

Standardised referral form: restricting community occupational therapists' client-centred practice?

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Introduction

- To ↑ homecare efficiency, the Ministry of Health and Social Services in Québec, Canada, encourages **standardisation of practices**^{1,2}, including those of community occupational therapists (COTs)
- COTs : Go to individuals' home³ and identify with them how to ↑ autonomy in their daily and social activities (**occupational needs**)³⁻⁴
- The impact of standardisation is **not known** and **might reduce client-centredness**

1.MSSS, 2004; 2.MSSS, 2003; 3.Hébert *et al.*, 2001; 4.Code des professions.



Objective

This study aimed to explore the **content** and **use** of an **electronic referral form** to **standardise** COTs' practice



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Methods

- Institutional ethnography¹⁻⁵
- 10 COTs in 3 homecare programs (one urban, two rurals)
- Data collection / analysis:
 - Observations and semi-structured interviews w/ COTs
 - Sequences of activities w/ texts and language + other key-informants and regulating texts
 - Semi-structured interviews w/ 12 other key-informants
 - Collection of texts

1.Campbell et Gregor, 2002; 2.McCoy, 2006; 3.Smith, 2005; 4.Smith, 2003; 5.Turner, 2006.



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Description of two referral forms

Description of actual work w/ forms

Bringing into view institutional discourse and organisation

RESULTS



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Description of two referral forms: adoption process

Homecare program 1

- Electronic referral form
- Improve coordination of COT referrals
- Patient's needs categorised 'Object of referral'

Homecare program 2

- Electronic/paper form
- Improve communication / avoid duplications
- Patient's needs categorised 'Object of referral'



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Description of two referral forms: categories of needs

Request for Homecare Occupational therapy services (prgm1)
Autonomy in: feeding, dressing, bathing, personal care, domestic activities, transfers, mobility, leisure/communication
Physical environment: accessibility, safety , functionality for patient's meaningful activities
Posture
Nature of restraints
Wounds, pain or discomfort
Functional disability due to cognitive / perceptual deficits (assessment, home safety, prevention of wandering or other)
Registration in a government program
<i>Continuity of rehabilitation services</i>
<i>Services from home health aids</i>

Internal referral form (prgm2)
Assessment of autonomy in activities of daily living and activities of domestic life, transfers
Assessment of environment
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Integrity of skin
Screening for or Assessment of impacts of cognitive difficulties
House adaptation program, Disabled parking permit, Four-wheeled scooter program

Bolded: autonomy in personal care, mobility and safety
Italicized: a need of the health care institution or system

Description of actual work w/ forms

COTs' colleagues

I receive referrals from my colleagues who already did the [global and standardised] evaluation [...] (OT6)

