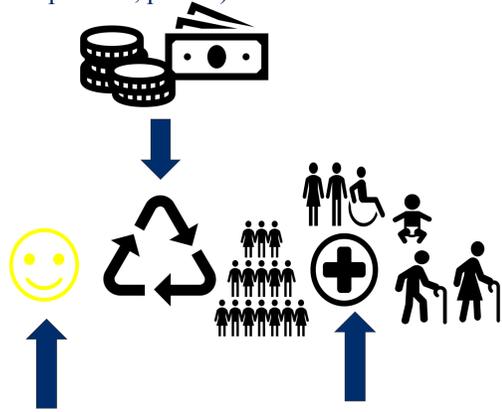


# Occupational Therapy Across the Continuum of Care: Discharge Planning, Quality of Health Measures, and Readmission Rates

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## BACKGROUND

- The Institute for Healthcare Improvement defines the “Triple Aim” as “Improving the patient experience of care (including quality and satisfaction); Improving the health of populations; and Reducing the per capita cost of healthcare”(Institute for Healthcare Improvement, 2012, The IHI Triple Aim, para. 1).



- Patient readmissions can be a costly part of healthcare. There are negative financial consequences for hospitals that are deemed to have too many patient readmissions. Medicare can reduce reimbursement rates up to 3 percent per patient (Rau, 2020).



- Leland, Crum, Phipps, Roberts, & Gage (2015) articulated the need for occupational therapists to utilize evidence to show how they can assist with accomplishing better results.



- This Critical Analysis Topic (CAT) explored occupational therapy’s role in hospital readmissions, discharge planning and the impact that occupational therapy has on quality of health measures throughout the continuum of care.

## FOCUSED QUESTION

Can occupational therapists impact readmission rates through discharge planning and improvement of quality of health measures?

## METHODS

- Databases searched:** Google Scholar, CINAHL Complete, Pubmed, and Science Direct.
- Search Terms:**
  - “ ‘occupational therapy’ decrease readmission rates”
  - “occupational therapy discharge planning”
  - “occupational therapy reduces readmission rates”
  - “occupational therapy and readmission rates”
  - “Occupational Therapy Discharge planning”
  - “occupational therapy discharge”
  - “occupational therapy readmission rates”
  - “occupational therapy improves”
  - “occupational therapy outcomes”
  - “ ‘occupational therapy’ decrease readmission”
  - “occupational therapy interventions in SNF”
  - “ ‘occupational therapy’ interventions in inpatient rehabilitation”
  - “ ‘ ‘occupational therapy’ outpatient therapy interventions”
  - “Occupational Therapy Home Health Outcomes”
  - “Occupational Therapy and Home Health”;
  - “occupational therapy and continuum of care”;
  - “occupational therapy and ‘continuum of care’”
  - “occupational therapy and home health intervention”
  - “occupational therapy and home health interventions”
  - “occupational therapy readmission rates”
  - & “occupational therapy continuum of care”
- Inclusion Criteria:** Published in a journal from 2010-2020; title had to include the words: occupational therapy (OT), occupational therapists, occupation-based, or activities of daily living.
- Exclusion Criteria:** Not published in journal; or was published prior to 2010. The title contained: disciplines besides occupational therapy, specific clinical conditions or diagnoses, children or pediatrics.

## RESULTS

- Holm & Mu (2012) found that occupational therapists (OTs) with “15 to 33 years” (p. 218) of experience responses to how they navigated “discharge planning for the elderly in acute care” (Holm & Mu, 2012, p. 214) were organized into the themes of “looking at the total picture; prioritizing client-centered collaborations; emphasizing cognitive functioning; enhancing occupational engagement; and framing assumptions about elderly discharge planning” (Holm & Mu, 2012, pgs. 219-220).
- In a study by Brown, Craddock, & Hutt Greenyer (2012), every elder reported appreciating occupational therapy’s role in their “continuity of care” (p.330).
- Johnston, Barras, & Grimmer-Somers (2010), found that a home assessment from OT prior to discharge was related to a lower risk of falling “1 month post-discharge” (Johnston, Barras, & Grimmer-Somers, 2010, p. 1333), in patients who experienced non-neurological conditions.
- The results for the impact that OT has on readmissions is mixed. Clemson, Lannin, Wales, Salkeld, Rubenstein, Gitlin, Barris, Mackenzie, & Cameron (2016), found that the OT HOME intervention had no statistically significant impact on the readmission rate, nor patients’ ability to complete activities of daily living (ADLs) compared to hospital OT discharge intervention.
- One study showed that occupational therapy was the only area which increased hospital spending was correlated to a statistically significant decrease in “30-day readmission rates for heart failure, pneumonia, and acute myocardial infarction” (Rogers, Bai, Lavin & Anderson, 2017, p. 668).
- Another study found the prospect of patients being readmitted was “2.63 times higher” (Formyduval & Crabtree, 2019, para. 1) when OT discharge recommendations were not abided by for “patients with a low socioeconomic status” (Formyduval & Crabtree, 2019, para. 1).
- Contrasting, “Occupational therapy did contribute to a higher likelihood of community discharge but did not decrease readmissions” (Mroz, Andrilla, Skillman, Garberson, Patterson & Larson, 2018, Conclusion section, para. 1) in “rural Medicare beneficiaries who received home health after hospitalization for acute myocardial infarction, heart failure, pneumonia, or chronic obstructive pulmonary disease” (Mroz, Andrilla, Skillman, Garberson, Patterson & Larson, 2018, Method section, para. 1).
- “The average changes in the Canadian Occupational Performance Measure (COPM) performance score significantly and clinically favored experimental OT.....Similar trends were detected for COPM satisfaction and independence in instrumental activities of daily living (ADL)” (Pellegrini, Formisano, Bucciarelli, Schiavi, Fugazzaro, & Costi, 2018, p.1).
- Morgan & DiZazo-Miller found “a statistically significant change in individuals pre- and post-assessment of bathing (Z ¼ –2.032, p ¼ .042)” (Morgan & DiZazo-Miller, 2018, p. 306) on the Outcomes and Assessment Information Set (OASIS) as a result of home health OTs using “bathing as the intervention” (Morgan & DiZazo-Miller, 2018, p. 306).
- On the contrary, in a systematic review, researchers stated “there is limited evidence that interventions targeted at personal ADL can reduce homecare service users’ dependency with activities” (Whitehead, Worthington, Parry, Walker, & Drummond, 2015, p. 1064).

