2019 Online KT Conference: Innovative KT Strategies That Work

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KT Strategies to Increase Use of the Canadian Occupational Performance Measure in Stroke Rehabilitation

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Clinical Assistant Professor, University of Illinois-Chicago
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Roadmap

Background
Problem Identification
Methods
Results
Implications for Clinical Practice
Defining Occupational Performance

- Client
- Occupational Performance
- Context and Environment
- Occupations
Occupational Profile

- Occupations
- Medical History
- Roles
- Environment
- Values and Interests
- Performance Patterns
Clinical Assessment Battery

How are we assessing occupational performance and participation in inpatient stroke rehabilitation?
Canadian Occupational Performance Measure

- Evidence-based outcome measure designed for use by occupational therapists
- Self-report assessment
- Semi-structured interview
- Assess client outcomes
  - Self care
  - Productivity
  - Leisure
What the client needs to do, wants to do, and/or is expected to do

BUT cannot do or is not satisfied with at this time
COPM Administration Process

1. Problem Definition
2. Problem Weighting
3. Scoring (1–10 scale)
4. Reassessment
5. Follow Up/Review
## A COPM Example: Part I

### STEP 1A: Self-care

**Personal care**
- Fastening bra
- Comb hair

**Functional mobility**
- Long distance walking
- Walking in store

**Community management**
- Grocery shopping

### STEP 1B: Productivity

**Paid/Unpaid work**
- Working - update to remote in.
- Typing - hard
- Multi-tasking - task switching

**Household management**
- Deep cleaning

**Play/School**
- Deep cleaning

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*Center on KNOWLEDGE TRANSLATION FOR DISABILITY & REHABILITATION RESEARCH*
### A COPM Example: Part II

**Initial Assessment:**

<table>
<thead>
<tr>
<th>OCCUPATIONAL PERFORMANCE PROBLEMS</th>
<th>PERFORMANCE 1</th>
<th>SATISFACTION 1</th>
<th>PERFORMANCE 2</th>
<th>SATISFACTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fasten bra</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>2. Long distance walk</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>3. Type</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4. Task switching</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCORING:**

Total Score = Total Performance or Satisfaction Score / # of problems identified

<table>
<thead>
<tr>
<th>PERFORMANCE SCORE 1</th>
<th>SATISFACTION SCORE 1</th>
<th>PERFORMANCE SCORE 2</th>
<th>SATISFACTION SCORE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/4</td>
<td>10/4</td>
<td>30/4</td>
<td>19/4</td>
</tr>
<tr>
<td>3.5</td>
<td>2.5</td>
<td>7.5</td>
<td>4.75</td>
</tr>
</tbody>
</table>
Project Overview

- Occupational therapy aims to be a client-centered and evidence-based profession.
  - Using the Canadian Occupational Performance Measure (COPM) can support this goal in practice.
- Minimally used in inpatient stroke rehabilitation

How do OTs’ practice patterns impact the KTA process when introducing the COPM in an inpatient stroke rehabilitation setting?
Project Overview

- Informed Consent Obtained
- Administered the Pre Survey
- Facilitated Inservice 1
- Initiated 6-week COPM Pilot
- Facilitated Inservice 2
- Completed the Pilot
- Administered the Post Survey
KTA Framework

Select, tailor, implement interventions
Assess barriers to knowledge use
Adapt knowledge to local context

Problem-based learning
Education resources
Peer mentorship

Clinicians communicated barrier/facilitators
Pilot testing
Documentation

Adapted practice guidelines
Tailored strategies

Slide adapted from Graham et al., 2006 with permission.
Waltz et al., 2015.
Practice Patterns

Traditionalist

Pragmatist

Receptive

Seeker

Green, Gorenflo, & Wyszewianski, 2002.
## Participating OT Demographics

<table>
<thead>
<tr>
<th>OT</th>
<th>OT Experience (Years)</th>
<th>Years at RIC</th>
<th>Terminal Degree in OT</th>
<th>Floor Working</th>
<th>FT/PT Stroke Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>4</td>
<td>MS</td>
<td>8</td>
<td>FT</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>3</td>
<td>MS</td>
<td>8</td>
<td>FT</td>
</tr>
<tr>
<td>3</td>
<td>20</td>
<td>15</td>
<td>MS</td>
<td>9</td>
<td>PT</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>3</td>
<td>MS</td>
<td>9</td>
<td>FT</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>1</td>
<td>OTD</td>
<td>9</td>
<td>FT</td>
</tr>
<tr>
<td>6</td>
<td>1.5</td>
<td>1.5</td>
<td>MS</td>
<td>9</td>
<td>FT</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>2</td>
<td>MS</td>
<td>8</td>
<td>PT</td>
</tr>
</tbody>
</table>
Therapist Practice Style
(n=7)

