Project Title

COPM: Its use in Subacute Care

Project Lead and Members

Project lead: Chong Li Wen

Project members: Sonia Kurien, Lilian Lim

Organisation(s) Involved

Jurong Community Hospital

Healthcare Family Group Involved in this Project

Allied Health

Applicable Specialty or Discipline

Allied Health

Aims

To improve patient's performance and satisfaction score of through the identification of occupational performance problems using the COPM during patient's inpatient stay (1 month) in JCH.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

1. Therapists with directions regarding interventions and more effective rather than ordinary treatments.

2. Back up Modified Barthel Index (MBI) scoring

3. Multidisciplinary team to gain a holistic view of the patient

Conclusion

See poster appended/ below

Project Category

Care Continuum

Rehabilitative Care

Keywords

COPM, Intervention Goals, Patient Satisfaction

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COPM: ITS USE IN SUBACUTE CARE

MEMBERS: CHONG LI WEN, SONIA KURIEN, LILIAN LIM

- ☐ SAFETY
- ☐ PRODUCTIVITY
- ✓ QUALITY
- ☐ COST
- ✓ PATIENT EXPERIENCE

Define Problem, Set Aim

Problem/Opportunity for Improvement
In medical model which focuses on the anatomical, physiological and biochemical causes of their health, goal setting can be seen as running counter to client-centered goal planning. Perceived needs and goals of patients are often overlooked and their performance and satisfaction in those valued goals and activities are not measured. The Canadian Occupation Performance Measure (COPM) can be used to identify and measure one's occupational performance and satisfaction during inpatient stay and facilitate goal setting for better person-centred care.

Aim
To improve patient's performance and satisfaction score of through the identification of occupational performance problems using the COPM during patient's inpatient stay (1 month) in JCH.
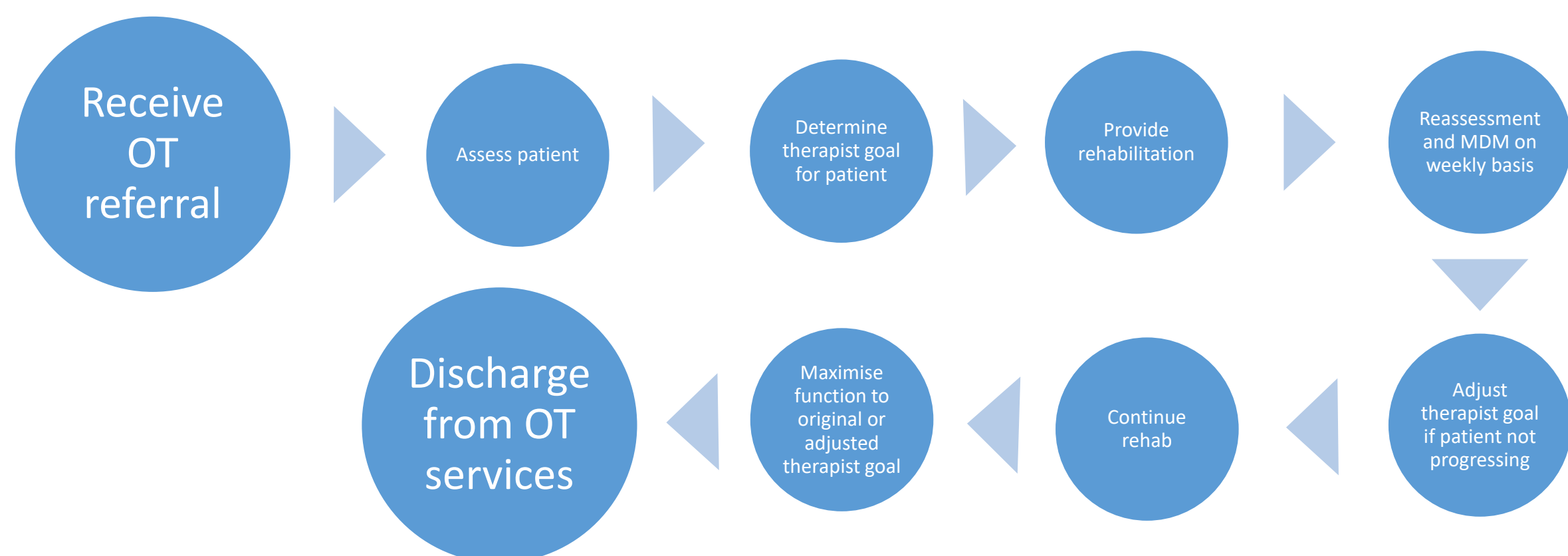
Establish Measures

