“Occupational therapy home visit” and the Calderdale Framework

Information for allied health teams

Background

The Calderdale Framework has been implemented in Queensland Health since 2011. It is a workforce redesign tool that empowers and enables allied health teams to examine, develop and implement delegation or skill sharing. Information on the Calderdale Framework and the concepts of delegation and skill sharing are available on the Allied Health Professions’ Office of Queensland (AHPOQ) website at https://www.health.qld.gov.au/ahwac/html/calderdale-framework.

Task Analysis is the stage of the Calderdale Framework implementation in which the team use a risk-based analysis tool to determine if a task should be delegated or skill shared. Clinical Task Instructions (CTIs) are written competency documents used to define the scope of a delegated or skill shared task and support training and clinical governance.

Overview and purpose

Between 2011 and 2017, a number of allied health teams implementing the Calderdale Framework have identified “Occupational Therapy Home Visit” as a task that in some specific settings may be appropriate for delegation to an allied health assistant, or for skill sharing to another allied health professional. Teams have attempted to write a CTI for an “Occupational Therapy Home Visit” but have learned that the scope of this activity is too broad and multi-facetted to be constructed as a single, concise written competency.

This information sheet contains learnings from Calderdale Framework Facilitators and Practitioners based on numerous previous projects. The purpose of this advisory document is to assist teams to effectively and efficiently scope and analyse this area of clinical activity when considering the potential for delegation or skill sharing. Development of this document has been prioritised due to the frequency of allied health teams statewide identifying the “Occupational Therapy Home Visit” activity in their task mapping and analysis and the observed difficulties and unrewarded efforts of teams trying to work it into a CTI.

This document does not imply that skill sharing or delegation of the component tasks of the “Occupational Therapy Home Visit” activity is safe and appropriate in all settings. The document supports Calderdale Framework implementation in allied health services. The Calderdale Framework is implemented at a team-level such that local understanding and expertise inform all decisions.

This document will refer to both skill sharing and delegation. The differences between these workforce models in terms of task scope, training, implementation and clinical governance is acknowledged. However, this document relates to how to construct the “Occupational Therapy Home Visit” activity for the Calderdale Framework Task Analysis and Competency Identification stages and does not relate to local decision-making or subsequent operationalisation in practice. The *process* of identifying and analysing tasks and constructing the scope of a CTI is the same for delegation and skill sharing.

This advisory document is published alongside a range of Queensland Health CTIs as allied health teams will generally review available CTIs prior to investing time in developing their own. The document describes why “Occupational Therapy Home Visit” is not available in the CTI list and guides teams that are considering this area of practice as part of Calderdale Framework implementation.

Key principles

1. The Calderdale Framework and CTIs are tools to examine and manage *clinical* risk. That is, risk associated with the safety or quality of health service activities that are implemented to effect a change in a client's health or wellbeing. The Calderdale Framework and CTIs are ill-suited to operational or administrative activities. Other tools such as process audits, work instructions or procedures are used extensively in Queensland Health to support the quality of service coordination and management activities.
2. Task Analysis and CTIs relate to a discrete clinical task. For the purpose of examining and implementing delegation or skill sharing, a clinical task is an assessment or intervention that requires the application of clinical knowledge and skills and has a defined stepwise task procedure.
3. "Occupational Therapy Home Visit" cannot be considered a single clinical task for the purpose of task analysis or developing a CTI. A home visit may be regarded as a single service activity for an occupational therapist but it is not a discrete clinical task. A home visit conducted by an occupational therapist includes a range of activities, some clinical and some operational or administrative. The clinical components of a home visit will vary depending on the client's needs, therapy goals, home environment and social factors.

Occupational therapy home visit: components

The activities undertaken as part of an occupational therapy home visit are broadly:

1. Home visit risk assessment and operational management
2. Information collection and assessment of the home environment
3. (a) Assessment of the client undertaking functional tasks in the home environment
   (b) Interventions to improve client safety, function and independence in the home environment including environmental modification and assistive technology
4. Documentation of assessment findings, interventions and scripting/ordering of equipment.

Of these broad activities, only 3 (a) and (b) clearly involve clinical tasks. The others can be implemented through orientation and training in relevant procedures and the use of checklists and standard forms as described below. An all-encompassing "Occupational Therapy Home Visit" CTI is not indicated. Attempts to generate one by teams implementing skill sharing and delegation have consistently failed due to difficulties defining and containing the clinical scope, and a mismatch between the format of a CTI and the components of a home visit that are administrative or operational rather than clinical.

The remainder of this document describes each of the components of an "Occupational Therapy Home Visit" and how they can be managed in task analysis and if developing or utilising CTIs.

Component activities

1. Home visits and operational management

The "Occupational Therapy Home Visit" activity includes conducting a risk assessment for the staff and client involved in the proposed home visit, booking the appointment and a car, preparing equipment for the home visit, collecting a mobile phone and other preparations. These tasks are integral to the activity but do not produce a direct *clinical* risk for the client. For example, the completion of a home visit risk assessment may involve gathering information on potential hazards such as other occupants and animals in the home. This is an occupational safety assessment that should include standard risk identification and rating tools to support decision making. Developing a CTI in addition to these established tools covering administrative and operational processes provides no benefit for the service.

