Key findings

- Four characteristics were identified as being particularly key factors which occupational therapists believed impacted on the need for a home visit: moderately severe physical disabilities, mild to moderate cognitive impairments, cortical strokes and living alone.

- Occupational therapists balanced information about the characteristics of the person with information about the home environment (including availability of support within the home) in order to decide whether a pre-discharge home visit was indicated. Cognitive impairment was a key factor in the decision (Whitehead et al 2014).

- The survey identified variations in the number of visits conducted at different stroke unit sites and wide variations in the time spent on completing home visits (including travel, preparation and write up). A mean time of 63 minutes (SD 20.36) was spent on the actual visit with a range of 10 to 135 minutes. A number of procedures were consistent across stroke unit sites including: occupational therapists’ reasons for completing home visits, people present on the visit, and home visit documentation (Drummond et al 2012).

- In the randomised controlled trial there were no significant differences in outcome between the groups for the primary outcome measure (performance in extended activities of daily living) at one month. Recruitment to the trial was feasible and no safety issues were identified (Drummond et al 2013).

- There is a paucity of literature on occupational therapy pre-discharge home visits. Overall literature on occupational therapy home visits was heterogeneous both in terms of the methods and outcomes reported.

Project aims

The research had three strands:

1. Exploration of aspects of pre-discharge home visiting practice as perceived by occupational therapists working in inpatient stroke units, in a range of urban and rural locations, across the United Kingdom. Information sought included characteristics of patients with a stroke believed to influence the need for a home visit.

2. Examine pre-discharge home visiting practices within stroke units in England, including number of visits completed; reasons for completing visits; time spent on visits; procedures and reporting.

3. Conduct a feasibility randomised controlled trial (RCT), and cohort study, of pre-discharge home visits for patients with a stroke, at a stroke rehabilitation unit.

A literature review was also conducted as part of the research.

Background

Pre-discharge home visits are routinely completed by occupational therapists with patients who have had a stroke as part of the process of preparing for discharge (Chibnall 2011). Home visits are thought to increase patients’ ability to cope at home (Lannin et al 2007) and to increase their safety at home (Johnston et al 2010). However, despite their frequent use, there is little evidence to support the clinical or cost effectiveness of pre-discharge occupational therapy home visits with patients after stroke, and little is known about current procedures and practices.

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Methodology

Strand 1: semi-structured interviews were conducted with 20 senior occupational therapists working in inpatient stroke care, recruited purposively from a sample of 75 volunteers from the College of Occupational Therapists Specialist Section for Neurological Practice.

Strand 2: a questionnaire was sent to the lead occupational therapist for stroke at 184 stroke unit sites in England.

Strand 3: the feasibility RCT was conducted at the stroke rehabilitation unit at the Royal Derby Hospital. Patients for whom there was clinical uncertainty about the need to conduct a home visit were randomised to the home visit group (n=47) or control group (n=46); patients for whom a visit was deemed essential were enrolled into the cohort study (n=33).

How the research activity has or will benefit service users and the profession

Home visits are believed to be a resource intensive intervention in terms of staff time and expenses. This has implications for service users and occupational therapists and for ensuring that home visits are provided to appropriate patients. The feasibility RCT has shown that a trial is both feasible and warranted. This has laid the foundations for a further, definitive study of home visits which should provide evidence as to whether home visits are clinically and cost effective for patients with a stroke. This has implications for both the services users and the occupational therapy profession.

The survey and interviews have updated knowledge of current occupational therapy practices in this area and have facilitated a greater understanding of how occupational therapists may decide which particular patients should have home visits. The MPhil study was conducted concurrently with the Home Visit after Stroke (HOVIS) study. The findings will be combined to inform the design of the next phase of the research – a definitive randomised controlled trial.

Publications


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