Supporting occupational therapy home visit decision-making

Godfrey, M., Aplin, T., Eames, S., Nix, J., De Michele, L., Halin, C., Hoffman, A., McCormack, C., King, M., & Palmer, C.

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

Queensland Government

Background: Occupational therapy pre-discharge home visits are frequently conducted, resource intensive and complex. To support therapists and ensure a more consistent and evidence based approach, a decision-making support tool was developed from earlier research.

Methods: Occupational therapists (n=25) from six Metro North Queensland Health facilities completed a questionnaire prior to (time 1) and then using the tool (time 2). Questions focused on:
- clinical utility
- confidence and ease of decision-making

Therapists (n=27) also completed an online survey where they:
- made a home visit decision for five case studies not using the tool,
- then for five new case studies using the tool.

Their responses were compared to a 'correct decision' determined by a panel of experts to assess accuracy in decision-making.

Tool was quick and easy to complete: Most therapists thought that the tool took no to a moderate amount of time to complete (n= 25, 93%) and most (n=20, 74%) felt that the time spent to complete the tool was valuable. Many felt the tool was easy to complete (n=18, 67%), however nine (33%) rated ease of use as neutral.

Therapists confident and found decision easy regardless of tool use: A paired sample t-test revealed no significant difference between time 1 and time 2 using the tool for therapists confidence and ease in home visit decision- making.

Novice therapists (2 years or less experience) may find the decision not as easy: Pearson's correlation showed a positive relationship between experience level and ease of decision making both using and not using the tool (r = 0.427, n=25, p = 0.033).

Using the tool increased accuracy: There was a significant increase in therapists' correct decisions when using the tool. A paired sample t-test revealed a significant increase in correct decisions from time 1 (M = 3.43, SD = 1.07) to time 2 (M = 4.36, SD = .87), t(27) = -3.77, p = .001.

Experience level appears not to be related to accuracy in decision-making: Home visiting experience showed no significant relationship with decision making accuracy both prior to and when using the tool.

Discussion: Using a decision-making support tool can benefit practice, regardless of experience level. Findings should be interpreted with caution given the small sample and limited cases used to assess accuracy. Maureen Godfrey m.godfrey@health.qld.gov.au