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HA Convention 2018

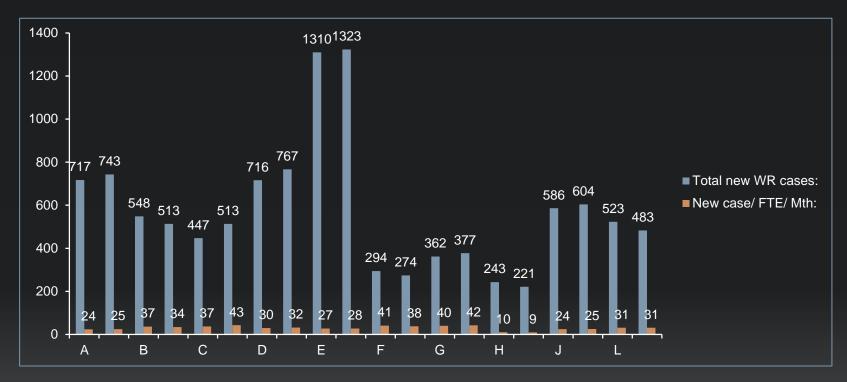
Multi-center Clinical Audit on Occupational Therapy Work Rehabilitation Services for Out Patients

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## Introduction:

- Objective:
  - To assure the standards of service provision among Designated OT Work Rehabilitation Centers (DWRC) in each cluster
- Audit team:
  - Representatives from DWRC who had <u>over 10 years' experience</u> in providing work rehabilitation services
- Sampling for document audit:
  - Randomized case number of all patients DC in the period 2014-16
  - Then drawing of 5 patient files from every DWRC in each year
- Peer review:
  - Interview of therapists & inspection of environment for provision of work rehabilitation services (usually is a part of OT out patient sector)

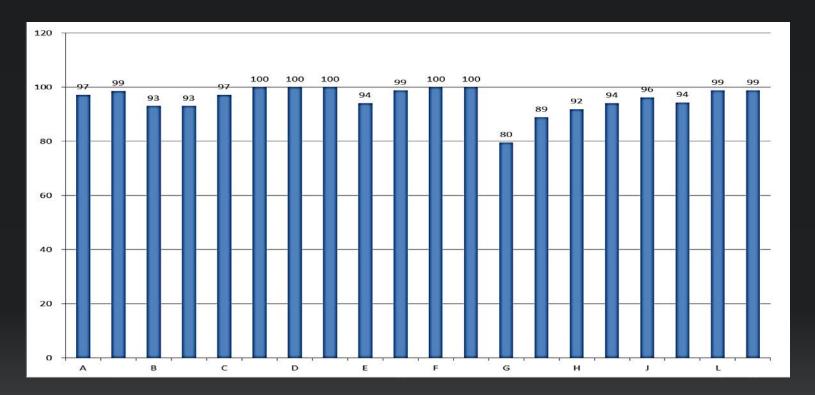
#### New Cases attended OT Work Rehabilitation Services per Year



<u>Average</u> total no. of New WR cases per Designated Work Rehabilitation Center (DWRC): 2010-11 (361, per DWRDC)
2014-15 (575, per DWRC)
2015-16 (582, per DWRC) +61 % Vs 2010-11

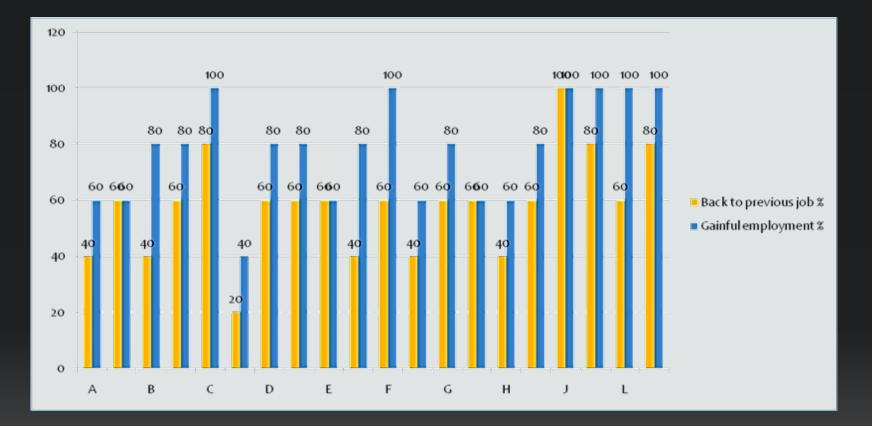
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# Audit Score (Compliance to OTCOC Clinical Guideline)



Average Total Audit Score (10 DWRC): 2010-11 (89 %) 2014-15 (95 %) 2015-16 (97 %) <u>Full compliance</u> in the following parameters: Program entry risk stratification prior to intervention; Observe "Biomechanical, physiological & psychophysical termination criteria" throughout intervention; Familiar with the operation of essential instrument/ equipment; Documentation of assessment results, treatment plan and outcome measures with the use of Clinical Management System; Maintain calibration & schedule checking of essential instrument/ equipment.

### Rate of Return-To-Work



<u>Average</u> RTW % (10 Designated OT Work Rehabilitation Centers): 2014-15 & 2015-16 (Gainful Employment = 74% - 82 %, within which 56% - 60% resume to Previous Job )

### **Conclusion:**

- The markedly growth of service demands (+61 % new referrals in 5 years) & the increasing diversities of interfacing with clinical specialties (e.g. Family Medicine, Rehab Day Hospital, etc. ) leading to the need to ...
  - Enhance existing Model of Care ... incorporate standardized <u>Work</u> <u>Rehabilitation Intake Interview</u> in the triage of newly referred patients for intervention strategies (e.g. work hardening Vs psychosocial intervention Vs resettlement) in related to RTW barriers as identified
  - Explore the benefits of other evidence proved strategies like Return-To-Work (RTW) coordination & workplace intervention for more accurate prescription of modified duties (job accommodation), psychosocial modalities for enhancement of coping in workplace ...
  - Develop service model(s) for specific client groups (e.g. CVA, Ca survivor, commercial drivers with chronic illnesses ...)