What was your performance *before interventions*?
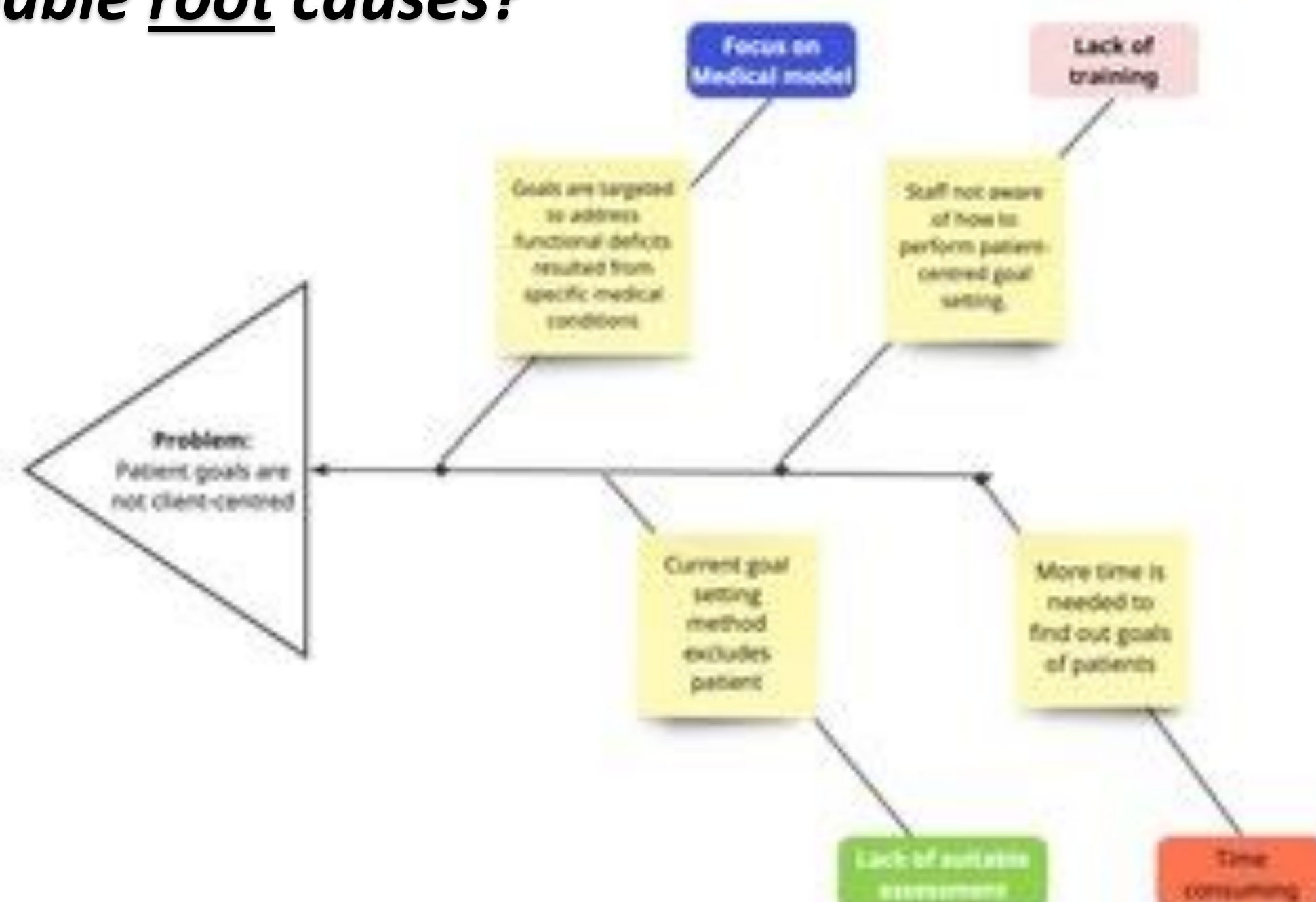*Patient characteristics, pre intervention function, scores on COPM assessment as follow:*

