Standards for the structure and content of health records

Supporting occupational therapy practice and record keeping

College of Occupational Therapists

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Contents

1. Introduction ................................................................................................................................. 4
2. The scope of OT headings ............................................................................................................ 4
3. Compatibility with existing terms ............................................................................................... 5
4. OT headings .................................................................................................................................. 6

Appendix 1: OT headings and examples of relevant data items .................................................. 7
1. Introduction

These record standards are being developed by the College of Occupational Therapists, the professional body for occupational therapists working in the UK. The standards should be used for all health care records whether they are stored electronically or on paper. An implementation date has not been agreed yet.

Occupational therapists (OTs) practice in most types of generic and specialist health and social care services in the UK. In any one service OTs may need to see and use only a selection of the headings listed in these standards. However, if they are to be able to view and use data recorded by OTs working in other services, then electronic care record systems must be designed with all the headings ‘built in’.

This may mean that some headings only become visible (and filled with data) when patient records are transferred from other NHS organisations and merged with the local electronic care record, for example a mental health record being merged into a record that is primarily used for acute hospital care. In practice this could mean that the mental health ‘module’ in the integrated electronic care record would be activated for that patient.

IT system developers will need to consult with local OTs to determine which headings will be routinely used in each service, and which will only be used to view records transferred from other general or specialist services.

2. The scope of OT headings

OTs record a variety of types of patient information such as demographics, assessment, care plans, reviews and discharge summaries. Some work is already underway to develop standards in these areas:

- There are existing standards for patient demographics.
- The Royal College of Physicians is leading multiprofessional work to agree national standards for discharge summaries (COT is contributing).
- The Department of Health is leading multiprofessional work to agree national standards for the elements of care planning, including aims, goals, interventions and reviews (COT is contributing).

The work on assessment information can be divided into three groups:

1. Standardised assessments, e.g. community dependency index (CDI).
2. Generic assessment, e.g. the Care Programme Approach in mental health services.
3. Professional assessment, e.g. occupational therapy assessment.

Standardised assessments have to use the headings that are specified in their design, e.g. as given on their official paper assessment forms.

Generic assessments will need to be agreed by multiprofessional groups – some of which will still need to be agreed at a national level.
Headings to record professional assessment need to be agreed by each health care profession – the focus of this document.

3. Compatibility with existing terms

Headings for data fields that are to be approved for use in the NHS must be compatible with all existing headings that have already been approved for use in NHS care record systems. The headings (listed below) for assessment data fields have been identified by the College of Occupational Therapists, the professional body for occupational therapists and occupational therapy staff working in the UK.

The development process included consultation with national specialists employed by the College, followed by a wider consultation with all members of the College of Occupational Therapists.

The next step is to liaise with the NHS Data Dictionary, the SNOMED CT team, and the Connecting for Heath technology office to check that the proposed occupational therapy headings are compatible with existing headings for data fields. This process will identify which headings are acceptable and which will need to be revisited and new terms identified.

Each heading will need to be clearly defined to ensure that system users record patient information in the correct data fields. Appendix 1 provides categories of assessment information that could be recorded under each OT heading, together with the appropriate International Classification of Functioning, Disability and Health (ICF) code where there is one. Appendix 1 will be used to produce a succinct definition for each top-level heading.

It is not essential at this stage to map each of the examples of relevant data items to clinical terms already included in SNOMED CT. However, it would be useful to undertake that task as the agreed mapping could be incorporated into guidance for OTs using the headings in their record keeping.

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4. OT headings

Mental functions
Sensory functions and pain
  • Sensory
  • Pain
Neuromusculoskeletal and movement-related functions
Learning and applying knowledge
  • Learning
  • Applying knowledge
General tasks and demands
  • Undertaking tasks
Communication
Mobility
Self-care
Domestic life
Interpersonal interactions and relationships
Education
Employment
Finances
Community life
Recreation and leisure
Religion and spirituality
Environment: products and technology
Support and relationships
Attitudes
Services, systems and policies
Housing
Appendix 1: OT headings and examples of relevant data items

