

## **The Role of Occupational Therapy (OT) In Community-based Home Care Services**

The Society of Occupational Therapists (SAOT) supports the 2008 statement of the Canadian Association of Occupational Therapists (CAOT) that shorter hospital stays, increased use of outpatient treatment and an aging population of Canadians with longer life expectancy, have amplified the need community care. Current health care trends including shorter hospital stays, greater use of outpatient treatment and a growing population of older adults with longer life expectancy, have increased Canadians' need for home and community care.

The Healthy Communities movement emerged from publication of the Ottawa Charter for Health Promotion (WHO, 1986). The Healthy Communities movement seeks to build and strengthen multisectoral partnerships to improve social and health conditions in spaces where people live, advocate for formulation of health-related public policy, maintain healthy environments and promote healthy lifestyles. Community-based services are essential for goal achievement.


Research evidence demonstrates that Home Care Services within an integrated continuum of care, can increase the efficiency and effectiveness of the Canadian health care system (CAOT, 2009). SAOT endorses the notion that OTs play a key role within interdisciplinary community based teams to address chronic disease management.

SAOT recognizes that there is a need to increased public awareness and guidance about the relationship between what people do, whether or not it is physical exercise, and their health and well-being. OT delivers a culture of promoting independence in activities of daily living. It is incumbent on policy decision-makers to ensure access of Albertans to OT services.

### **Role of OTs in Home Care Service:**

1. A review of the literature found that effective OT community care interventions include goal setting, energy conservation, joint protection, exercise, assistive devices and copy strategies (Law & McColl, 2011). OTs believe that merely providing recommendations for healthy living is insufficient, as it does not address the challenges and barriers to participating in healthy activities (CAOT, 2012).

SAOT supports the CAOTs belief that participation in meaningful everyday activities is important for Canadians regardless of physical (i.e., obesity, disability), emotional (i.e., mental illness), social (i.e., socio-economic status, culture) and environmental (i.e., inaccessible facilities) constraints.


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2. OTs, as clinicians, researchers and educators, recognize the importance of a comprehensive approach to well-being for a successful transition to more active living and believe in the holistic benefits of participation in activities that are of interest to the individual versus the prescription of specific physical activities (CAOT 2012).


OT service plans utilize a holistic lens to address barriers to engagement in meaningful activities and active living, with the therapeutic aim to increase wellness and improve quality of life for Albertans requiring Home Care Services. Overcoming barriers requires that the service plan reflects the total person, within his or her unique home environment and required capacities or resources for independent/semi-independent living.

3. OTs solution-focused interventions and approaches in Home Care Service effectively promote Albertan's health and well-being in three ways: supporting clients effective self-management of chronic diseases; promoting seniors to age at home both safely and with an enriched quality of life, and; preventing hospital admissions, thus reducing the duration of acute care stays or delaying requirements for long-term care.
4. OTs are trained to initiate and incorporate innovative and practical strategies into Home Care Services to evolve the current Alberta systems of care. Rabiee & Glendinning (2010) asserted that home-care re-ablement or 'restorative' services are a cornerstone of preventive service initiatives in many countries. An exemplary home care program in the United Kingdom (UK) provides a tested service model.

The care model focused on re-enablement to maximize a senior's independence. Many health authorities in the UK are transforming their former in-house home-care services to provide intensive, short-term re-ablement strategies. Their research demonstrated that re-ablement can be empowering for all service users in terms of raising their confidence. Of note, 60 per cent of persons who received re-ablement services no longer required Home Care Services at the end of the program, and 40 per cent of graduates continued to be independent with no further home care needs upwards of two years.

Services include motivation, personal care and hygiene, practical help such as preparing meals, prompting medication, providing advice and information such as preventing falls or connecting to local community services, helping establish social contacts and rebuilding confidence to get out into the community to achieve productive roles such as grocery shopping (BC Ministry of Health, 2014).


5. OTs can utilize strategies from other countries, such as re-enablement and the Home Independence Program (HIP), to improve home care strategies and reduce health care costs. OTs can add value to Home Care Services by improving client safety through the provision of fall prevention programs, self-management strategies and adaptive equipment.
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The results of the HIP study supported the hypothesis that older individuals referred for home care, who participated in a programme to promote their independence, had better individual and service outcomes than individuals who received usual home care. A study by Lewin & Vandermeulen (2010) found that clients who received the HIP were 6.5 times less likely to require ongoing care and 30 per cent less likely to use emergency department or hospital services.

