

Adult Social Care Occupational Therapy team's views on introducing outcome measures.

A cross-sectional study.

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Introduction and literature review

An outcome measure (OM) is a tool used to assess change over time, usually to evaluate whether interventions have achieved the desired goal by measuring a particular aspect on at least two occasions during the Occupational Therapy (OT) process^{1, 2, 3}. Professional standards state OT practitioners should collect and evaluate OMs to review how clients have responded to interventions^{4, 5}. These recommendations come from a wider background of policy to increase accountability and assure provision of quality care⁶, a drive for evidence-based practice⁷ and ensuring effective use of budgets⁸.

There have also been several studies showing uptake is low, and practitioners have a range of views for and against their use^{7, 9}. For change to be successfully implemented, it has been shown involving staff in developing the change and enabling them to voice their views is beneficial^{7, 10}.

This study took place in an Adult Social Care Occupational Therapy service that do not currently collect outcome measures. The objectives of the study were to determine if the OT Team think outcome measure(s) would be beneficial, identify which they report would be most appropriate and identify potential barriers and facilitators to implementation.

Methods

A self-administered questionnaire was emailed to the 70 qualified and unqualified OT staff that met the inclusion criteria of routinely completing Occupational Therapy Assessments.

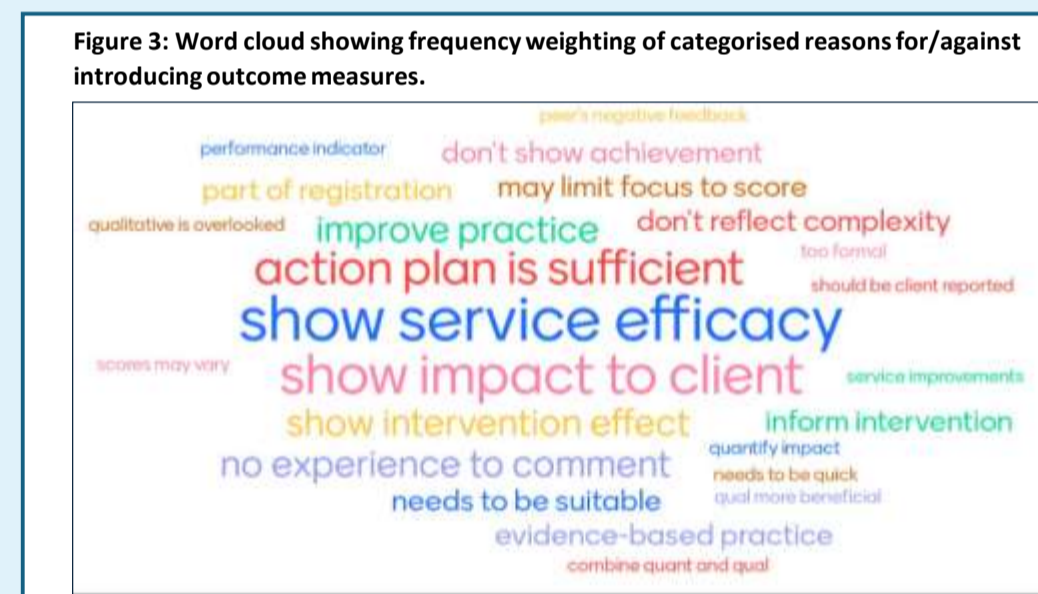
Content analysis was conducted to develop a meaningful overview of responses to open-ended questions; each question was coded individually as they related to distinct topic areas. Descriptive statistics were then applied to the categorised responses and data from closed questions. Responses from open and closed-ended questions were triangulated to help explain the findings and increase rigour by checking whether they corroborated each other.

Results and Discussion

The survey had a response rate of 43% (n=30). Most participants (70%, n=21) agreed the service should introduce outcome measures. though OTs/Apprentices were statistically more likely to be in favour than unregistered staff.

Of those that had used outcome measures before, only 13% (n=3) rated the experience as positive; 22% (n=5) was negative and the majority 65% (n=15) was equal mix, however they mostly focussed on negatives when explaining their answer. Explanations indicated the importance of ensuring the right fit for the service and implementing in a way that works for staff.

