

Mild to Moderate Traumatic Brain Injury Occupational Therapy Clinical Audit Tool

Document Type	Audit Tool
Function	Clinical Audit
Directorate	Clinical Support Directorate
Department affected	Occupational Therapy, Adult Allied Health, Auckland City Hospital
Applicable for clients / patients	Mild to Moderate Traumatic Brian Injury (TBI)
Applicable for staff members	All New Zealand Registered Occupational Therapists (NZROT)
Key words (not part of title)	Traumatic Brain Injury
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Date this version released	September 2017
Review frequency	Every two years
Signed off	Professional Leader Occupational Therapy

PURPOSE

- This tool is created to measure current occupational therapy practice on mild to moderate TBI in Auckland City Hospital against defined standard and evidence-based guidelines.
- The aim is to find out how the present provision of occupational therapy services on mTBI compares with the desired standard.
- This clinical audit asks the question: 'Are we actually doing what we believe is the right thing, and in the right way?'

Date:	Patient NHI no:	Occupational Therapists:
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REFERRAL

Practice standard	Actions required (specify "None", if none required)	Achieved (Yes/No/Not applicable)			Action by date	Comments/action status <i>(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc.)</i>
		Yes	No	NA		
Occupational therapist shall: 1.1 Acknowledge the referral	<ul style="list-style-type: none"> a. Document reason of referral in the clinical notes b. Obtain informed consent from the patient/family/whanau c. Record patient's consent with the assessment or lack of consent 					

SCREENING

Practice standard	Actions required (specify "None", if none required)	Achieved (Yes/No/Not applicable)			Action by date	Comments/action status <i>(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc.)</i>
		Yes	No	NA		
Occupational therapist shall: 1.2 Refer and document background information pertinent to pre-morbid history including:	<ul style="list-style-type: none"> a. history of previous concussion/ TBI b. cognitive/memory functions c. headache d. developmental e. psychiatric/mental health f. seizure g. substance and alcohol abuse h. medication history i. situational/psychosocial factors 					

Occupational therapist shall: 1.3 Refer and document information relevant to current medical history including:	<ul style="list-style-type: none"> a. History of loss of consciousness b. Glassglow Coma Score c. Intoxication of the time of accident d. presence of anterograde and retrograde amnesia e. CT scan result, if available f. Current medication 					
Occupational therapist shall: 1.4 Refer and document information relevant to social/occupational profile including:	<ul style="list-style-type: none"> a. living situation e.g. alone, lives with family, flatting, b. life role e.g. employee, student, mother etc, c. sports activities d. occupation e. social support system e.g. family, friends 					

ASSESSMENT

Practice Standard	Actions required (specify "None", if none required)	Action (Yes/No/Not applicable)			Action by date	Comments/action status (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc.)
		Yes	No	NA		
Occupational therapist shall: 2.1 Administer standardized assessment tools according to established protocols ²⁵	<ul style="list-style-type: none"> a. Westmead Post Traumatic Amnesia (WPTAS) > 24 hours post injury b. Abbreviated – Westmead Post Traumatic Amnesia (A-WPTAS) < 24 hours post injury c. Rivermead Post-Concussion Symptoms Questionnaire (RPQ) d. Recommend cognitive screen for patient with 					

	pre-existing history of cognitive impairment or reduced memory recall. Provide clinical reasoning as to why cognitive screen is suggested.					
Occupational therapist shall: 2.2 Identify specific performance components associated to concussion symptoms reported and observed.	<ul style="list-style-type: none"> a. Physical e.g. dizziness, nausea or vomiting, headache, visual and auditory changes, balance deficits b. Cognitive e.g. orientation, memory recall, processing skills, attention/concentration c. Affective e.g. anxiety, depression, euthymic, appropriate Identify any indication of anxiety, mood changes or evidence of post-traumatic stress 					
Occupational therapist shall: 3.4 Carry out occupational performance assessment and/or liaise with members of multidisciplinary team (MDT) on current occupational status in the ward	<ul style="list-style-type: none"> a. Identify specific occupational performance issues including but not limited to: bed mobility/transfers, mobility, reading ability 					