<table>
<thead>
<tr>
<th>OT Heading</th>
<th>Examples of relevant data items</th>
<th>ICF Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental functions</td>
<td>Orientation functions (e.g. time, place, person, self, others)</td>
<td>b114</td>
</tr>
<tr>
<td></td>
<td>Temperament and personality functions</td>
<td>b126</td>
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<td></td>
<td>Energy and drive functions</td>
<td>b130</td>
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<tr>
<td></td>
<td>Sleep functions (e.g. amount, onset, maintenance, quality of sleep)</td>
<td>b134</td>
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<td></td>
<td>Attention functions</td>
<td>b140</td>
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<td></td>
<td>Memory functions</td>
<td>b144</td>
</tr>
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<td></td>
<td>Psychomotor functions</td>
<td>b147</td>
</tr>
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<td></td>
<td>Emotional functions</td>
<td>b152</td>
</tr>
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<td></td>
<td>Perceptual functions</td>
<td>b156</td>
</tr>
<tr>
<td></td>
<td>Thought functions</td>
<td>b160</td>
</tr>
<tr>
<td></td>
<td>Higher level cognitive functions</td>
<td>b164</td>
</tr>
<tr>
<td></td>
<td>Mental functions of language</td>
<td>b167</td>
</tr>
<tr>
<td></td>
<td>Mental function of sequencing complex movements</td>
<td>b176</td>
</tr>
<tr>
<td></td>
<td>Experience of self and time functions (experience of self, body image, experience of time)</td>
<td>b180</td>
</tr>
<tr>
<td>Sensory functions and pain</td>
<td>Seeing functions</td>
<td>b210</td>
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<tr>
<td></td>
<td>Hearing functions</td>
<td>b230</td>
</tr>
<tr>
<td></td>
<td>Vestibular functions</td>
<td>b235</td>
</tr>
<tr>
<td></td>
<td>Proprioceptive function</td>
<td>b260</td>
</tr>
<tr>
<td></td>
<td>Touch function</td>
<td>b265</td>
</tr>
<tr>
<td></td>
<td>Sensation of pain</td>
<td>b280</td>
</tr>
<tr>
<td></td>
<td>Sensory functions and pain, other specified (e.g. Sensory integration, and Sensory processing function)</td>
<td>b298</td>
</tr>
<tr>
<td>Neuromusculoskeletal and movement-related</td>
<td>Mobility of joint functions</td>
<td>b710</td>
</tr>
<tr>
<td>functions</td>
<td>Muscle power functions</td>
<td>b730</td>
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<tr>
<td></td>
<td>Muscle tone functions</td>
<td>b735</td>
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<tr>
<td></td>
<td>Control of voluntary movement functions</td>
<td>b760</td>
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<tr>
<td></td>
<td>Involuntary movement functions</td>
<td>b765</td>
</tr>
<tr>
<td></td>
<td>Gait pattern functions</td>
<td>b770</td>
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<tr>
<td>Learning and applying knowledge</td>
<td>Watching</td>
<td>d110</td>
</tr>
<tr>
<td></td>
<td>Listening</td>
<td>d115</td>
</tr>
<tr>
<td></td>
<td>Copying</td>
<td>d130</td>
</tr>
<tr>
<td></td>
<td>Rehearsing</td>
<td>d135</td>
</tr>
<tr>
<td></td>
<td>Acquiring skills</td>
<td>d155</td>
</tr>
<tr>
<td>OT Heading</td>
<td>Examples of relevant data items</td>
<td>ICF Code</td>
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<tr>
<td>• Applying knowledge</td>
<td>Focusing attention, Thinking, Reading, Writing, Solving problems, Making decisions</td>
<td>d160, d163, d166, d170, d175, d177</td>
</tr>
<tr>
<td>General tasks and demands</td>
<td>Undertaking a single task, Undertaking multiple tasks, Carrying out daily routine, Handling stress and other psychological demands</td>
<td>d210, d220, d230, d240</td>
</tr>
<tr>
<td>Communication</td>
<td>Communicating with – receiving, Communicating – producing, Speaking, Producing non-verbal messages, Conversation, Using communication devices and techniques</td>
<td>d310–d329, d330–d349, d330, d335, d350, d360</td>
</tr>
<tr>
<td>Mobility</td>
