The Benefits Of Providing Occupational Therapy In A Canadian Emergency Department

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Introduction
The provision of Occupational Therapy (OT) services in the Emergency Department (ED) has been shown to improve patient care, reduce healthcare costs, and improve patient satisfaction. However, the extent to which these benefits are present in a real-world setting has not been extensively studied.

Methods
The following logic model was constructed to guide program development and evaluation:

- **Screen patient information**
- **Provide recommendations**
- **Educate staff and patients on functional impairments**
- **Assessment / Intervention**
- **Type of screen done**
- **Provide effective and appropriate OT service in the ED**
- **Strongly satisfied with the program**
- **Very satisfied with the program**

Results
A total of 651 patients were seen by the OT in the Emergency Department over the 10 months of the pilot project. 2 patients were dropped from the examination of discharge disposition because of incomplete data. Of the remaining 679 patients, 154 already had hospital admission orders. OT intervention led to a change in discharge disposition from the original plan in 129 cases (46 unsafe discharges from the ED prevented, 65 unnecessary admissions avoided).

Discussion
Individual patients seen by the OT in the ED were significantly impacted through changes to discharge disposition, either through the prevention of unsafe discharge or admission avoided. These two groups were almost the same size (N=64 vs. 95), resulting in about the same total number of admissions/discharges, but with greater quality, the right patients accessing the system at the right time. Impacts of the OT assessment/intervention on individual patients could also be felt through connections with specialized rehabilitation resources, either to in-patient (e.g. occupational therapy, physical therapy) or out-patient (e.g. complex patient services, resources for provision of adaptive equipment, chronic disease management groups).

Conclusions
Providing full-time Occupational Therapy support in the Emergency Department could significantly impact intervention outcomes, but not the primary hospital-related outcome. Further study will be focused on cost-benefit analysis of this strategy, refining referral criteria, and on examination of causal factors in ED patient outcomes.

Acknowledgments

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