

The project ` Position of Occupational Therapy within the <Vienna Board of Retirement Residences> ´

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The setting

In the city of Vienna, Austria, the Vienna Board of Retirement Residences (in German: „Kuratorium Wiener Pensionisten-Wohnhäuser - KWP“) manages 31 residences for the elderly with approximately 9.600 accommodations. Each residence provides a nursing ward for tenants requiring temporary or permanent care; two rehabilitation centers and a center specialized on the care for tenants with dementia provide additional nursing and therapeutic services. Currently the KWP employs about 60 occupational therapists, thus being one of the biggest non-governmental employers in the field of geriatrics in Austria. The main emphasis of occupational therapy lies in providing therapeutic services for the tenants of nursing wards by offering individual and group therapy sessions. Occupational therapists also offer assessment and provision of medical aids, counselling regarding the furnishings of apartments of tenants with special needs, and temporary therapeutic services for tenants of apartments returning from hospital or a rehabilitation center.

Content and course of the project

Professional head of the occupational therapists employed in the residences of the KWP is Mag. Petra Glantschnig, DipOT. On her initiative the project „position of occupational therapy within the KWP“ was instigated in the year 2002.

The aims of this project are:

- Implementing a professional occupational therapy model and standard assessments.
- Improving the intra- and interprofessional communication, involving the adoption of a uniform or standard occupational therapy terminology.
- Establishing the basis for quality assurance, and
- Clearly defining the profession within the institution KWP.

The first step was the forming of the working committee „Occupational Therapy Models and Assessments“ in September 2002. The aims of this committee were:

- to prepare for the adoption of a professional model in the general meeting of the KWP’s occupational therapists and
- to compile or develop a standard set of assessment tools.

Members of the committee were Mag. Glantschnig as head, her two assistants and eight OT colleagues.

Four occupational therapy models were presented and discussed: the „Bieler Modell“, the „Model of Human Occupation“, the „Canadian Model of Occupational Performance“ and the „Occupational Performance Model (Australia)“. In addition to content and structure of the models the committee also considered two aspects as relevant for their decision: how to impart the chosen model to OTs and to members of other professions and how to use the model in everyday practice.

All aspects considered, the committee finally decided to recommend the „Occupational Performance Model (Australia)¹“. This decision was presented and confirmed in the general meeting of occupational therapists in December 2002. In February 2003, in the course of an extra-ordinary general meeting, an introduction to the OPM theory and its applicability in everyday OT practice was made. To further the application of the model all colleagues were obligated to write a report using the constructs and terminology of the OPM by June 2003. This report had to contain all relevant information on the status and therapy progress of a resident with whom the occupational therapist is familiar.

Meanwhile, in January 2003, the committee started to work on the assessment tools. To be able to compile or develop a standard set of assessment tools the group first discussed how and when these tools were to be used. Considering practical experience the group decided on developing a modular system, containing a basic checklist, an assessment of ADL and home management, and other assessments to be used as required, e.g. motor assessment, cognitive assessment or sensory testing.

Substantial to the development of this modular system was that each assessment tool had to correspond to the OPM in structure and terminology. These tools therefore were either newly developed or created by adapting non-standardized assessment tools. In addition some existing assessments such as the King's Hypertonicity Scale were also recommended for use.

In March 2003 the committee was able to present the final results in the occupational therapists' general meeting, and thereby successfully completed its task after seven meetings in a period of four and a half months.

Experience

As expected there was, especially at the beginning of the project, not only approval but also doubts and criticism. For a long time occupational therapy in Austria focused mainly on practice. Introduction of occupational therapy models and subsequent discussions of basic theory and structures first started in the 1990s. Today professional models are basic elements in occupational therapy training, but they are still not generally used in practice because they are often misunderstood as 'dry' theory. Therefore there was discussion and also criticism on the general necessity of introducing a professional model; criticism regarding additional expenditure caused by the application of the OPM in practice; and apprehension relating to additional professional requirements in an already demanding working routine. However, detailed information and open-minded discussions ultimately resulted in a generally high acceptance of the project.

¹ Based on: Chapparo, Christine; Ranka, Judy: The Occupational Performance Model (Australia): A description of constructs and structure; German translation in: Arbeitskreis Modelle und Theorien Wien (Hrsg., 2004): OPM - Occupational Performance Model (Australia). Darstellung der Theorie - Beispiele aus der Praxis. Schulz-Kirchner Verlag, Idstein.

The reports written by our colleagues showed, despite initial feelings of uncertainty, that the transfer of the model's structure and terminology into professional practice works quite well.

Feedback relating to the assessment tools led to several revisions, so that we can now proceed with the assumption that these assessment tools meet the demands of our working routine.

Prospects

The introduction of the OPM and the assessment tools into the working routine of occupational therapists in all residences of the KWP was an important first step towards quality assurance, to be followed by others. In the next months the main subject will be the documentation of occupational therapy services for tenants of nursing wards, with the objective of standardising terminology according to the OPM. In autumn 2004 our colleagues were interviewed regarding the application and acceptance of both model and assessment tools. We will be glad to report on the outcomes of this interview and further developments.

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