

The Relationship Between OT Practitioner Productivity Requirements and Quality Care Measures in Nursing Homes

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PURPOSE: The purpose of this mixed methods (MM) study was to investigate if productivity requirements for OT practitioners in SNFs impact patient quality care measures including percentages of falls, development of pressure injuries, and hospital readmissions. Readmissions are an important quality care measure as they can be a sign of insufficient care including problems with diagnostics, medication management, or coordination of patient care (van der Does et al., 2020). Health care systems, and payers, have become increasingly focused on improving quality of care while decreasing costs associated with adverse patient events (Roberts et al., 2020). OT practitioners must balance the pressures of providing quality care while maintaining high productivity requirements. Productivity requirements have been reported to impact the types of interventions therapy practitioners use while increasing rates of burn-out (Bennett et al., 2019).

DESIGN: A mixed methods research design was utilized to gain more insight into the relationship between productivity requirements and patient quality care measures. Potential participants were recruited using online platforms including social media and professional discussion boards. The Massachusetts Association of Occupational Therapy assisted with the recruitment of participants by sending an email to their members. Snowball sampling was also used to increase the number of respondents which was composed of occupational therapists and occupational therapy assistants employed in SNFs.

METHOD: A 14-question survey was created using Goggle Forms including 2 open-ended questions. Patient quality care measures were retrieved for each SNF using the Centers for Medicare and Medicaid's Nursing Home Compare Tool. Patient quality care measures retrieved included the percentages of SNF patients who experienced one or more falls with major injury, developed PIs that were new or worsened, and who were rehospitalized after their admission. The quantitative data gathered was analyzed using SPSS software and Pearson's correlation coefficient. Thematic analysis was used for the qualitative data to identify broader themes within individual experiences.

RESULTS: The average productivity requirements for OT practitioners in this study was 85%. Approximately 89% of the 135 participants surveyed agreed that high productivity requirements negatively impact patient care. Four themes emerged from the qualitative data including the impact of productivity requirements on patient care, impact of the patient driven payment model (PDPM), impact on therapy practitioners, and practitioner burn-out. The quantitative data gathered found a statistically significant negative correlation at the 0.05 level between high productivity requirements, PIs, and hospital readmissions.

CONCLUSION: This study demonstrates that high productivity requirements continue to be an expectation for OT practitioners in SNFs. The impact of high productivity requirements was a concern for participants as it was reported to increase burn-out, negatively impact health, and result in poor organizational commitment. Other problem areas identified included the decreased ability to provide skilled interventions which required hands-on assistance, mandated therapy practices, off the clock work, and fear of repercussions by management. A clear link between high productivity requirements and the patient quality care measures used was not identified. However, participants reported that the treatment they provided to SNF patients had been impacted by factors associated with their productivity. Future research is necessary to further understand the complexities associated with productivity requirements and how these factors might impact patient outcomes.

References

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