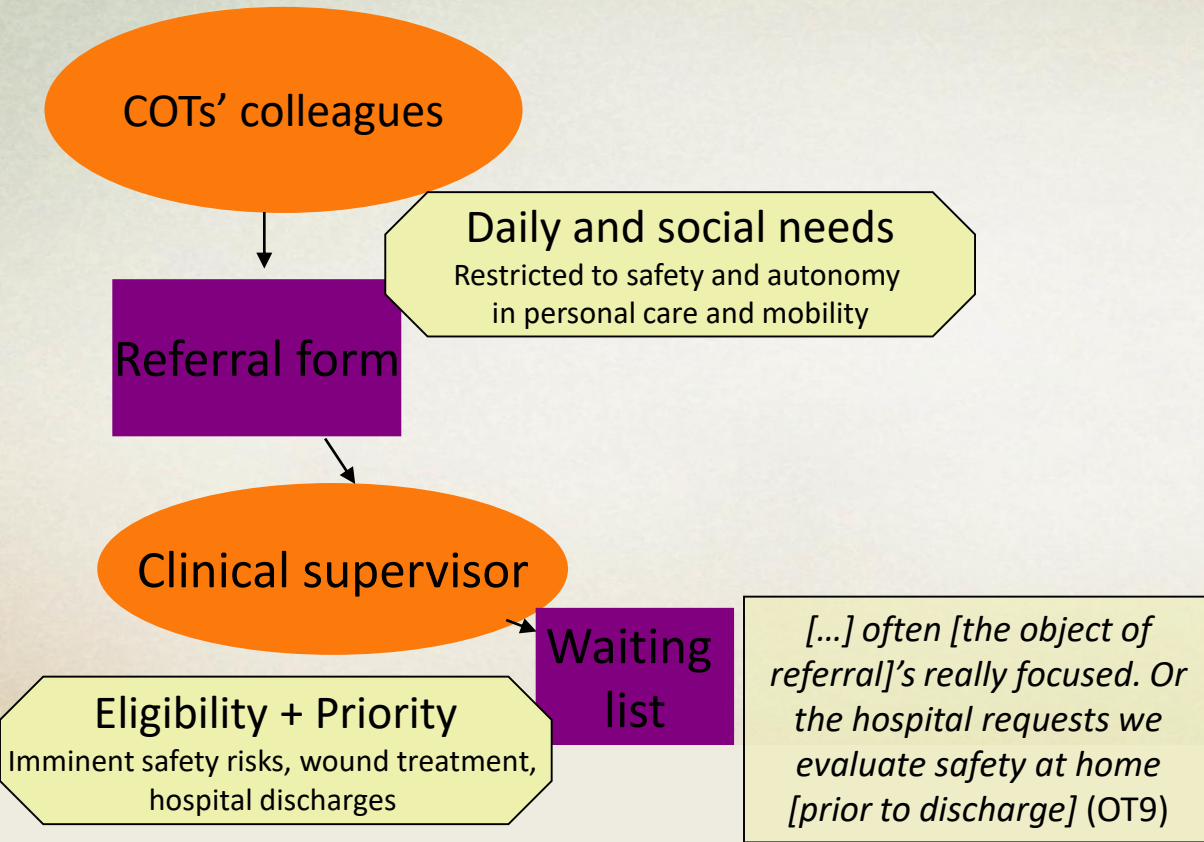
*[...] it's us, social workers, [...] that assess the global needs.
Then, we will look into the specifics (S11)*

