

The HOME project: developing best practice for occupational therapy pre-discharge home visits for at-risk older people

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Introduction The transition from hospital to home for the older person is fraught with challenges, fear of failure and risk of losing independence. The home visit is widely assumed to offer a safer and more effective transition than an in-hospital consultation. This seems reasonable as problems and risks can be identified in the context of a home visit. Yet there is no evidence of any difference in outcomes. Only one clinical trial has explored the efficacy of pre-discharge home visits compared to none. This was underpowered and failed to include key features to minimize bias. Further, there are no established guidelines for what should be addressed or for what interventions need to be carried out during the visit.

Objectives The aim was to refine and test the HOME best practice intervention for successful transitioning home and better outcomes in terms of functional independence, participation and resumption of usual life activities. The longer term aim is to conduct a large effectiveness trial.

Methods The development of the HOME protocol draws on years of research experience of the investigators, current evidence and clinical experience of experts. The protocol uses validated assessment processes, outlines the conceptual underpinning of home visiting including goal theory, concepts of self efficacy and participation, and uses algorithms to define the range of interventions and to articulate the problem solving process. A university bridging grant is funding the pilot trial which will randomly assign 30 sub-acute geriatric or rehabilitation hospital patients (>70 years) to an in-hospital consultation or the HOME intervention.

Results The aims, outline and conceptual underpinning of the HOME protocol and the results of the pilot randomized trial will be presented. Outcome measures include the NEADL and modified RNL Index. A small feasibility trial (Lannin,2007) (n=10) reported higher ADL performance at 2 months (p=.003)

Conclusion The HOME intervention will equip the older person with the skills necessary to participate both within the home and the community.

Contribution to practice This study has the potential to improve the outcome for the older person, to change usual occupational therapy discharge planning practice, and reduce unnecessary health care utilisation costs.