## BOTTOM LINE FOR OT

- The evidence that occupational therapy decreases readmission rates, through effective discharge planning and improvement of quality of health outcomes is limited. There are conflicting results from studies about the efficacy of home health occupational therapy to increase independence in ADL completion. Further research needs to be conducted to determine what specific occupational therapy interventions are more effective at reducing readmission rates, through discharge planning and quality of health outcomes.

## REFERENCES

- Brown, S., Craddock, D., & Hutt Greenyer, C. (2012). Medical patients’ experiences of inreach occupational therapy: continuity between hospital and home. *British Journal of Occupational Therapy*, 75(7), 330-336. DOI: 10.4276/030802212X13418284515875
- Clemson, L., Lannin, N.A., Wales, K., Salkeld, G., Rubenstein, L., Gitlin, L., Barris, S., Mackenzie, L., & Cameron, I.D. (2016). Occupational therapy predischarge home visits in acute hospital care: a randomized trial. *Journal of the American Geriatric Society*, 64(10), 2019–2026. <https://doi.org/10.1111/jgs.14287>
- Formyduval, A., & Crabtree, J. (2019). Can OT discharge placement recommendations reduce hospital readmissions for patients with low socioeconomic status? *American Journal of Occupational Therapy* 73(4\_Supplement\_1), 7311510253p1-7311510253p1. <https://doi.org/10.5014/ajot.2019.73S1-RP202C>
- Holm, S.E. & Mu, K. (2012). Discharge planning for the elderly in acute care: the perceptions of experienced occupational therapists. *Physical & Occupational Therapy In Geriatrics*, 30(3), 214–228. DOI: 10.3109/02703181.2012.719601
- Institute for Healthcare Improvement. (2012, June 5). *IHI triple aim initiative*. Retrieved from <http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>
- Johnston, K., Barras, S., & Grimmer-Somers, K. (2010). Relationship between pre-discharge occupational therapy home assessment and prevalence of post-discharge falls. *Journal of Evaluation in Clinical Practice*, 16(6), 1333-1339. <https://doi.org/10.1111/j.1365-2753.2009.01339.x>
- Leland, N. E., Crum, K., Phipps, S., Roberts, P., & Gage, B. (2015). Health policy perspectives—advancing the value and quality of occupational therapy in health service delivery. *American Journal of Occupational Therapy*, 69(1), 6901090010p1-6901090010p7. <http://dx.doi.org/10.5014/ajot.2015.691001>
- Morgan, R., & DiZazzo-Miller, R. (2018). The occupation-based intervention of bathing: cases in home health care. *Occupational Therapy in Healthcare*, 32(3), 306–318. <https://doi.org/10.1080/07380577.2018.1504368>
- Mroz, T., Andrilla, C.H.A., Skillman, S.M., Garberson, L.A., Patterson, D.G., & Larson, E.H. (2018). Occupational therapy in home health and quality outcomes for high-risk rural medicare beneficiaries. *American Journal of Occupational Therapy*, 72, 7211510160. <https://doi.org/10.5014/ajot.2018.72S1-RP101D>
- Pellegrini, M., Formisano, D., Bucciarelli, V., Schiavi, M., Fugazzaro, S., & Costi, S. (2018). Occupational therapy in complex patients: a pilot randomized controlled trial. *Occupational Therapy International*, 2018, 1-11. <https://doi.org/10.1155/2018/3081094>
- Rau, J. (2020, January 30). *Look up your hospital: Is it being penalized by Medicare? Kaiser Health News*. Retrieved from <https://khn.org/news/hospital-penalties/>
- Rogers, A.T., Bai, G., Lavin, R.A., & Anderson, G.F. (2017). Higher hospital spending on occupational therapy is associated with lower readmissions rates. *Medical Care Research and Review*, 74(6), 668-686. DOI: 10.1177/1077558716666981
- Whitehead, P.J., Worthington, E.J., Parry, R.H., Walker, M.F., & Drummond, A. ER. (2015). Interventions to reduce dependency in personal activities of daily living in community dwelling adults who use homecare services: a systematic review. *Clinical Rehabilitation*, 29(11), 1064–1076. DOI: 10.1177/0269215514564894