Daily and social needs

Restricted to safety and autonomy
in personal care and mobility

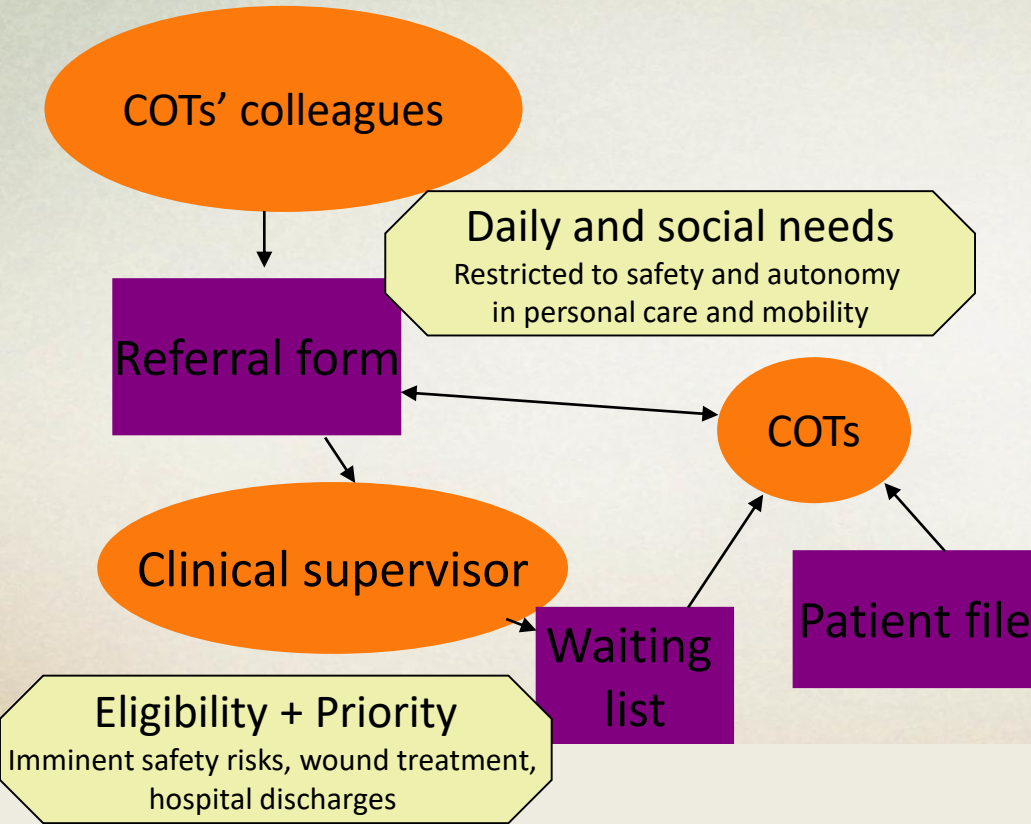
Referral form

Description of actual work w/ forms

