Networking event - 19 October 2018

Discussion summary: Cognition assessment and treatment pathways

Key points

1. There is a need to involve families in the assessment and treatment process.
2. There are time pressures particularly in the acute setting to assess and analyse/identify the impact of difficulties on function and provide treatment intervention.
3. The assessment is often perceived to be influenced by other factors e.g. commissioning requirements, standard medical protocol (tick box exercise) rather than relating to patient need and priority.
4. There is a vast range of different assessment tools that occupational therapists are using in clinical practice - there is no 'one size fits all' assessment tool. Assessment should be selected/used depending on need.
5. Impairment-based assessments versus functional assessments.
6. Difficulty assessing higher level cognitive skills in relation to work, particularly in early stages of recovery and how to demonstrate that to a client.
7. There are assessment differences between experienced and less experienced clinicians, with potential impact on patient care. The challenge is how do we manage this in terms of developing staff, ensuring good quality assessments are undertaken, interpretation, reporting and translation into relevant treatment plans.
8. We need to develop assessment and treatment pathways to assist with how we deliver our intervention.
9. There is a need for networking and sharing experience particularly in relation to assessment tools and treatment pathways that we are using as occupational therapists.
10. We need to write up what we are doing - we are doing some great work.

Topics identified in relation to cognition through brainstorming sessions

- Difficulty locating an aphasia friendly cognitive screen.
- Allen's cognitive levels - do people use this scale.
- Restrictions of time to assess and treat.
- Time required to undertake standardised assessments.
- Focus of assessment - which tool to use when?
- What/who is the assessment for?
- Standard versus functional assessment.
- Access to relevant standardised cognitive assessments.
- Assessing skills in relation to functional tasks that are not immediately observed particularly in a more acute setting e.g. driving, work.
- Use of standardised assessment that are open to different interpretation e.g. WHIM.
- Where does cognitive assessment fit in with the broad therapy needs?
- What is the functional impact of the cognitive assessment?
- What happens after the cognitive screening tool e.g. MOCA /OCS show deficits? What do you then assess as there is no clear pathway?
- Education and understanding of cognitive difficulties for patient and their families.
- Trusting intuition and experience and benefit of functional assessment - inexperienced clinicians needing access to good supervision when undertaking assessments.
- Clinical models of practice used to articulate what we see.
- Challenge of being able to provide cognitive rehab with pressures of discharge, planning and lack of resources.
- Other variables affecting cognitive function e.g. fatigue, medication.
- What are the triggers for keeping someone in hospital, based on the results of an assessment?

Three topics were discussed in more detail in relation to the questions below:

- Assessment in the acute/community setting.
- Using a framework for assessment e.g. model of practice.
- Treatment.

What are the key issues for clinicians?

- Importance of family engagement with all aspects of assessment and treatment.
- Time to assess / analyse results / inform treatment / make recommendations and treat (resources).
- Length of time for therapy intervention varies not usually according to patient need but rather by service spec.
- ? evidence base for assessments and treatment interventions.
- Different people need different length of time for assessment, different approach.
- When is the right time to assess, influenced by numerous factors.
- Where you assess, need for appropriate quiet space.
- Finding the right assessment to meet patient need.
- Therapist's knowledge/experience - often lost as therapists move jobs.
- Is assessment a tick box exercise? For organisation / commissioning purposes.
- Dr's wanting assessment scores (tick box) not necessarily wanting the qualitative information that will inform treatment needs.
- Assessment needs of the aphasic patients.
- How to assess cognitive difficulties re driving, doctors saying someone can drive and occupational therapists identify difficulties.
- How to convey assessment outcomes, treatment goals and interventions.
- Need to use clear language when communicating assessment outcomes and treatment needs.
- How you document and where - varies widely online systems / written paper notes.
- Opportunity and creativity to replicate people's life.

How do you overcome these issues?

- Quick assessment due to time constraints.
- Using screen assessments only.
- Functional assessments and grading according to need.
- Create pathways e.g. executive assessment.
- Identify assessment and treatment pathways.

- Linking in with other professionals.
- Sharing and networking between services to maintain continuity of care.
- Educate colleagues.
- OT case discussion.
- Making use of OT talk forum on twitter, OT blogs, twitter.
- Using guidelines to inform/guide practice.
• Evidence base/journal articles.
• In-service programme where all contribute.

What specific assessments do you use?

• MOCA
• OCS
• ACE 111
• OLOG/COGLOG
• CLOX
• Westmead PTA scale for TBI
• Wessex HI Matrix - very low level patient
• Stroke Ethical Scale - self rating scale use at start and end of therapy
• BADS and DEX scale.
• Trail Making A&B
• Multiple Errands task
• Brannagans Executive Assessment
• Bespoke assessments / tasks
• PRPP
• Rookwood Driving Assessment
• Everyday memory questionnaire
• Brain injury needs indicator
• Kettle assessment
• Self-rating scales from Brain tree.
• Functional assessments - grading according to need
• Complex kitchen assessments.
• Increase complexity of functional assessments.
• Home assessments.

What specific resources do you use?

• Using a model to influence assessment e.g. MOHO
• Use a template that the whole team can use.
• Rehab prescriptions.
• Brain wave programme e.g. education, process, functional and strategy training.
• Brain injury work book by Trevor Powell.
• Brain injury rehabilitation workbook written by Oliver Zangwill.
• Real life tasks.
• Apps - therapy.
• Use technology as an assessment e.g power point presentation, using email, internet etc.

What specific outcome measures do you use?

• Who is the information for? Outcome measures often dictated by organisation, commissioners rather by therapy need? How meaningful for patient, ability to influence therapy input, time consuming to undertake.
• Discussed outcome measures - often requested as part of SSNAP data or by commissioners rather than therapist.
• FIM/FAM.
• Goals.
• Goal attainment scale.
• TOMS.
• Rehabilitation complexity scale.
• Modified Rankin Scale.
• VAS.
• Bridges - use element of it.

**Are you aware of any research related to this topic area?**

• The groups did not address this in any depth due to lack of time.