Exploring How Clinicians Evaluate Patient Transfers: A Pilot Study in to Improve Teaching Student Evaluation Skills

The aim of this project is to explore how occupational therapists assign a performance level when evaluating patient transfers in acute care settings. Occupational therapy text books, Medicare and many sources use a standard performance level hierarchy from “independent” to “maximum assistance” to describe the performance of a task by patients. An example of such task is a functional transfer. The hierarchy provides a brief description of each level which includes the percentage of assistance needed to complete the task. However, neither Medicare or primary occupational therapy texts describe how to apply the performance levels. As a result there are significant differences in how therapists determine the level of assistance a patient needs for a given task. Determining appropriate and accurate performance levels is critical for documentation and demonstrating progress with therapy. This team intends to interview occupational therapists in acute care settings to determine the clinical reasoning used in applying a performance level to a patient transfer in order to continue the development of a standardized method of applying performance levels. The results will be used to improve the education of students in the application of performance levels when evaluating patient transfers.

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Proposal: The ability of a patient to safely transfer from one surface such as a bed to another such as a wheelchair is a basic skill evaluated by all therapists practicing in acute care settings. It is one of the first skills evaluated by occupational therapists and critical in determining a safe discharge plan of care. When a therapist evaluates a skill they apply a universal performance level described below in their initial and daily documentation of services provided to a patient.

- Complete Independence (timely, safely)
- Modified Independence (extra time, devices, safety issues)
- Supervision (cuing, coaxing, prompting)
- Minimal Assist (patient performs 75% or more of task)
- Moderate Assist (patient performs 50%-74% of task)
- Maximal Assist (patient performs 25% to 49% of task)
- Total Assist (patient performs less than 25% of task)

The performance levels were developed by The Centers for Medicare and Medicaid Services (CMS) and have become part of a standardized evaluation tool, The Functional Independence
Measure (FIM), used in inpatient rehabilitation settings only. This tool is very detailed but offers limited suggestions in how to apply the performance levels to functional transfers. This tool is not used in acute care settings. Therefore therapists are left to their own clinical reasoning to apply the performance levels. However, the performance levels described above are universally used across all healthcare settings by all disciplines including nursing and physical therapy.

The performance levels are taught in key texts used in occupational therapy programs such as Pedretti’s Occupational Therapy: Practice Skills for Physical Dysfunction (7th ed.). However, the texts do not teach students how to apply the levels.

The investigators of the study teach and practice in the area of physical rehabilitation. Both have done informal interviewing of occupational therapists in practice to inquire as to how therapists apply their clinical reasoning to choose performance levels when evaluating transfers and other patient care tasks. There is significant inconsistency across therapists. With some therapists reporting “they just know” and others basing their level on how difficult it is to “move” the patient. This is very difficult for students to comprehend. There is also very little research done on inter rater reliability of transfers outside the use of the FIM tool.

As healthcare continues to become more complex and it is critical that therapists are able to defend their decisions and their documentation. Accurately portraying the abilities of a patient can make the difference in maintaining insurance coverage and determining proper placement. Accurately describing the level of assist needed in a patient transfer is also a safety issue. As one therapists covers for another accurate descriptions of a patient’s ability is critical for the safety of the patient and the therapist.

This project will help us better understand how therapists clinically reason and in turn help us design the best approach for teaching student this complex task. We anticipate that the information could also help in the development of a standardized assessment tool that could cross disciplinary lines as physical therapists and nursing also engage patients in transfers. This interprofessional aspect of the project is also a goal of the university.


**Project Design:** The team will meet with therapists in acute care settings. Dr. Mayer will meet with therapists in the Nebraska/Iowa region. Dr. Maeker will meet with therapists in the Montana/Idaho region. The project will collect data from occupational therapists working in acute care settings via a guided survey. The facilitator will use a video showing an occupational therapist transferring a patient. Therapists will be asked to assign a performance level. After the level is assigned, therapists will be asked how they arrived at their decision to better understand their clinical reasoning. Following the individual data collection there will be a short group discussion to follow up with any additional information the therapists would like to share that was not part of the survey. Analysis will be through descriptive statistics and qualitative analysis.