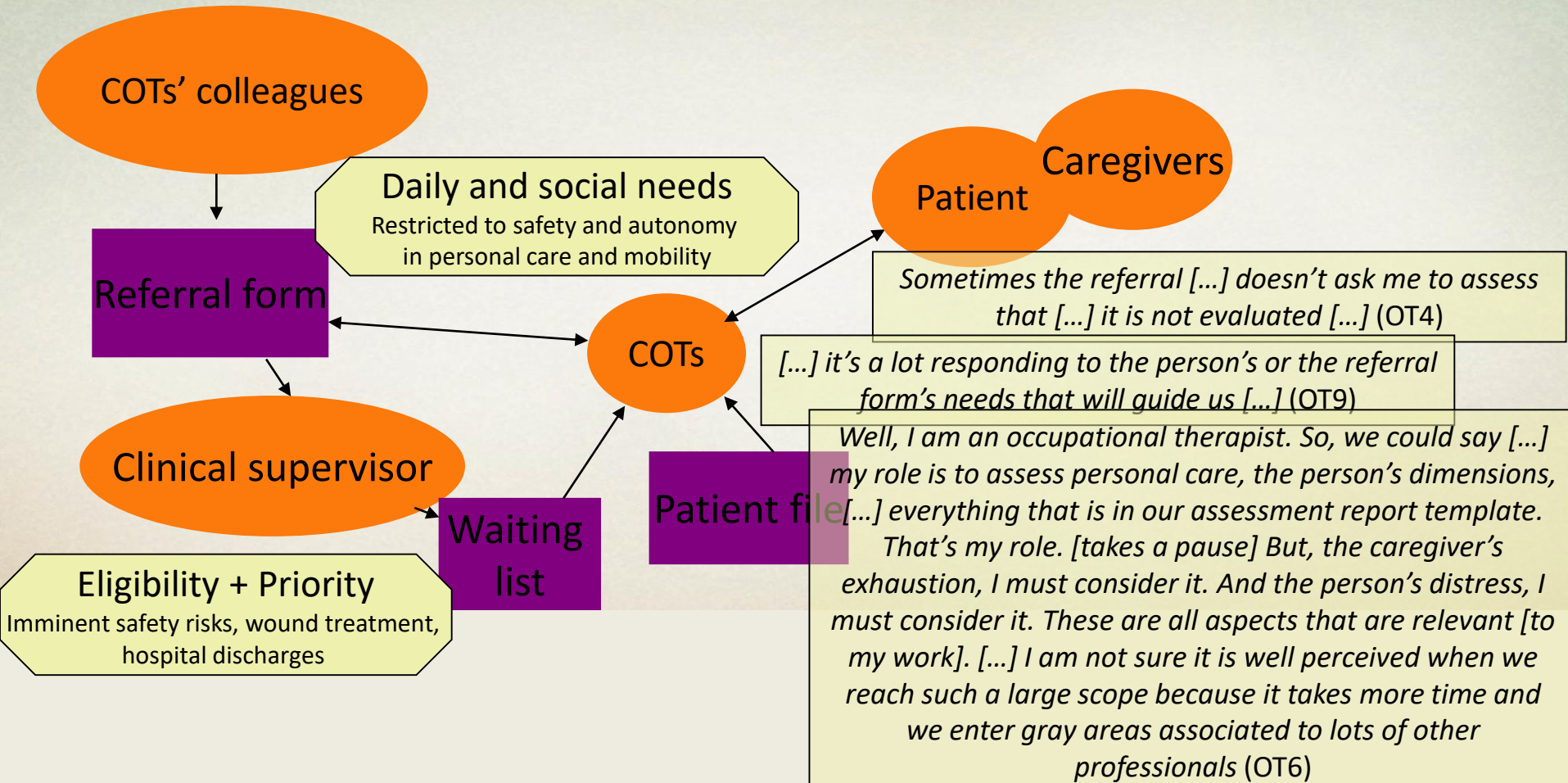


Depending on the request for services, diagnoses and object of referral, we will try to prioritize the referral [...] (OT8)

