

OT Practitioners' Use of Standardized Assessments in Acute Care

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PURPOSE: The purpose of this study was to examine which standardized assessments are currently utilized in acute care hospitals, how occupational therapy practitioners choose standardized assessments, and if standardized assessments are utilized to plan treatments and/or discharge recommendations.

DESIGN: The self-created survey utilized both closed-ended and open-ended questions to examine occupational therapy practitioners' use of standardized assessments in acute care.

METHOD: The primary investigator developed the survey through reading current research and occupational therapy textbooks to ascertain commonly used standardized assessments in acute care. Two expert occupational therapy practitioners reviewed the survey for face validity prior to distribution. The survey included six demographic questions, one yes/no question, one multiple choice question, and two open-ended questions. Additionally, the survey included 25 assessment options – listed in the survey for the respondent to rate the frequency of use in acute care. Each point in the Likert scale was given a point. A free text option was available for including standardized assessments not listed. Survey respondents completed an online survey. Respondents were recruited through a convenience sampling of social media platforms including Facebook (personal page and occupational therapy group pages) and the American Occupational Therapy Association's CommunOT discussion page, state associate distribution lists, and the primary investigator's personal contacts. Respondents had four weeks to complete the survey. Respondents used a hyperlink to access the online survey hosted on Qualtrics, read the information letter, and voluntarily participated in the survey, which took less than 10 minutes to complete. The data was gathered in Qualtrics and analyzed in Excel. Descriptive statistics including mode and frequency distribution were used to identify the most commonly utilized standardized assessments in acute care and rationale for selection of assessments. Frequency of standardized assessment use was determined from the Likert scale questions. Utilizing Braun and Clarke's (2006) six step thematic analysis process, the primary investigator coded the two open-ended questions. The primary investigator refined the themes to six for treatment planning and five for discharge planning.

RESULTS: One hundred fifty respondents opened the survey. Thirty-three did not meet with inclusion criteria due to not working in acute care. One hundred and six participants use standardized assessments, while 11 did not use standardized assessments as part of their practice. The results indicated that the Activity Measure of Post-Acute Care was the most used outcome measure. Respondents reported that time required to complete a standardized was the most common reason for choosing a standardized assessment. Respondents used standardized assessment results in multiple ways for treatment planning and discharge planning.

CONCLUSION: More occupational therapy practitioners are using standardized assessments in their daily practice than suggested by previous research. When implementing standardized assessments, one needs to consider the time needed to complete, the appropriateness for the client population, availability in the hospital or clinic, and building into one's documentation. Occupational therapy practitioners should be evaluating standardized assessment results and determining how they affect their treatment and discharge planning. Standardized assessments can be used to increase communication with patients, caregivers, and interdisciplinary team. Standardized assessment results should provide useful data to the occupational therapy practitioner for treatment planning or discharge.

References

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