During the home visit, a healthcare worker will adhere to home visiting and other occupational health and safety procedures such as manual handling, infection control and personal safety. These activities are not suitable for a CTI and would be more appropriate to list in service model documents including orientation checklists and workplace instructions.

Employee competence in operational and administrative procedures can be implemented through:

- Mandatory training for manual handling, patient handling, infection control, occupational violence prevention and management and driver safety.
- Training or orientation to local/HHS procedures and forms for home visiting, the use of equipment, making a vehicle booking and the use of fleet vehicles.
- Audit and incident management consistent with patient safety and occupational health and safety policies, guidelines and procedures.

Examples of home visit risk assessment forms, procedures and resources are:

- Queensland Government (2015). Children's Health Queensland Hospital and Health Service. Home visit risk assessment plan (HVRAP). v1.00. Available at:
  http://qheps.health.qld.gov.au/childrenshealth/resources/clinforms/docs/658727.pdf
- Queensland Government (2015). Home visit risk screen. MR 31 v5.00. Available at:
  http://qheps.health.qld.gov.au/darlingdowns/pdf/forms/mr31.pdf
- Queensland Government (2018). Townsville Hospital and Health Service. Home visit risk/hazard identification record (short form) v1. Available at:
  https://qheps.health.qld.gov.au/__data/assets/pdf_file/0028/472771/cf-home-visit-short.pdf
- Queensland Government (2018). Townsville Hospital and health Service. Home visit risk/hazard identification record (long form). v4. Available at:
  https://qheps.health.qld.gov.au/__data/assets/pdf_file/0040/2197768/cf-home-visit-long.pdf
- Queensland Government (2015). Metro North Hospital and Health Service. Hospital in the Home. Initial home visit safety screen. MR61331 v1.00. Available at:
  http://hi.bns.health.qld.gov.au/forms/patient_record/forms/mr_61331.pdf
- Metro South Health (2015). Princess Alexandra Hospital Procedure Manual Procedure No 01314/v6/08/2015. Home visiting procedure – occupational therapy department. Available at:
  http://paweb.sth.health.qld.gov.au/sqrm/qiu/documents/procedures/01314.pdf
- Metro South Health (2016). QEII Jubilee Hospital. Work Instruction title: Occupational therapy home visit. Available at:
  http://qheps.health.qld.gov.au/qeii/docs/procedures/QEH2280.pdf
- Queensland Government (2018). Office of Industrial Relations. Workplace Health and Safety Queensland. A guide to working safely in people's homes. PN10797. Available at:
  https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0018/82503/community-working-safely-in-peoples-homes.pdf

2. Information collection and assessment of the home environment

This activity includes acquiring details of the home layout, furniture, fixtures and fittings relevant to functional tasks and identifying environmental risks. It can also include recording information on the client's current and pre-morbid function. Information may be collected through discussion with the client and/or family prior to or during the home visit, as well as direct observation and/or measurement of the home environment. An occupational therapist draws on professional knowledge for these tasks, particularly where there is complexity. Complex situations are excluded from the delegated or skill shared task scope. Complexity may include factors related to the environment, the client or both. Examples include clients with

multiple or significant physical and/or cognitive issues, those requiring major home modifications or living in non-standard dwellings like a boat or caravan, or situations that require complex clinical reasoning such as home modifications to accommodate a wheelchair or hoist for transfers.

If information collection is identified as part of a skill sharing or delegation model of care, the scope of the task would require standardisation of the information to be obtained and recorded. A checklist or standard assessment form would support this. For this scope of the activity, orientation, training and testing of the use of the standard assessment form will be adequate preparation for staff in most circumstances. A CTI specifically detailing how to complete the information collection would generally not be required if a standard form is used as the clinical knowledge that is specifically relevant to completing the form for non-complex situations is limited or is included in the functional assessments below.

Examples of home visit assessment forms are:

- Queensland Government (2016). Central Queensland Hospital and Health Service. Occupational therapy home visit assessment. CQ261 v1.0. Available at:
  http://qheps.health.qld.gov.au/cqld/clinical-forms/docs/CQ261.pdf
- Queensland Government (2018). Occupational therapy home assessment form. MR 16bab v4.00. Available at:
  http://qheps.health.qld.gov.au/darlingdowns/pdf/forms/mr16bab.pdf
- Queensland Government (2015). Occupational therapy initial assessment rehabilitation. MR175 v1.0. Available at:
  http://qheps.health.qld.gov.au/cairns/docs/form/mr175.pdf
- Queensland Government (2014). Royal Brisbane & Women's Hospital. Occupational therapy initial assessment MR A 8715 v4.0. Available at:
  http://hi.bns.health.qld.gov.au/forms/patient_record/forms/mr_a_8715.pdf
- Queensland Government (2017). Toowoomba Hospital. MOPS Referral – Occupational therapy home visit. MR 50agb v1.0. Available at:
  http://qheps.health.qld.gov.au/darlingdowns/pdf/forms/mr50agb.pdf