Practice Style

Seeker  Receptive  Traditionalists  Pragmatist

Number of Therapists

0  1  2  3  4
Methods

- Data collection
  - Pre/post surveys
  - Chart review

- Data analysis
  - Used survey data to categorize OTs by practice pattern (seekers, receptives, traditionalists, pragmatists)
  - Reviewed patients’ charts to categorize the OTs’ goals
Educational Objectives

**Inservice 1**
1. Describe importance of participation based goal setting
2. Demonstrate use of the COPM of goal setting
3. Define techniques to improve client communication and comprehension during administration

**Inservice 2**
1. Standardize use of the COPM
2. Review barriers and collect potential solutions
3. Demonstrate advanced application of the COPM
## Survey Results

<table>
<thead>
<tr>
<th>Survey Questions (Scored 0-4)</th>
<th>Pre Survey Mean Score</th>
<th>Post Survey Mean Score</th>
<th>Change in Mean Score Pre to Post Survey</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I confidently know the clinical and conceptual definition of participation as part of the ICF model</td>
<td>3.14</td>
<td>3.14</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. I am aware of the statistical information and indices of change related to the COPM and how to incorporate in goal writing</td>
<td>1.86</td>
<td>2.71</td>
<td>0.85</td>
<td>1.04*</td>
</tr>
<tr>
<td>3. I can interpret the results of the COPM to incorporate into goal setting</td>
<td>2.57</td>
<td>3.71</td>
<td>1.14</td>
<td>1.41*</td>
</tr>
<tr>
<td>4. I know the purpose of measuring participation as an outcome measure in my clinical care</td>
<td>3.71</td>
<td>3.86</td>
<td>0.15</td>
<td>0.33</td>
</tr>
<tr>
<td>5. Measuring participation using the COPM enhances the focus of occupation in my treatment plan</td>
<td>3.43</td>
<td>3.71</td>
<td>0.28</td>
<td>0.45*</td>
</tr>
<tr>
<td>6. My patients benefit from using the COPM to structure their treatment plan</td>
<td>2.71</td>
<td>3.71</td>
<td>1</td>
<td>1.01*</td>
</tr>
<tr>
<td>7. Using the COPM improves my patient's therapy outcomes</td>
<td>3</td>
<td>3.43</td>
<td>0.43</td>
<td>0.63*</td>
</tr>
<tr>
<td>8. I have been adequately trained to integrate the COPM into my clinical care</td>
<td>2.29</td>
<td>3.71</td>
<td>1.42</td>
<td>1.53*</td>
</tr>
</tbody>
</table>

* Moderate effect size between 0.35 to 0.65 Large effect size with >0.65

* Items indicate a moderate to large effect
## Chart Review

<table>
<thead>
<tr>
<th>Goal Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADL</strong></td>
</tr>
<tr>
<td>Caregiving</td>
</tr>
<tr>
<td>Cognition</td>
</tr>
<tr>
<td>Condition-Specific Home Exercise Program</td>
</tr>
<tr>
<td><strong>IADL</strong></td>
</tr>
<tr>
<td>Leisure/Community</td>
</tr>
<tr>
<td>Neuromuscular Re-Education</td>
</tr>
<tr>
<td>Task-Specific Training</td>
</tr>
<tr>
<td>Therapeutic Exercise (general strength/endurance)</td>
</tr>
<tr>
<td>Vision / Perception</td>
</tr>
<tr>
<td>Vocational</td>
</tr>
</tbody>
</table>
Chart Review

- One seeker, one receptive, and one pragmatist used COPM post-intervention
- Seekers had the most diverse goals
Implications for Clinical Practice

- Focused training promotes improved knowledge translation.
  - Traditional continuing education courses have a limited scope of impact.
  - A significant amount of training time is not always necessary and is not feasible.
- Peer learning is essential for creating practice change.
- Organizational support is a key to success.
  - Supports organizational goals for excellent patient satisfaction.
Implications for Clinical Practice

- Electronic medical record should support client-centered practice.
- Maintain and begin with communication and buy-in.
  - Focus groups and communication workshops.
  - Consistent feedback loops.
  - Communication across levels of care and stakeholders.
- Integration into interview process to refine workforce planning.
Implications for Clinical Practice

- COPM encourages therapists to consider client-centered goals.
  - Further aides in individualizing goals and interventions for the client.
- COPM is a supportive component of a standardized outcome measure battery.
  - Promotes meaningful and motivated participation during rehabilitation.
- Determining the appropriate timing to administer the COPM proved to be challenging.
  - Continued community of practice to promote sustainability.
Questions

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Contact phanse2@uic.edu for additional references.
Disclaimer

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