

Occupational therapy reduces hospital readmissions

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An independent study published in *Medical Care Research and Review* found that "occupational therapy is the only spending category where additional hospital spending has a statistically significant association with lower readmission rates" for the three health conditions studied: heart failure, pneumonia, and acute myocardial infarction.

"The findings of this important study highlight just one of the many roles [occupational therapy](#) practitioners are playing in improving quality and reducing healthcare costs," said Frederick P. Somers, Chief Executive Officer of the American Occupational Therapy Association. "Occupational therapy practitioners are proving to be an essential member of any interprofessional team successfully addressing the changing demands of the health care delivery system."

Researchers Andrew Rogers (Johns Hopkins University), Ge Bai (Johns Hopkins), Robert A. Levin (University of Maryland School of Medicine), and Gerard F. Anderson (Johns Hopkins) used Medicare claims and cost data to examine the association between [hospital spending](#) for specific services and 30-day admission rates for [heart failure](#), pneumonia, and [acute myocardial infarction](#). They evaluated 19 distinct spending categories (including occupational therapy) in 2,791 hospitals for the heart failure analysis; 2,818 hospitals for the pneumonia analysis; and 1,595 hospitals for the acute [myocardial infarction](#) analysis.

The researchers point out that occupational therapy "focuses on a vital issue related to readmission rates—can the patient be discharged safely

into her or his environment?" If not, [occupational therapists](#) address issues from physical barriers to daily function to support networks. They cite six particular interventions provided by occupational therapists that could lower readmissions:

1. Provide recommendations and training for caregivers.
2. Determine whether patients can safely live independently, or require further rehabilitation or nursing care.
3. Address existing disabilities with assistive devices so patients can safely perform activities of daily living (e.g., using the bathroom, bathing, getting dressed, making a meal)
4. Perform home safety assessments before discharge to suggest modifications.
5. Assess cognition and the ability to physically manipulate things like medication containers, and provide training when necessary.
6. Work with physical therapists to increase the intensity of inpatient rehabilitation.

The researchers identify occupational therapy as "one spending category that affects both the clinical and social determinants of health" and note that "investing in occupational therapy has the potential to improve care quality without significantly increasing overall hospital spending."

The authors point out that "occupational therapy places a unique and immediate focus on patients' functional and social needs, which can be important drivers of readmission if left unaddressed."

More than 213,000 occupational therapy practitioners across the U.S. help people across the lifespan to be as independent as possible, despite illness, injury, or mental disability. Occupational therapy is the only profession that addresses the things patients want and need to do through the therapeutic use of everyday activities (occupations).

More information: A. T. Rogers et al. Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates, *Medical Care Research and Review* (2016). [DOI: 10.1177/1077558716666981](https://doi.org/10.1177/1077558716666981)

Provided by American Occupational Therapy Association

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