Reasons for wanting to introduce OMs varied (see Figure 1), some related to professionalism such as a desire to show impact to the client and improve practice. Others were linked to managerialist and consumerist concepts such as demonstrating service efficacy and staff/service performance indicators^{11, 12}. This reflects the tensions today's professionals experience and the impact structures they work within have on habitus by trying to balance their needs, managerial needs, evidence-based practice needs and client-centredness^{11, 12}.



Suitable outcome measures

Most respondents (77%, n=23) preferred using a single OM rather than multiple. When combined with the finding that a quick, less in-depth measure is preferred, it suggests preferences might be driven

Conclusion

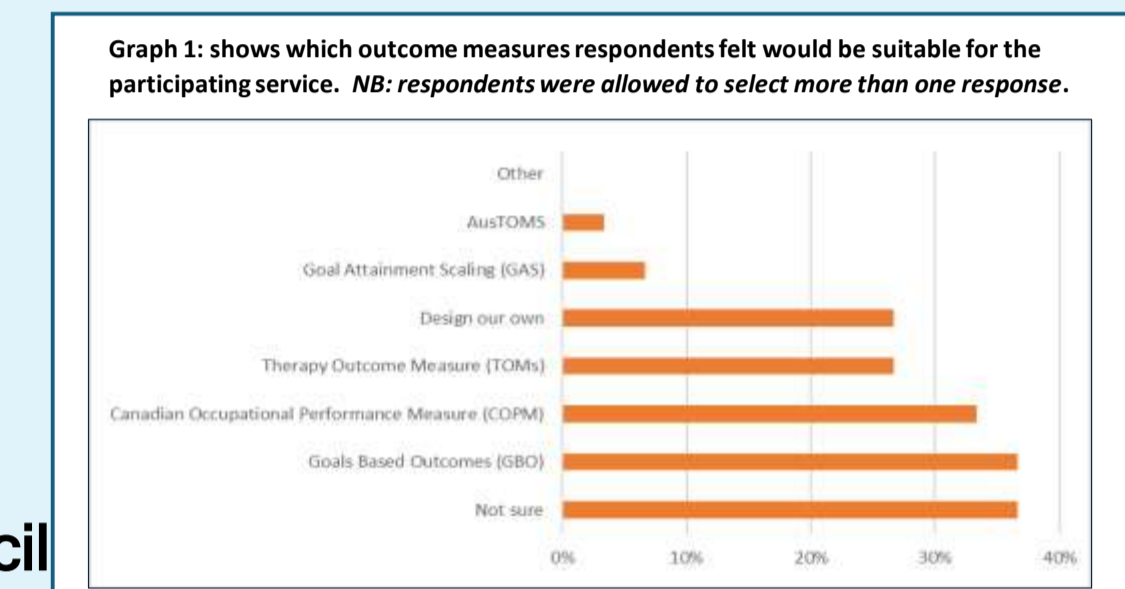
The study found most practitioners value the introduction of outcome measures; their reasonings for this were influenced by a mixture of professionalism, managerialism and consumerism concepts.

Findings show it is important to ensure the outcome measure selected is suitable for the clients within the context of the service setting and adds minimal burden to practitioners to ensure it compliments rather than hinders care provision. Views on what would make a suitable outcome measure for Adult Social Care are varied and requires further investigation through focus groups with a wider variety of stakeholders.

Training, as the biggest facilitator to outcome measure use, needs to be in depth, uniform and deliver comprehensive instruction on how to administer the measure by practising with a variety of case studies.

by time pressures of target-driven culture and the burden of learning multiple measures⁹ than by what is the most beneficial method for the clients and service.

When asked to choose a suitable measure from a list, responses were widespread (see Graph 1).



Barriers and facilitators

Time pressure (83%, n=25) was the most selected barrier and is repeatedly cited in literature as a large barrier to using OMs. Length of OM rated highly as both a facilitator (60%, n=18) and barrier (70%, n=21).

Training was scored highly as both a facilitator (83%, n=25) and a barrier (60%, n=18), showing its importance in the implementation of outcome measures. Response rate for unregistered staff was lower and their responses implied an additional knowledge gap needs to be addressed.

Comments indicated the measure needed to be suitable for the wide scope of the service but only 33% (n=10) felt the variety of practice in Adult Social Care OT would be a barrier.

An OM requiring patient/carer input scored higher (53%, n=16) than staff only input (10%, n=3) as a facilitator but neither scored highly as a barrier.

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