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In-house clinical audit on Work Rehabilitation Services by Occupational Therapy Department of North Lantau Hospital – better manage service growing demand

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Introduction

A review on out-patient Occupational Therapy services statistics in recent 2 years showed an average of more than 35% service volume relating to Work Rehabilitation. Although this specialty service used to be provided by cluster Designated Work Rehabilitation Center (DWRC), such service is constantly requested by patients who are either living or working in Lantau district. The major benefit being the reduction of unnecessary long travelling especially when patients still suffering from painful symptom and dysfunctional mobility. In order to ensure good service quality, we aligned with the practices of all DWRC to conduct an in-house clinical audit.

Objectives

(1) Standardization and alignment with the OTCOC recommended practice in work rehabilitation (2) Continuous improvement of the service quality in the area of work rehabilitation

Methodology

Since 2016, standardized CMS report on work rehabilitation was adopted as mandate practice. In-service trainings were regularly conducted for an in-depth understanding of work rehabilitation including goal-directed interviewing technique for triage of appropriate work disability management strategies (work hardening, job accommodations and vocational resettlement). OTCOC's audit criteria on work rehabilitation program were adopted for document review. 60 cases that were discharged from work rehabilitation service in the period January-2016 to December-2017 were randomly selected for document review by supervisory grade therapists.

Result

In the review period, around 10% cases was A&E patients while the remaining was

referred from GOPC/ SOPC. 95% of these cases were diagnosed with various musculoskeletal trauma(s). Occupational therapists conducted initial assessments within 4-weeks' after receiving referrals, for triage and provision of appropriate work disability management strategies. The course of work rehabilitation program was found decreasing from 4.9 months to 2.9 months in 2017 (DWRC, 2016: average 2.7 months). The anticipated return to work rate increased to 80% (DWRC, 2016: 82%), while 70% planned to resume previous job post (DWRC: 60%). The overall compliance rate on OTCOC Guidelines was 87% in 2017 (DWRC, 2016: average 97%). Full compliance obtained in fulfilment of program admission and termination criteria, program entry risk stratification, adequate treatment frequency & intensity, documentation of assessment results, treatment goals & plan and outcome. The only non-compliance being the extra time lag between re-assessments, especially at the later stage of intervention; which may be due to a practical compromise in squeezing time to speed up the first contact with needed patients and partially contributed by patient's request to match appointment with physician's follow-up schedule.

Conclusions: The return-to-work outcome appears encouraging after the mandate implementation of OTCOC Guidelines. The continuation of periodic document audit together with more frequent peer reviews on case management shall be imposed for better work rehabilitation services.