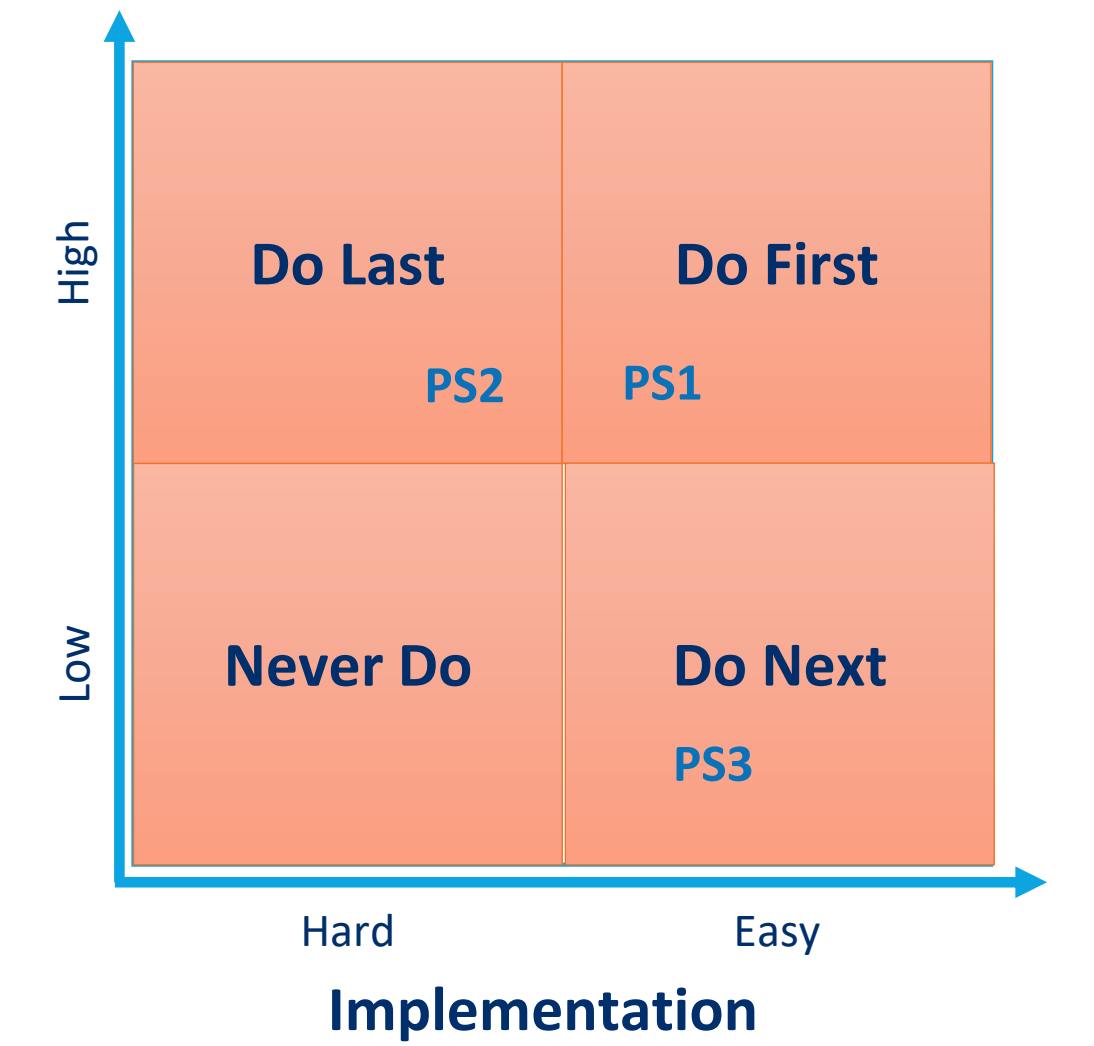| Patient	Pre function (on admission)	Pre average performance/ satisfaction score
Pt A (77 y/o, Male)	Supervision unaided	• Performance = 5 • Satisfaction = 5
Pt B (75 y/o, Male)	Mod A unaided	• Performance = 2 • Satisfaction = 2
Pt C (57 y/o, Male)	Supervision unaided	• Performance = 7.3 • Satisfaction = 7
Pt D (83 y/o, Female)	Min A with WF	• Performance = 1 • Satisfaction = 1
Pt E (81 y/o, Male)	Min A with WS	• Performance = 5 • Satisfaction = 4.75
Pt F (77 y/o, Female)	Mod A with RF	• Performance = 2.75 • Satisfaction = 3.25

Analyse Problem

Process *before interventions*?

