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CAN PARTICIPATION IN MEANINGFUL ACTIVITIES FOR THE PERSON WITH DEMENTIA IN A SUB-ACUTE SETTING MANAGE BEHAVIOURAL SYMPTOMS

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The management of behavioural and psychological symptoms of dementia present ongoing challenges to staff and visitors within hospitals. There is evidence for strategies to manage behaviours of concern in the community for people with dementia, however there is limited research to guide practice for occupational therapists in a subacute inpatient setting.

Objective: To determine if an adaptation of the Tailored Activity Program (TAP) previously used in the community can be effectively translated to a subacute setting to improve behaviour of inpatients on a dementia/delirium ward.

Method: The study recruited inpatients of a subacute dementia/delirium specific ward who had a physician diagnosis of dementia/delirium or MMSE < 24. Pre- and post-intervention measures used the Aged Care Funding Instrument (ACFI) Behaviour Record to record behavioural and psychological symptoms. Intervention consisted of semi-structured interviews with patients and/or carers on admission to ascertain daily routines and identify interests using an adapted version of the Pleasant Events Schedule. A client-centred occupational activity schedule was developed for each patient and consistently applied throughout their admission.

Results: This study is currently underway. Results will statistically describe the changes in behaviour observed following implementation of the intervention. Barriers and enablers to implementing this intervention from the occupational therapist perspective will be discussed and a case study will be presented to exemplify the translation of research into practice.

Conclusion: Occupational therapists may use findings of this study to inform sub-acute therapy practices when working with people who present with behavioural and psychological symptoms from dementia in an inpatient setting.

O14

INPATIENT REHABILITATION WITH DECONDITIONED OLDER ADULTS: A DELPHI STUDY REGARDING OCCUPATIONAL THERAPY SERVICE DELIVERY AND INTERVENTIONS

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Introduction: Older adults with a medical illness admitted to an acute hospital often experience adverse events including deconditioning. Deconditioning can cause physiological changes in the body; however it is the resulting functional decline that can be most problematic. While the medical condition has been treated, the older adult has now developed a new level of activity restriction that prevents returning to the same level of participation in life. Occupational therapists often work with deconditioned older adults in inpatient rehabilitation programs. Yet limited information exists regarding type of interventions used and how these interventions are provided.

Objective: To determine the level of consensus among Australian occupational therapists regarding occupational therapy service delivery and interventions commonly used during inpatient rehabilitation with older adults who have become deconditioned during acute hospital admission for a medical illness.

Method: The Delphi technique was used with 24 participants. Data were analysed from three rounds of surveys and the percentage of agreement between clinicians were calculated.

Results: From 41 intervention statements 15 commonly used interventions were identified. Consensus was reached on commonly used aspects of service delivery including program length, intervention provision, team members and follow up after discharge. Based on these findings, an overview of practice guidelines for use with deconditioned older adults in rehabilitation will be presented.

Conclusion: Occupational therapists may now be guided in attributes of service delivery and type of interventions currently considered best practice when working with deconditioned older adults in rehabilitation settings. The information provides preliminary data for effectiveness studies.

O15

THE MODIFIED BLAYLOCK TOOL FOR OCCUPATIONAL THERAPY REFERRAL: AN EVALUATION OF ITS CLINICAL UTILITY IN ACUTE CARE

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Introduction: Acute care priorities focus on stabilising patients' medical needs. Patients with multi-morbidities affecting functional performance may not have their needs adequately met. Early identification of patients with complex needs is imperative to implement occupational therapy interventions facilitating timely, sustainable discharge.

Aim: To design an early referral tool identifying patients requiring occupational therapy and trial its clinical utility within acute care.

Methods: Mixed methods cross-sectional pilot study. The Modified Blaylock Tool for Occupational Therapy Referral (MBTOTR) was developed after evaluating ten existing screening tools and refined via a file review of 50 patients. Clinical utility was assessed through: (i) MBTOTR completed on 305 patients by six nurses in two wards and a pre-admission clinic. Results were analysed using descriptive and non-parametric statistics. (ii) Semi-structured interviews to understand nurses' experiences using the MBTOTR. Results were member and peer checked to ensure rigour.

Results: The file review utilising the MBTOTR indicated that 66.5% of patients were identified as requiring occupational therapy intervention but were not referred. Therefore, without a tool, many patients who would benefit from occupational therapy were not being referred by ward staff. Feedback from nurses completing the MBTOTR indicated it was efficient to administer, proactively identified patients with complex needs, facilitated holistic, consistent referrals and could streamline referral processes through integration with the electronic medical record system.

Conclusion: The MBTOTR's clinical utility within acute care was demonstrated. Implementation may provide a more timely, integrated and client-centred approach to discharge with improved outcomes for patients and the wider health organisation.

O16

VALIDATING THE USE OF THE FUNCTIONAL AUTONOMY MEASUREMENT SYSTEM (SMAF) FOR ROUTINE ASSESSMENT OF ACTIVITIES OF DAILY LIVING WITHIN THE AUSTRALIAN HOSPITAL SETTING

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Introduction: Function is routinely assessed by occupational therapists. Methods used to assess functional decline and ability include self-reported questionnaires, performance-based assessments and informant-based questionnaires. Inconsistency in approach to measuring function is common within occupational therapy.

Objective: The aim of this study was to introduce a single, standardised measure of function across an area health service and evaluate the validity of the tool.

Method: Patients seen by occupational therapists between March and December 2013 across the physical services of an area health service in Melbourne were included in this cross-sectional study. The Functional Autonomy Measurement System (SMAF) was administered on admission to all patients; scoring methodology modifications were necessary to differentiate resource need from resources already in place in the home. Internal consistency reliability was tested and factor analysis was used to determine whether items load onto their hypothesised SMAF subscales.

Results: N = 5082 adults (52% male, average age 66 years) participated. On admission, the mean total score was -16 (SD = 14.5) suggestive of large occupational therapy needs in the population assessed. The greatest limitations in functional autonomy were noted in the subtest of instrumental activities of daily living, while the least were noted in the subtest of communication. Factor analysis suggested variables loaded onto five factors (not the hypothesised six subtests). A revised version of the SMAF is suggested by these results.

Conclusion: As function is acknowledged to be the most frequently assessed outcome in occupational therapy, its accurate measurement and assessment is essential to our profession.