Lynsey Cameron
Senior Occupational Therapist

Aim 1

12-week themed programme available to all patients attending day services
Occupational therapy provided group information sessions on three of these weeks. This included fatigue management and sleep hygiene; cognition; and self-esteem. These groups run in the morning for 1 hour on average (the groups are available Monday to Friday).
One to one assessments provided when identified as appropriate by the OT or OTTI.
Daily capacity was determined by prioritising patient needs due to the requirement to cover both the in-patient unit and day services.
Volunteers used for distraction therapy such as quizzes, games, arts and crafts and gardening.

Mills and Payne (2014) suggest that enabling participation in meaningful activities is a way to enhance quality of life and support patients to live with dignity despite a reduced ability to be active.
Hospice UK's "Rehabilitative Palliative Care Enabling People to Live Fully until They D M ¡ T l t L t l' t 'n

Volunteers are still providing distraction therapy as detailed above. Integrated Palliative Outcome Scale (IPOS) was used to collect individual patient perception on their anxiety, depression, carer anxiety and practical problems each week. This is a relatively new assessment tool which has been newly introduced to the Ayrshire Hospice. The other elements collected relate to physical symptoms so were not analysed for this study.

As day services is a rolling programme, only patients attending on the first day of the project (8/7/19) were analysed giving a total of 22 patients. Due to missed attendance or non-compliance to complete it, none of the 22 patients had an IPOS score for each week.

	Total cost	Additional cost
Staff salary	OT - £38700 total cost per annum/12 = 3225/ 150 hours per month=21 per hour OTTI - £25900 total cost/12 = 2158/150	

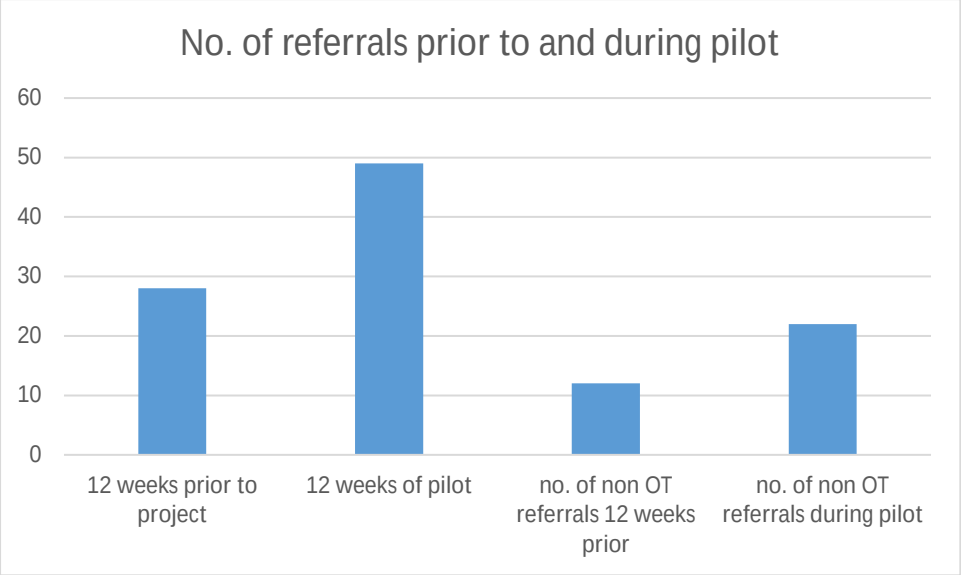
(total costs of £30772/12/150= hourly rate =£17) not including travel cost of up to 0.47p a mile (Hospice Finance department, 2019). This compares to £35 for the OT and OTTI to provide an opportunity for patients to increase their independence in an hour. However, further information would be needed to gather how many referrals to respite and response was avoided by the OT input.

One individual patient who was participating in the thOT

Referrals traditionally picked up by the OT or OTTI at morning handover or multi-disciplinary meetings (MDT).

The 2017/18 clinical services review by Ayrshire Hospice focused on community services ensuring that patients have a choice to stay at home.

Average number of referrals to occupational therapy for both IPU and day services in the 3-month pilot was 30
Referrals to OT from day service patients increased from 28 in the 12 week prior to project to 49 in the 12 weeks of the project (75% increase)
Referrals received from non-OT staff increased from 12 in the 12 weeks prior to the project to 22 (83% increase)



Case load increased from 129 over 6 months from January to July (21 average per month) to 143 in 3 months (47) a month. This suggests a reduced cost per patient for OT input. OT and OTTI joint annual salary of true costs = £64600/2= £32300 for 6 months/ 129 patients over this period = £250 per patient. £16150 total OT and OTTI for 3 months/ 143 patients £112 per patient.
Staff felt that it was useful to see occupational therapy in action and one member was quoted to say “it makes me realise the extent of what you can offer, things I didn’t realise before so I now know what to refer to the service for”.

Aim 3

Referrals to service were identified by the OT or OTTI.
There was a lot of time wasted walking between day services and the in-patient unit to attempt to assess patients.
No allocated time for practical sessions.

People strategy – as mentioned above aims to improve the efficiency of resources.
If the OT service is able to reach more people, and see them earlier in their illness, it should allow time for them to learn non-pharmacological strategies that can improve pain, fatigue, anxiety, loneliness, and decrease their risk of falls. (Scottish Partnership for Palliative Care, 2019)

Provided group-based information sessions and practical sessions at specific times of the day.
Provided groups that allow function and ability to be assessed, such as within the cooking group.
Restructured day services layout to encourage patients to independently serve their own tea and coffee and encouraged support staff to assist patients with this to allow assessment of Activities of Daily Living (ADL'S) to be done in a discreet way.

As detailed under aim 1

Increased reach in terms of referrals.
Increased reach in terms of caseload.

Conclusion

The role of occupational therapy in palliative care is traditionally poorly understood, resulting in low referral rates and an MDT with little confidence in identifying when patients need this specialised input. At the same time the literature suggests that there is a need to provide meaningful, therapeutic activities even when a patient's function is decreasing. Therefore, if staff are not aware to refer to occupational therapy there is a chance they will miss out on an important part of their care.

Additionally, in a time of increasing demand, it is important that occupational therapy interventions are being delivered in an efficient and timely manner.

This study has hopefully demonstrated that with little set up or running costs and simply through service redesign, specialist palliative care OT's can increase the number of patients referred to their service. It could be suggested that by doing so could potentially avoid referrals to local authority OT, counselling and perhaps Respite and Response teams.

This case study was completed by Lynsey Cameron, Senior Occupational Therapist, Ayrshire Hospice in 2019. Lynsey successfully completed an RCN leadership development programme commissioned by a consortia of four hospices in Scotland. The programme was designed to empower professionals to understand the principles of economic assessment and apply them in their practice in order to demonstrate the value of, and continuously transform, their services.

The programme is endorsed by the Institute of Leadership and Management.

You can contact Lynsey by email Lynsey.cameron@ayrshirehospice.org

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