INTERVENTION

Practice standard	Actions required (specify "None", if none required)	Action (Yes/No/Not applicable)	Action by date	Comments/action status (Provide examples of action in progress, changes in practices, problems encountered)
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		Yes	No	NA		<i>in facilitating change, reasons why recommendation has not been actioned etc.)</i>
Occupational therapist shall: 3.1 Provide education on concussion symptoms and management to minimize the impact of symptoms and gradually resume activity and participation in life roles	a. Provision of verbal and written educational information such as ACC “Knowing about your Mild Traumatic Brain Injury” pamphlet b. Advise to contact GP for any delayed/late onset of concussion symptoms, or if any concerns arise					

EVALUATION OF OUTCOMES (Modify the intervention plan throughout the intervention process and monitor changes in patient’s occupational and performance components)

Practice standard	Actions required (<i>specify “None”, if none required</i>)	Action (<i>Yes/No/Not applicable</i>)			Action by date:	Comments/action status <i>(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc.)</i>
		Yes	No	NA		
Occupational therapist shall: 4.1 Review/repeat standardized assessment tools used according to	a. Continue Westmead PTA Scale until deemed out of PTA or discontinue when no longer indicated. State rationale for discontinuation of the PTA scale in the clinical notes b. Review RPQ on discharge to evaluate change and severity of concussion symptoms					

established protocols						
Occupational therapist shall: 4.2 Monitor changes in the patient's occupational and performance components	<ul style="list-style-type: none"> a. Identify potential confounding factors such as pain, medication that influence symptom reporting and assessment b. Establish severity of reported and observed concussion symptoms by recording any active symptoms and current cognitive functions 					
Occupational therapist shall: 4.3 Identify risk of developing Post-Concussion Syndrome (PCS) and determine need for follow up	<ul style="list-style-type: none"> a. Refer to ACC Concussion clinic on discharge if patient demonstrates any of the following: <ul style="list-style-type: none"> a. on-going signs and symptoms of concussion as evidenced by RPQ with minimal or no impact on occupational performance b. additional risk factors of developing Post-Concussion Disorder(PCS) such as a pre-existing psychiatric disorder or substance abuse problem c. second or subsequent TBI within six months d. a requirement to operate machinery or drive at work or involved in high demanding work e. post traumatic amnesia lasting more than 4 hours for A-WPTAS and long period of PTA on WPTAS (more than 6 days) b. Refer to Acute Brain Injury (ABI) Co-ordinator for in-patient rehabilitation assessment if the patient 					

	<p>demonstrates the following:</p> <ul style="list-style-type: none"> a. Moderate to severe symptoms of concussion are reported and observed, not influence by pain medication, previous psychiatric history, substance abuse, pre-existing cognitive impairment and affecting occupational performance b. Acute cognitive deficits are evident and impacting on occupational functioning c. Post traumatic amnesia lasting more than 6 days <p>c. OT services discontinued. No indication for concussion clinic follow up if no occupational performance issues and/or impairment identified including:</p> <ul style="list-style-type: none"> a. concussion symptoms are fully resolved b. no acute cognitive deficits c. out of post-traumatic amnesia (PTA) d. no occupational performance issues related to TBI 						
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TERMINATION OF OCCUPATIONAL THERAPY SERVICES

Practice standard	Actions required (specify "None", if none required)	Action (Yes/No/Not applicable)			Action by date:	Comments/action status <i>(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc.)</i>
		Yes	No	NA		
Occupational therapist shall: 5.1 End the occupational therapy process. Document the rationale for termination.	a. Discontinue OT services when no occupational performance issues and/or impairment identified including: <ul style="list-style-type: none"> a. concussion symptoms are fully resolved b. no acute cognitive deficits c. out of post-traumatic amnesia (PTA) d. no occupational performance issues identified e. do not desire to continue with services b. Advise patient to see General Practitioner for any delay onset of symptoms					

GENERAL COMMENTS

FEEDBACK FOR FURTHER LEARNING

REVIEWER:

REVIEWEE:

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