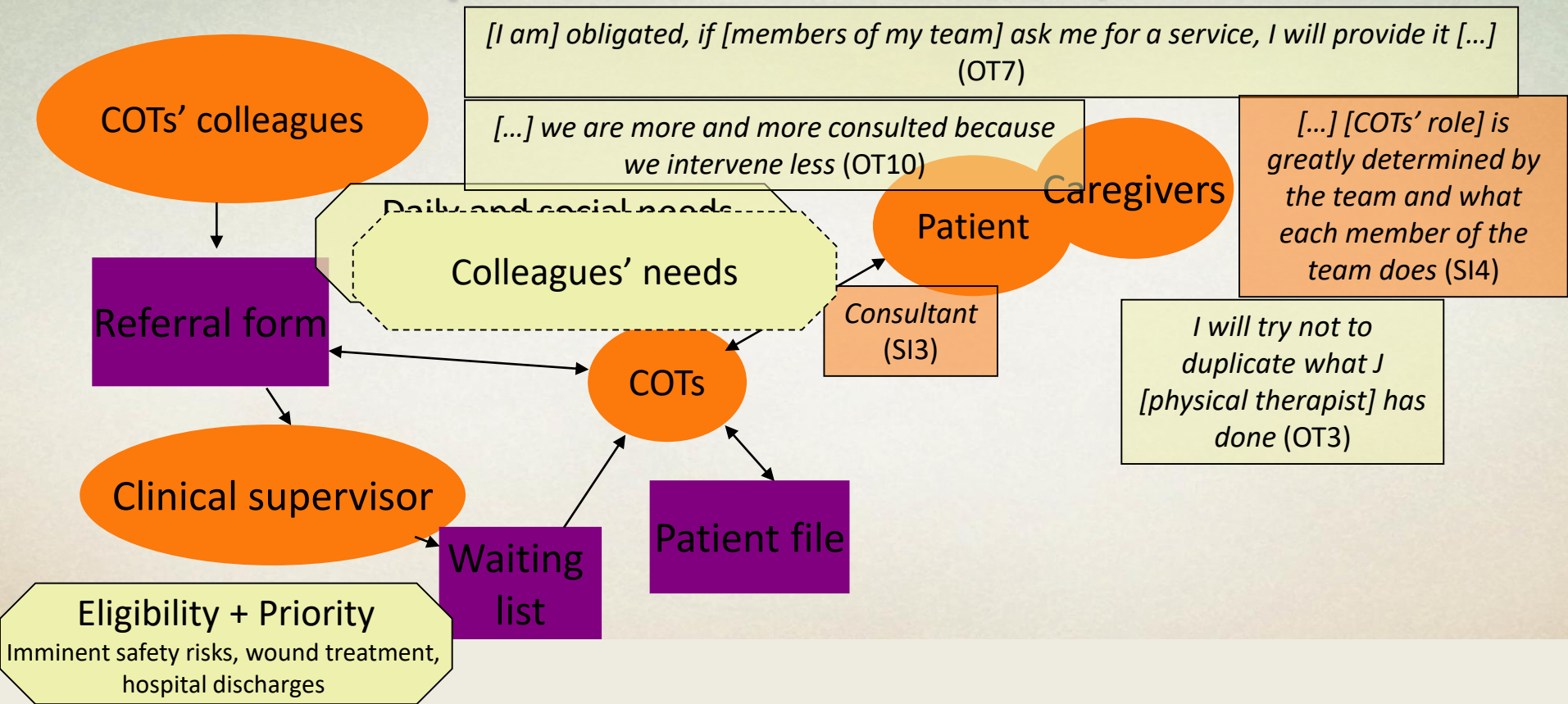
Description of actual work w/ forms



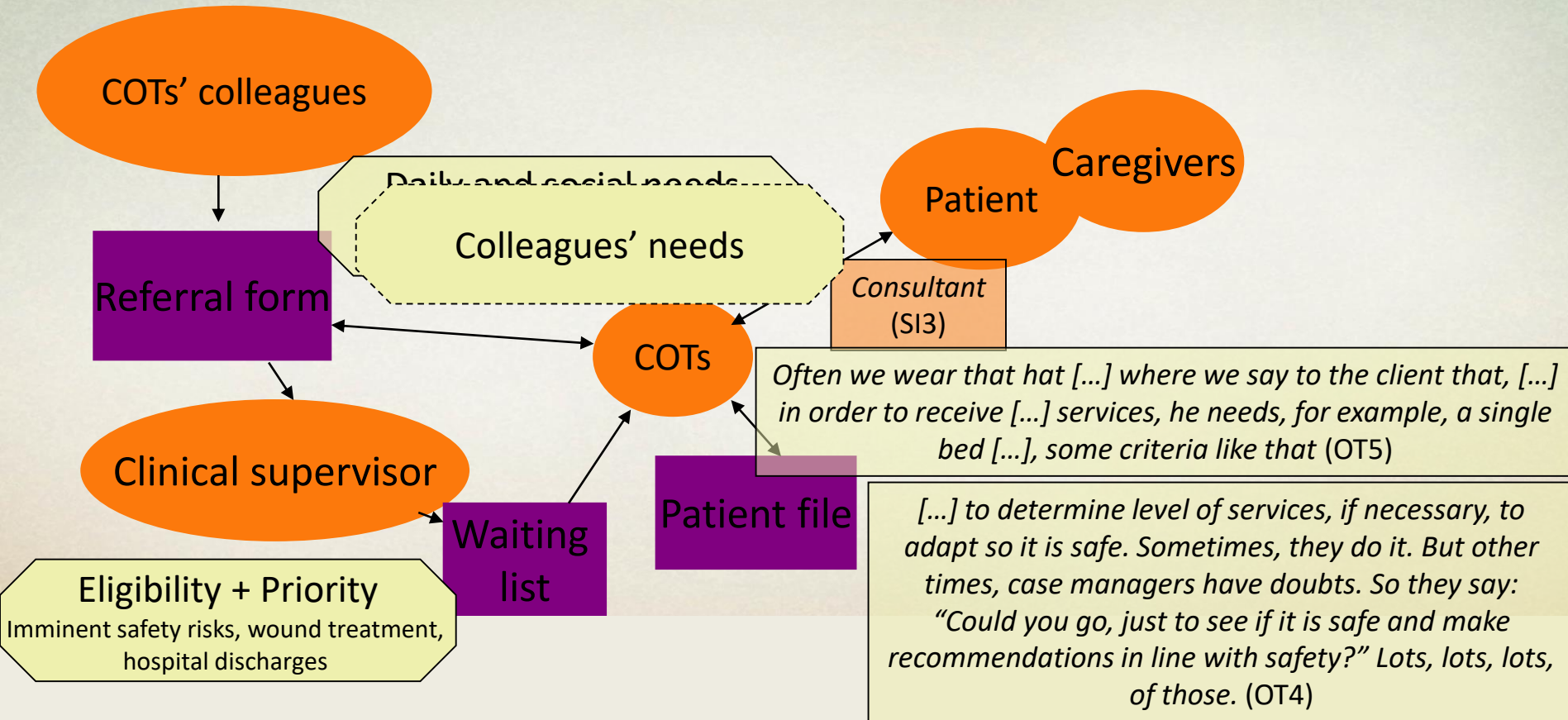
Description of actual work w/ forms



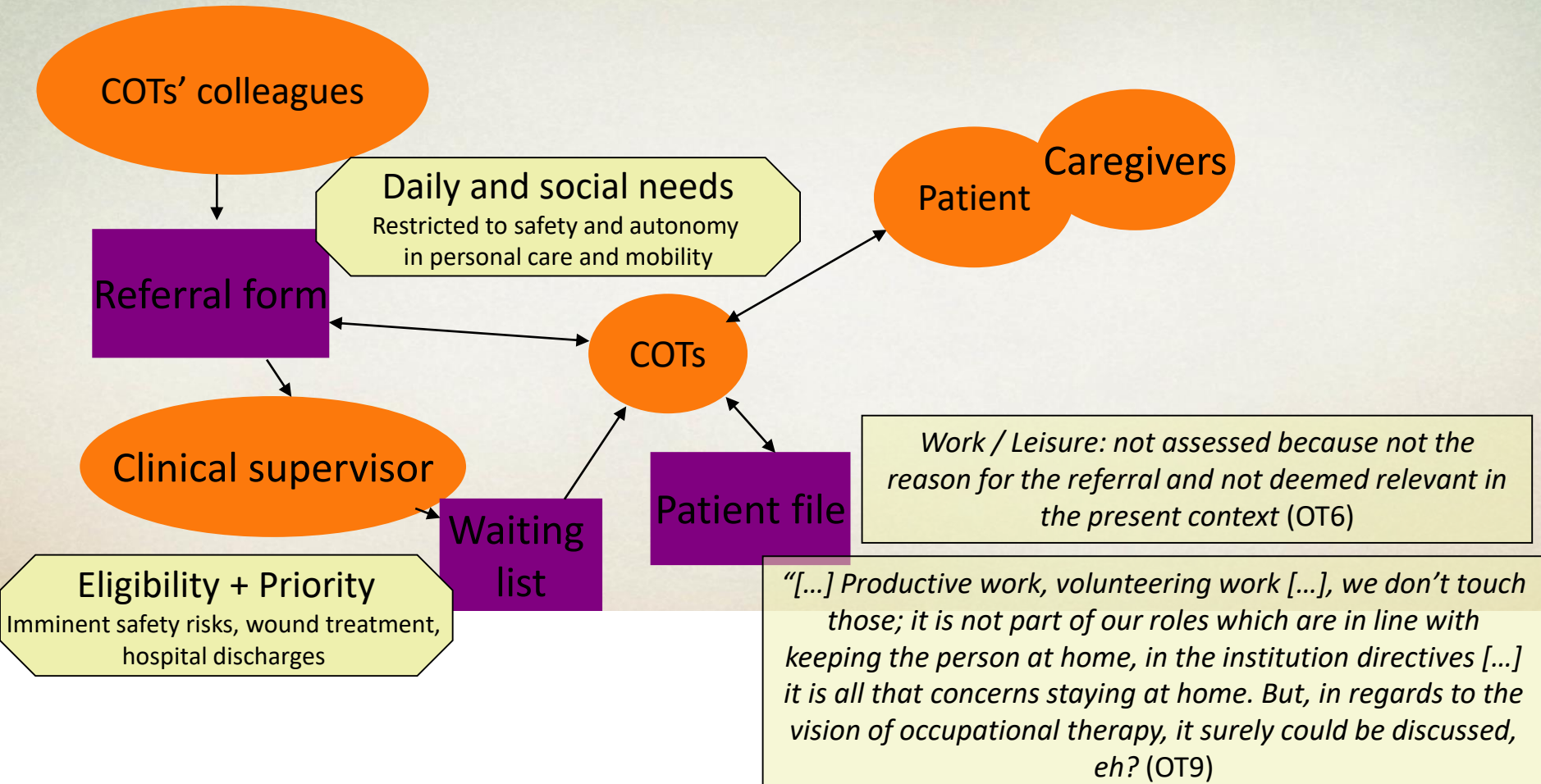
Description of actual work w/ forms



Description of actual work w/ forms



Description of actual work w/ forms



Bringing into view the institutional discourses and organisation

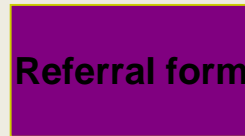
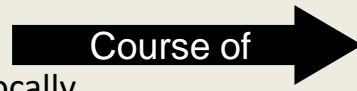
“[...] first of all, homecare is related to staying at home. And it is how we prioritize. Why do we see a person faster than another? Well, it’s because his/her capacity to stay at home is compromised. So, it is staying at home and safety” (SI4)

“[...] we’ve restricted ourselves [...] we focus more on [...]: Is staying at home compromised or not?” (OT2)

“We could look into leisure and work needs...



but we only look into personal care needs” (OT2)



Bolded: Textual discourse
Italicized : Language used locally

Bringing into view the institutional discourses and organisation

Homecare discourse

“[...]” [...] homecare is related to staying at home. And it is how we perceive it, do we see a person faster than another? Well, it’s because the capacity to stay at home is compromised. So, it is staying at home and safety” (S14)

Homecare policy

“[...] we’ve restricted ourselves [...] we focus more on [...]: Is staying at home compromised or not?” (OT2)

“We could look into leisure and work needs...



but we only look into personal care needs” (OT2)