Receive OT referral → Assess patient → Determine therapist goal for patient → Provide rehabilitation → Reassessment and MDM on weekly basis → Adjust therapist goal if patient not progressing → Continue rehab → Maximise function to original or adjusted therapist goal → Discharge from OT services

What are the probable *root* causes?

Focus on Medical model; Lack of training; Goals are targeted to address functional deficits resulted from specific medical conditions; Staff not aware of how to perform patient-centred goal setting; Problem: Patient goals are not client-centred; Current goal setting method excludes patient; More time is needed to find out goals of patients; Lack of suitable assessment; Time consuming

Select Changes

What are all the probable solutions? Which ones are selected for testing?

Root Cause		Potential Solutions
Current goal setting method exclude patient	1	*Use existing standardized assessment to facilitate goal setting*
	2	*Engage patient and family in detailed goal setting by all disciplines*
	3	*Ask patient directly*

	Hard ← Implementation → Easy
High (Impact)	Do Last — PS2 / Do First — PS1
Low	Never Do / Do Next — PS3

Test & Implement Changes

How do we pilot the changes? What are the initial results?

Plan: COPM was used to administered at the beginning of service to identify patient's performance issues and assist them in establishing intervention goals. One day prior to discharge, OT will administer again at appropriate intervals thereafter to determine progress and outcome.
There are 5- step process:
1) Problem definition; 2) Rating importance; 3) Pre intervention Scoring; 4) Post intervention Scoring; 5) Reassessment

Do: Patients were motivated to work towards their goal and demonstrated willingness to engage in therapy. 6 patients who participated in this project have achieved their targeted goals and were satisfied with their functional performance.

Study: Positive changes when comparing pre-post scores for function, performance and satisfaction for each occupation listed.

Patient	Pre function (on admission)	Post function	Pre average performance/ satisfaction score	Post Average performance/ satisfaction score	Changes in average performance/ satisfaction score
Pt A (77 y/o, Male)	Supervision unaided	Independent with WS	• Performance = 5 • Satisfaction = 5	• Performance = 8.5 • Satisfaction = 9	• Performance = 3.5 • Satisfaction = 4
Pt B (75 y/o, Male)	Mod A unaided	Supervision-independent unaided	• Performance = 2 • Satisfaction = 2	• Performance = 7.6 • Satisfaction = 7.6	• Performance = 5.6 • Satisfaction = 5.6
Pt C (57 y/o, Male)	Supervision unaided	Independent unaided	• Performance = 7.3 • Satisfaction = 7	• Performance = 10 • Satisfaction = 10	• Performance = 2.7 • Satisfaction = 3
Pt D (83 y/o, Female)	Min A with WF	Independent with WF	• Performance = 1 • Satisfaction = 1	• Performance = 7 • Satisfaction = 7.5	• Performance = 6 • Satisfaction = 6.5
Pt E (81 y/o, Male)	Min A with WS	Supervision with WS	• Performance = 5 • Satisfaction = 4.75	• Performance = 8 • Satisfaction = 7.7	• Performance = 3 • Satisfaction = 2.95
Pt F (77 y/o, Female)	Mod A with RF	Modified Independence with WS	• Performance = 2.75 • Satisfaction = 3.25	• Performance = 8 • Satisfaction = 7.5	• Performance = 5.25 • Satisfaction = 4.25

Act: Help therapists with directions regarding interventions and more effective rather than ordinary treatments. It also helps to back up MBI scoring.

Plan moving forward is to enable Occupational Therapists in JCH to use COPM as an outcome measure to promote client-centered practice.

Spread Changes, Learning Points

What are/were the strategies to spread change after implementation?
1. Brings awareness to all health practitioners about this assessment.
2. Advocation on goal settings and clarify the scoring system.

Key highlights of COPM:
It is a self-reporting assessment
Administrating of the assessment: 1st day of admission (pre) and one day prior to their discharge (post)
Assessment takes between 10-15 minutes to complete
Self-Rated scale used as quantitative outcome measure

What are the key learnings from this project?
1. Therapists with directions regarding interventions and more effective rather than ordinary treatments.
2. Back up Modified Barthel Index (MBI) scoring
3. Multidisciplinary team to gain a holistic view of the patient

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