6. CAOT collaboration with researchers from Canadian universities to develop an Active Living Guide, provided evidence for the positive impact of daily activities on health (CAOT, 2012). OTs use evidence informed tools to support home care clients to take an active approach to management of chronic disease. Increasing public awareness and providing guidance about the relationship between what people do, whether or not it is physical exercise, and their health and well-being, is a core OT principle.
7. Use of OT in Home Care Services could manage health care costs by reducing an individual's use of formal and institution based care (CAOT, 2009). For example, OTs can teach self-management strategies to assist clients, such as individuals living with disabilities and chronic illnesses, to become self-sufficient (CAOT, 2009).
8. Successful transition from acute hospital to community based care requires interdisciplinary collaboration. OT training incorporates the knowledge and clinical skills required for identifying and addressing physical, social, emotional and environmental barriers, and can promote timely discharge thus reducing costs to the health system.
9. OTs provision of practical equipment to support re-engagement in activities of daily living; education, training and coordination of family and professional care providers; and promoting client's active engagement in meaningful activities and roles promote successful adaptation to change for home care clients and their families.
10. A study by Wilson (2012) found that pre-discharge OT home visits appeared to be positively related to enabling older adults to remain living at home longer, and avoid being sent to residential or long term care (Wilson, 2012). During pre-discharge home visits, OTs are uniquely trained to teach individuals compensatory strategies and prescribe the appropriate assistive technology or equipment upon discharge to improve the opportunity for a successful and safe transition into the home (Wilson, 2012).
11. A study examining the cost-effectiveness of OT community services found that not only was it effective, but yielded significant improvements in functioning and sense of competence in care givers (Graff et al, 2009). For example, a study regarding care givers of stroke patients included direct discussion in acute care, followed by six monthly telephone support calls. Support was provided through identification of care giver needs and provision of strategies to have caregiver needs met (Cameron et al, 2014).

Cameron & Gignac (2008) identified five crucial areas of support for care givers: safeguard of the health and well-being of care givers; minimizing the financial burden placed on family care givers; enabling access to user-friendly information and education; creating a flexible





workplace and educational environments that respect care giving obligations; and investing in research on family care giving.

12. Use of OT in Home Care Services is a strategic approach to managing health care costs by reducing an individual's use of formal and institution based care (CAOT, 2009). For example, OTs can teach self-management strategies to assist clients, such as individuals living with disabilities and chronic illnesses, to become self-sufficient (CAOT, 2009).

Seminal evidence was published in 2015 by the UK by the College of Occupational Therapists Ltd. The research evidence confirmed that OT services can facilitate the safe and timely transition of patients from hospital to home by serving as an interface between acute and community care, focusing on prevention, self-management and smooth transitions by predicting support and resources needed. According to the research undertaken by the UK College of Occupational Therapists Ltd., removing accessibility barriers in a home reduces the need for daily visits.



## References:

British Columbia Ministry of Health. Best Practices in Home Care for Seniors. Synthesis Report from the 2014 International Forum.

Cameron, J. I. & Gignac, M. A. (2008). "Timing It Right": A conceptual framework for addressing the support needs of family caregivers to stroke survivors from the hospital to the home. *Patient Education & Counseling*, 70:305-314.

Cameron, J. I., Naglie, G., Green, T. L., Gignac, M. A., Bayley, M., Huijbregts, M. & Czerwonka, A. (2014). A feasibility and pilot randomized controlled trial of the "Timing it Right Stroke Family Support Program". *Clinical Rehabilitation*. Advance online publication. doi:10.1177/0269215514564897.

Canadian Association of Occupational Therapy. (2008). Position Statement: Occupational Therapy and Mental Health Care.

Canadian Association of Occupational Therapy. (2009). CAOT Position Statement: Occupational therapy and home and community care. Retrieved from <https://www.caot.ca/pdfs/positionstate/homecommunit>


Canadian Association of Occupational Therapists. (2012). Health Promotion and Disease Prevention Obesity. Submission to the House of Commons Standing Committee on Health. Retrieved from <https://www.caot.ca/pdfs/CAOT%20Submission%20to%20the%20HoC%20Feb2012.pdf>

College of Occupational Therapists/England. (2015). Urgent Care: The Value of Occupational Therapy. Author.

Lewin, G. & Vandermeulen, S. (2010). A non-randomised controlled trial of the Home Independence Program (HIP): an Australian restorative program for older home-care clients. *Health Soc. Care Community*, 18:91–99.

Graff, M. J., Adang, E. M., Vernooij-Dassen, M. J., Jönsson, L., Thiejssen, M. H., Oefnagels, W. H., & Rikkert, M. G. (2009). Community occupational therapy for older patients with dementia and their care givers: Cost effectiveness study. *British Medical Journal (International Edition)*, 336(7636):134-138).

Law, M. & McColl, M. A. (2011). Occupational therapy interventions for chronic diseases: A scoping review. *American Journal of Occupational Therapy*, 65(4):428-436.



Rabiee, P. & Glendinning, C. The organization and content of home care re-ablement services. 4 (Social Policy Research Unit, 2010).

Wilson, L., Atwal, A., Richards, C & McIntyre, A. (2012). Do occupational therapy pre-discharge home visits affect the longer term outcomes of the discharge process? *International Journal of Therapy and Rehabilitation*, 19 (6).

World Health Organization. (1986). *The Ottawa Charter for Health Promotion*. Ottawa: Health and Welfare Canada and Author. Retrieved from [www.who.int/healthpromotion/conferences/previous/ottawa/en/](http://www.who.int/healthpromotion/conferences/previous/ottawa/en/)

