

The Analytical Survey (AS) as Evaluation & Planning Tool

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Description:

The analytical survey (A.S) is a superficial survey of large client groups using readily available information; planned and administered by the OT department in close collaboration with other team members/caregivers

Indications for use:

- Where one-off review needs to be done of a large population (15 to 2000) to determine the needs and plan the appropriate intervention
- Where OT needs to act in an advisory capacity
- Where an established programme needs to be reviewed
- Where quick inputs and decision making is required
- Wherever a quick, effective method is needed to obtain information (of a population larger than 15) to plan and implement a therapeutic programme

Administrative Procedure:

Initial Planning & Administration:

- Team effort: knowledge of other staff members used to obtain necessary information
- Decision is a departmental/institutional one

Steps in conducting the AS:

- Determining the aspects of the client's functioning/ disorder/ background/living situation/treatment that we need information about to obtain an accurate profile of the population (i.e. clear indication of needs)
- Tabulation onto a schedule + rating scale
- Execution of the survey
- Analysis of the data obtained
- Drawing up of recommendations i.t.o appropriate programme content/interventions required
- Feedback/discussions/evaluation and adaptation of original recommendations (practical considerations, e.g. staffing, routines, financial limitations)
- Final plan - agreed to by all and accepted as policy
- Implementation/review/revitalise/monitor

Compilation of the Survey: Preparation – items for inclusion

- What do you need the info for? To evaluate / plan /determine needs?
- What is "NECESSARY" ("essential" vs. "nice")
- What do you need to know/find out to PROVIDE PROFILE of POPULATION?

Survey must indicate:

- Needs, abilities, problems
- Disorder(s), lifestyle,
- Functional performance areas, skills . Environment
- Survey must provide INDICATORS for intervention: how many of what kind of client requires what kind of intervention/environment change and by whom?

**Possible items for inclusion
(commonly needed):**

- Biographical Data
- Demographic Data
- Physical & Mental State
- Functional Performance Areas
- Creative Ability Level

Note: Record data in the negative for all items as this facilitates analysis. PROBLEMS TO BE CLEARLY INDICATED.

Problem/need experienced by >40% merits intervention in the programme; lower dealt with in specially allocated groups or on individual basis

Step 3: Draw up problem list & analyse problems/ needs identified:

- What is the real problem?
 - is it a skill problem?
 - is it a knowledge problem?
 - is it an ability (basic) problem?
 - is it an attitude problem?
 - is it a problem due to environmental factors?
- Should something be done about it?
- What needs to be done about it?
- Who should deal with it?
- When should it be dealt with (now/late?)
- Where should it be dealt with?

- Combine all ideas into a cohesive whole, integrate and formulate to establish a vision for the future = Ideal Plan.

- **ACTION WITHOUT PLANNING IS FATAL!**



- Take plan to "stakeholders" and discuss practicalities, resources; policies; routines/ laws
- **MODIFY TO SUIT PRACTICAL CONSIDERATIONS**

- Write up the formal proposal (recommendations) in **Action Plans.**

- **ACTION WITHOUT PLANNING IS FUTILE!**



Problem	Aims & Objectives	Action Needed	Who responds	When to do
What requires intervention?	What do we want to achieve/get done?	What must be done (in sequence) to achieve aims & objectives	Who will do each task?	By when should it be done?
Example:				
75% geriatric clients do not participate in sport activities arranged	Improve sport participation to 60% 1 x per week and 50% over weekends	1. Evaluate current sport facilities	1.OT/hospital reps	End May
		2. Establish additional croquet area	2.OT to motivate work dept to set up	Mid May End May
		3. Arrange for transport from wards for frail residents	3. OT to motivate? OTA collect & drive bus	Mid May
		4. Equip ward for weekend sport activity by providing balls	4.OT to purchase equipment	3rd week May
		5. Train staff in sport activity	5.OT to invite coach from sports organisations	immediately

Project 1:



Project 1 - Goal:

- To establish the need for therapeutic programmes
- Evaluate and upgrade the entire OT service
- Provide input for ward programmes

Project 1 – Procedure:

- Survey items identified through consensus by OT staff
- Procedure evaluation scale finalised
- Pilot survey OT team
- Survey entire complex within 3 week period; extensive utilisation of prior knowledge of ward staff
- Analysis of all data – identification of priority needs, areas of major attention, e.g. Vocational rehabilitation, recreational programmes
- Programme planning for all wards, OT service, and comprehensive plan for complex
- Presentation to management and staff of each hospital; adaption of plans
- Implementation

Project 1 – Results:

- Better focus of OT service
- Greater integration of components of service
- Increased awareness of role and contribution of OT
- Increased motivation of staff

Project 2:



Project 2 - Goal:

- Determine extent of need for OT service within the Provincial Hospital service
- Identify priority areas
- Obtain statistics for purposes of motivation for posts

Project 2: Procedure

- Workshop of all therapists to orientate them and plan the survey form
- Identification of criteria for determining need for OT's
- Compilation of items for survey
- Development of brief assessment procedure conducted by OT
- Conduct assessment of all patients in each hospital on specific days
- Analyse data
- Finding – 10% of total population requires specific OT input
- Information used for inputs – creation of posts

Project 2 – Results:

- Statistics to back up motivation for additional posts
- Information available to indicate focus of treatment
- Clarity OT role and contribution/staff allocation

Projects 3&4

Berrywood Hospital
Wellard Centre

Analytical survey of Berrywood Hospital Population

What we hoped to achieve.

- To work with MoCA experts to consider the model's use relevant to our own setting, environment and client group.
- Further increase O.T staff understanding of the model.
- Bring the O.T. team together to analyse current provision and identify potential for development.
- To recognise the challenges involved in establishing the model
 - O.T. care pathway
 - Departmental / Ward Programme
 - Therapy Sessions
 - Expectations of Service Users and the MDT

Where do we go from here?

We offer a wide range of sessions within the O.T. department yet:

- 80% of grps have <35% attendance.
- S.U.s on levels 1 or 2 don't attend groups at all.
- S.U.s at level 3 have low levels of attendance – therefore we are unlikely to bring about recovery to a higher level of performance.
- Few groups use unfamiliar tasks or work on task concept – therefore limited opportunity for skill development.
- **Active Participation** is not facilitated or expected in many of the sessions (such as relaxation, massage, library, drop in)
- Social based groups focus on enabling engagement rather than **addressing social ability** – could be more structured to demand social interaction and particular social behaviours.
- Functional impact of high **unemployment** needs addressing.
- Many S.U.s have poor **self care**; how do we address this?

Where do we go from here?

- Balance sessions across performance areas.
- Use the model to help us meet needs of level 1&2 S.U.s.
- Plan interventions and groups with specific tasks for movement through levels.
- Address self care more actively.
- Promote **ACTIVE PARTICIPATION**.
- Share developments with MDT to influence care planning and discharge.
- Develop effective assessment procedures and documentation in-line with MoCA.
- Establish method of measuring outcomes.

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