<td>Lying down, Sitting, Standing, Transferring oneself, Lifting and carrying objects, Fine hand use, Walking, Moving around, Moving around in different locations, Moving around using equipment, Using transportation, Driving, (+ access to transport)</td>
<td>d4100, d4103, d4104, d420, d430, d440, d450, d455, d460, d465, d470, d475</td>
</tr>
<tr>
<td>Self-care</td>
<td>Washing oneself (bathing, drying, washing hands, etc), Caring for body parts (brushing teeth, shaving, grooming, etc.), Toileting, Dressing, Eating, Drinking, Looking after one`s health</td>
<td>d510, d520, d530, d540, d550, d560, d570</td>
</tr>
<tr>
<td>Domestic life</td>
<td>Acquiring a place to live, Acquisition of goods and services (shopping etc.), Preparing meals (cooking etc.), Doing housework (cleaning house, washing dishes, laundry, ironing etc.), Caring for household objects, Taking care of animals</td>
<td>d610, d620, d630, d640, d650, d6506</td>
</tr>
<tr>
<td>OT Heading</td>
<td>Examples of relevant data items</td>
<td>ICF Code</td>
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<tr>
<td>Assisting others with self-care</td>
<td></td>
<td>d6600</td>
</tr>
<tr>
<td>Interpersonal interactions and</td>
<td>Basic interpersonal interactions</td>
<td>d710</td>
</tr>
<tr>
<td>relationships</td>
<td>Complex interpersonal interactions</td>
<td>d720</td>
</tr>
<tr>
<td></td>
<td>Relating with strangers</td>
<td>d730</td>
</tr>
<tr>
<td></td>
<td>Formal relationships</td>
<td>d740</td>
</tr>
<tr>
<td></td>
<td>Informal social relationships</td>
<td>d750</td>
</tr>
<tr>
<td></td>
<td>Family relationships</td>
<td>d760</td>
</tr>
<tr>
<td></td>
<td>Intimate relationships</td>
<td>d770</td>
</tr>
<tr>
<td>Education</td>
<td>Informal education</td>
<td>d810</td>
</tr>
<tr>
<td></td>
<td>Pre-school education</td>
<td>d815</td>
</tr>
<tr>
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<td>School education</td>
<td>d820</td>
</tr>
<tr>
<td></td>
<td>Vocational education</td>
<td>d825</td>
</tr>
<tr>
<td></td>
<td>Higher education</td>
<td>d830</td>
</tr>
<tr>
<td>Employment</td>
<td>Acquiring, keeping and terminating a job</td>
<td>d845</td>
</tr>
<tr>
<td></td>
<td>Remunerative employment (i.e. paid work)</td>
<td>d850</td>
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<tr>
<td></td>
<td>Non-remunerative employment (i.e. voluntary work)</td>
<td>d855</td>
</tr>
<tr>
<td>Finances</td>
<td>Economic life</td>
<td>d860</td>
</tr>
<tr>
<td></td>
<td>Economic self-sufficiency</td>
<td>d870</td>
</tr>
<tr>
<td>Community life</td>
<td>Community life</td>
<td>d910</td>
</tr>
<tr>
<td></td>
<td>Political life and citizenship</td>
<td>d950</td>
</tr>
<tr>
<td>Recreation and leisure</td>
<td>Play</td>
<td>d9200</td>
</tr>
<tr>
<td></td>
<td>Sport</td>
<td>d9201</td>
</tr>
<tr>
<td></td>
<td>Crafts</td>
<td>d9203</td>
</tr>
<tr>
<td></td>
<td>Hobbies</td>
<td>d9204</td>
</tr>
<tr>
<td></td>
<td>Socialising</td>
<td>d9205</td>
</tr>
<tr>
<td>Religion and spirituality</td>
<td></td>
<td>d930</td>
</tr>
<tr>
<td>Environment: products and technology</td>
<td>Products and technology for personal use in daily living</td>
<td>e115</td>
</tr>
<tr>
<td></td>
<td>Products and technology for personal indoor and outdoor mobility and transportation</td>
<td>e120</td>
</tr>
<tr>
<td></td>
<td>Design, construction and building products and technology designed for private use</td>
<td>e155</td>
</tr>
<tr>
<td>Support and relationships</td>
<td>Immediate family</td>
<td>e310</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>e320</td>
</tr>
<tr>
<td></td>
<td>Acquaintances, peers, colleagues, neighbours and community members</td>
<td>e325</td>
</tr>
<tr>
<td></td>
<td>Personal care providers and personal assistants</td>
<td>e340</td>
</tr>
<tr>
<td></td>
<td>Health professionals</td>
<td>e355</td>
</tr>
<tr>
<td></td>
<td>Other professionals</td>
<td>e360</td>
</tr>
<tr>
<td>Attitudes</td>
<td>Social norms, practices, ideologies</td>
<td>e465</td>
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<tr>
<td>Housing</td>
<td>‘Housing’ and ‘Housing assessment’ are recognised preferred terms in SNOMED.</td>
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