professional judgment, and evidence-based practice. *Am J Occup Ther*. 2008;62(1):87-96.

RADNI TERAPEUTI NA PRVOJ LINIJI: VAŽNOST RADNE TERAPIJE U HITNOJ I AKUTNOJ MEDICINSKOJ SKRBI

Sažetak

Uvod. Sve je veća potreba za povećanjem broja zdravstvenih djelatnika kako bi se smanjio pritisak na odjele za akutno zbrinjavanje kroz prevenciju prijama. Postoji vrlo malo smjernica za prevenciju prijama primjenom radnoterapijske procjene te ne postoje dokazi koji ukazuju na njezinu učinkovitost.

Metode. Radni terapeuti na odjelima hitne medicine proveli su istraživanje u cilju prikupljanja podataka o broju pacijenata upućenih radnoterapijskom timu na odjelima hitne medicine bolnice Royal Berkshire i odlukama oko otpusta pacijenata iz bolnice nakon radnoterapijske procjene.

Rezultati. Radni terapeuti posebno su se usredotočili na prevenciju prijama pacijenata na odjele za akutno zbrinjavanje tako da su pacijente uputili na kućno liječenje. Rezultati studije pokazuju da je radna terapija na odjelima hitne medicine važna, kako po broju upućenih pacijenata radnoterapijskom timu tako i po različitim odredištima za liječenje na koja su pacijenti upućeni nakon hitnog prijama.

Zaključak. Izvješće je identificiralo niz područja koja bi vrijedilo dodatno istražiti, ali i važnost radnoterapijskih usluga na odjelima hitne medicine u cilju prevencije daljnjeg prijama u bolnicu. Ovo istraživanje trebalo bi pridonijeti važnosti radne terapije na odjelima hitne medicine u bolnici Royal Berkshire, ali i potaknuti daljnja istraživanja na ovom profesionalnom području.

Ključne riječi: radna terapija, odjel hitne medicine, istraživanje, prevencija prijama
