Emerging Role of Occupational Therapy in Acute Medical Management

Occupational therapy services were introduced into the hospital setting in Hong Kong in the early 1970s. The role of occupational therapy was initially diversional therapy and care of patients with chronic illness. In 1981, when the first batch of occupational therapists graduated from the Hong Kong Polytechnic (now The Hong Kong Polytechnic University), occupational therapists became actively involved in rehabilitation programmes for orthopaedic, medical, neurological and paediatric patients. Services ranged from provision of splinting, pressure therapy, ADL (activities of daily living) training and general mobilization programmes to remedial activities and home visits.

In the last decade, the role of occupational therapy has expanded into other fields such as management of patients with renal dysfunction, cardiac and pulmonary dysfunction and cancer. The scope of services has extended to vocational rehabilitation, therapy and education, leisure management, home visits and adaptation of home environments, etc. The occupational therapist not only acts as a therapist, but also as an educator, a teacher and a consultant.

In the past few years, due to the economic downturn in Hong Kong and the general decline in resources, the Government of the Hong Kong Special Administrative Region has suffered a huge deficit. The Hospital Authority, the largest public organization in medical care and management, has been put under extreme pressure to reform and minimize the huge costs of medical care. Therefore, the roles and functions of occupational therapy in the hospital setting need to be revisited.

This year, with Kadorie Critical Care Project (KCCP) funding, I had the opportunity to spend a month in the UK on an academic exchange programme. I was affiliated to the Oxford Brookes University, with a clinical attachment at the John Ratcliff Hospital. During my affiliation, I met with therapists working in various teams including accident and emergency (A & E), trauma, surgery and palliative care. I was most impressed by the pre-discharge planning and assessment services offered by occupational therapists in the A & E and trauma teams. The pre-discharge team includes occupational therapists, nurses, doctors, social workers and physiotherapists. This team ensures that patients can safely return home with minimal risk and reduces the total number of days of hospital stay, thus reducing the cost of medical care in the long term.

Occupational therapists in the UK take direct referrals from A & E doctors and are on call during weekends. Once a case is referred, the occupational therapist will first interview the patient in the A & E ward to gather information on their living environment upon discharge. A comprehensive ADL assessment will then be conducted to evaluate whether the patient can safely return home without any risk. If returning home is unsafe, alternative methods of practice may be suggested and recommended, or aids and gadgets may be provided. Other follow-up services are also planned to support the patient at home, i.e. meals on wheels, home help services and special transport systems.

The consultant of the trauma team at the John Ratcliff Hospital reported that expenditure was reduced by 25% with the introduction of the pre-discharge assessment team. There was a reduction in the number of patients admitted for hospitalization, and the total number of days of hospital stay per patient was decreased. This model may be used as a guide by the senior management of the Hospital Authority to re-evaluate the roles and functions of rehabilitation disciplines in this area of service. In this way, there might be a reduction in hospital stay for patients, and the period of hospitalization may be shortened. In addition, with the threat of a second episode of SARS, there should be a more effective and efficient system to reduce the chance of cross infection by lowering the number of admissions and reducing the length of hospital stay.

Occupational therapy is the best medical profession to bridge the transfer from hospitals into the community, and, in particular, to reintegrate patients back to their home and work environments. It is time to seriously think of our emerging roles in the hospital setting. Instead of providing direct therapy services on an individual basis, more efficient methods of intervention should be developed. The model adopted by the A & E Department in the John Ratcliff Hospital, Oxford, UK, can help occupational therapists in Hong Kong to rethink their roles and functions in the acute medical setting. The concept of building an early support system in the community could be an alternative model of practice.

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