3. (a) Assessment of the client undertaking functional tasks in the home environment

The assessment of functional task performance requires the application of knowledge and clinical reasoning, skills and training. To examine the potential for skill sharing or delegation in task analysis, or to construct a CTI if appropriate in the local setting, the "Occupational Therapy Home Visit" activity needs to be broken down into tasks that have a common knowledge base and can be described as a relatively discrete procedure. For example, "Assessment of Activities of Daily Living in the Home Environment" cannot be analysed as a task or written as a CTI as the scope is too unclear and the knowledge requirements broad and difficult to define. This is the case irrespective of whether the task is being considered for delegation or skill sharing. It would be more appropriate to describe and consider discrete tasks related to toileting, showering or grooming etc. If examined in this way, the knowledge and skill components of the tasks are generally not specific to the home visit, and CTIs that cover these task procedures can be used[1]. For example, functional tasks commonly identified as relevant to a client being assessed in the home environment for teams with a skill sharing model may include the following CTIs.

[1] It is acknowledged that if the team determine that a component of the functional assessment undertaken by an occupational therapist can be delegated or skill shared, the scope of the task will vary substantially between delegation and skill sharing. That is, the CTI will be constructed differently and the scope of the task implemented in practice will be different. Delegation excludes independent decision making on the initiation of the task, interpretation of assessment outcomes and integration of information into the client's care plan. The scope of the task description generally relates to observation or administration of a standard assessment tool/process. Skill sharing reflects that the trained health professional is responsible for the implementation of the task within their independent scope of practice.

ADL & function

- S-AD02: Assess grooming and provide basic/bridging intervention
- S-AD03: Assess dressing and provide basic/bridging intervention
- S-AD04: Assess toileting and provide basic/bridging intervention
- S-AD06: Assess showering and provide basic/bridging intervention
- S-AD08: Assess meal preparation and provide basic/bridging intervention

Mobility and transfers

- S-MT01: Functional walking assessment
- S-MT04: Stairs mobility assessment
- S-MT05: Standing balance assessment
- S-MT06: Outdoor walking assessment
- S-MT07: Standing transfer assessment
- S-MT08: Assessment and management of falls risk and risk reduction strategies for older persons in community settings using the FROP-Com

The CTIs do not describe the functional task specifically in the home environment. The clinical knowledge, skills and training required to safely and effectively implement the skill shared task in a home environment may require some environmental contextualisation but are not substantially different to implementing the task in other settings. If the task is to be implemented in a home environment, and this setting will impact the task procedure, at least part of the training and competency assessment should be undertaken on home visits during the training period.

The same principles apply for delegation, and CTIs published by the AHPOQ or statewide profession groups can be used in a home visit environment if assessed to be safe and appropriate in the local setting.

3. (b) Interventions to improve client safety, function and independence in the home environment including environment modification and assistive technology

Like assessment tasks, interventions need to be constructed as discrete tasks for the purpose of task analysis and developing a CTI. This will generally mean that tasks relate to a specific procedure, and area of knowledge and skills that are not exclusively relevant to a home visit setting. For example, the following intervention tasks have skill sharing CTIs published on the AHPOQ website and may be relevant to home visits.

ADL & function

- S-AD01: Prescribe, train and review use of bathroom grab rails
- S-AD05: Prescribe, train and review use of toilet seating equipment
- S-AD07: Prescribe, review and train use of shower seating equipment
- S-AD09: Prescribe, train and review use of hand rails *(publication pending)*
- S-AD10: Prescribe, train and review use of a wedge ramp *(publication pending)*

Mobility and transfers

- S-MT02: Prescribe, train and review of walking aids
- S-MT10: Review and progress a transfer and/or walking training program

The same principles apply for delegation and contextualised learning modules and CTIs published by the AHPOQ or statewide profession groups can be used in a home visit environment if assessed to be safe and appropriate in the local setting.

Allied Health Contextualised Learning Modules: Occupational therapy.

- Support the fitting of assistive devices

4. Documentation of assessment findings, interventions and scripting/ordering of equipment.

This activity should be consistent with clinical documentation standards and may include specific forms for home visiting or scripting/ordering of equipment. The activity will be implemented for skill sharing and delegation through orientation and training with a focus on documentation requirements specific to the home visit activities. Recording information in relation to clinical tasks is included in the relevant CTIs (listed above) and included in the training and competency assessment process for the CTI. Other elements of this activity including filing, dispatching, copying of relevant forms are administrative tasks and can be implemented through orientation to local procedures.

Example recording forms:

- Queensland Government (2012). Occupational therapy (OT) home visit recommendations MR15A.9 v1.01. Available at: https://qheps.health.qld.gov.au/__data/assets/word_doc/0019/592201/mr15a.9.doc
- Queensland Government (2013). Occupational therapy OT home assessment report. MR15A.8 v1.01. Available at: http://qheps.health.qld.gov.au/cairns/docs/form/mr15a.8.pdf