Referral form

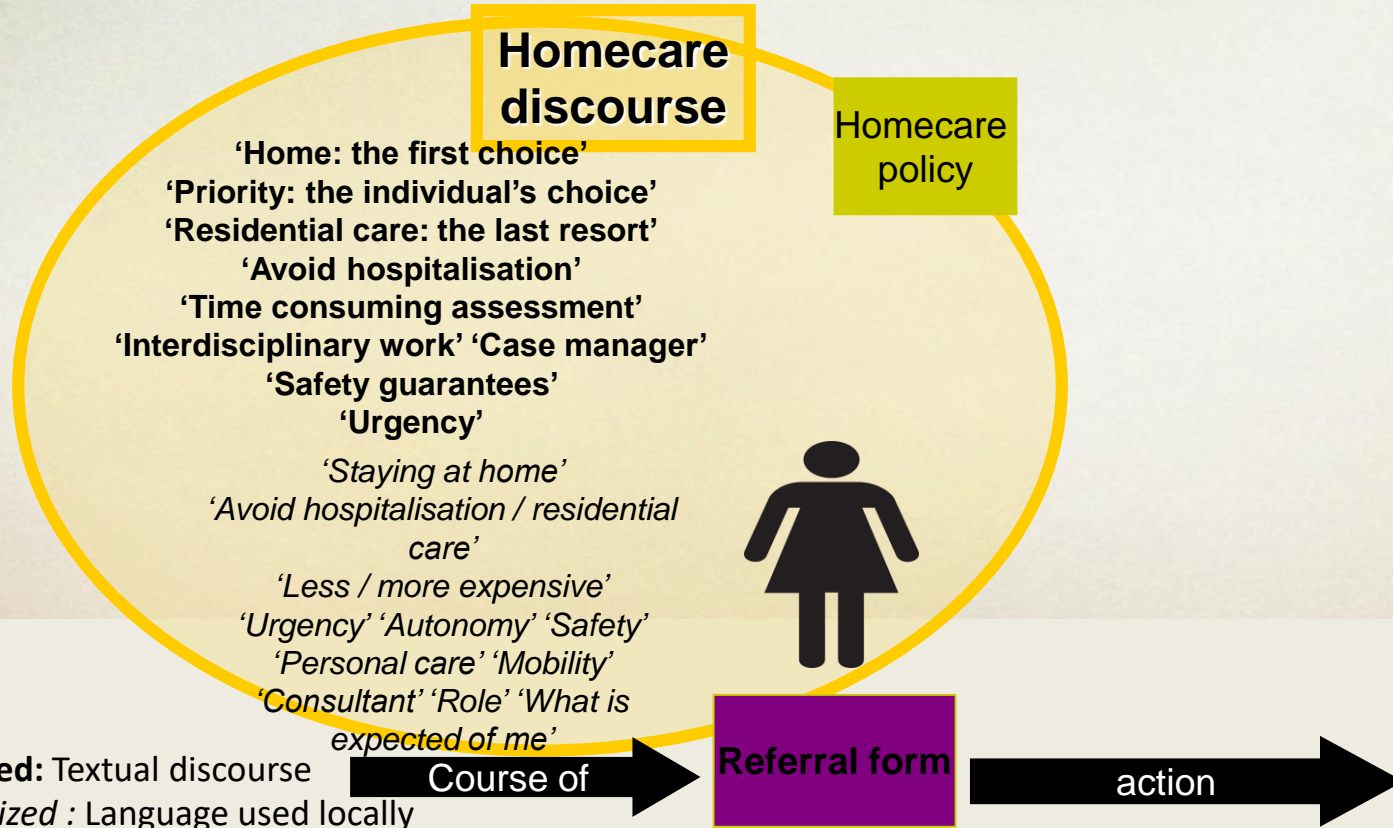
Course of

action

Bolded: Textual discourse

Italicized : Language used locally

Bringing into view the institutional discourses and organisation



Bringing into view the institutional discourses and organisation

Homecare discourse

'Home: the first choice'
 'Priority: the individual's choice'
 'Residential care: the last resort'
 'Avoid hospitalisation'
 'Time consuming assessment'
 'Interdisciplinary work' 'Case manager'
 'Safety guarantees'
 'Urgency'
 'Staying at home'
 'Avoid hospitalisation / residential care'
 'Less / more expensive'
 'Urgency' 'Autonomy' 'Safety'
 'Personal care' 'Mobility'
 'Consultant' 'Role' 'What is expected of me'

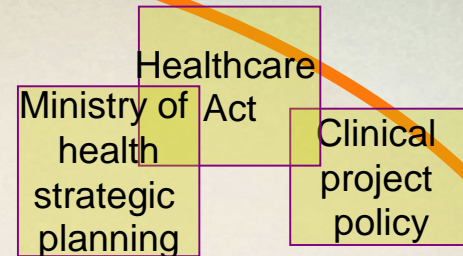
Efficiency discourse

'Most efficient, cost-benefit services'
 'Challenge of efficiency'
 'Improve general performance of the system'
 'Limited resources'
 'Management levers' 'Resources allocation'
 'Accountability' 'Targets' 'Results indicators'
 'Management and accountability agreement'
 'Following up' 'Monitoring' 'Measuring'
 'Assessing'
 'I don't have time'
 'It takes too much time'
 'Avoid making people wait'
 'Do better'
 'Optimize'
 'Quantifiable'
 'Efficient'

Homecare policy



Referral form



Course of

action

Bolded: Textual discourse

Italicized : Language used locally

Conclusion

- One instance of text-based standardisation of COTs' practice: referral form
- Being 'consultant' who do 'what is requested' → ↓ consideration of actual needs of patient
- Embedded in the Homecare discourse + Reinforced by the Efficiency discourse → Impact COTs' potential to be truly client-centred
- Concerted efforts by professionals to question and act upon contextual barriers to client-centredness are needed → Change agent role



Questions?

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