Demonstrating Improvement in Occupational Therapy Service Provision using an Analytical Survey.

Berrywood Adult Acute Occupational Therapy Department is part of a purpose built mental health unit. In July 2010 the occupational therapy team embarked upon a service delivery change based fully on the Vona du Toit Model of Creative Ability (VdT MoCA).

What is an Analytical Survey?

This tool was developed by Dain van der Reyden, enabling a superficial survey of large client groups using readily available information.

The analytical survey provides a 'snapshot' of the entire service user population on one day, charting over 60 pieces of information that can be analysed in order to determine or review service needs and plan appropriate intervention.

The main steps in the survey are:

- Identify required population information - aspects of functioning, living situation, treatments attended.
- Tabulate information for every service user.
- Analyse findings, formulating frequencies.
- Draw up recommendations.

How we used the Survey:

An analytical survey was conducted in March 2010 prior to full implementation of the VdT MoCA. This was facilitated in person by Dain van der Reyden.

The results of the survey reinforced the value of implementing the model and provided clear actions for the therapeutic treatment programme, including:
- ensuring that treatments were included for service users at lower levels of functioning that were previously deemed 'too unwell' for OT;
- addressing self care needs within the programme;
- ensuring that groups were prescribed and facilitated on the basis of VdT MoCA principles.

A follow up survey was completed nine months after the occupational therapy service changes and clearly demonstrates positive improvements to the treatment programme, the key outcomes being detailed below:

Analytical Survey March 2010	Analytical Survey April 2011
Service users at a lower level of creative ability functioning (Level 2) did not attend OT treatment at all.	100% of service users at Level 2 were engaged in specifically targeted elements of the OT treatment programme, predominantly daily1:1 sensory therapy.
Service users at creative ability Level 3 attended only between 7.5% and 23% of activities on offer.	83% of service users at Level 3 were engaged in the OT treatment programme, with 64% attending over 50% of suitable treatments.
80% of activity sessions had less than 35% attendance levels.	Only 21% of treatment groups had less than 35% attendance. 54% of groups had a 50-75% attendance.
The programme lacked systematic opportunity for constructive activity, active participation, social demands and unfamiliar tasks.	The treatment programme is now constructed to address needs of all levels of functioning, across all four occupational performance areas (Social Ability; Use of Free Time; Personal Management and Work Ability).
High levels of service users had poor self care skills, but the OT programme did not address this.	64% of service users with significant self care needs were receiving active treatment based on a combination of personal management (1:1 or group) and sensory therapy.

Within the in-patient unit, the following levels as according to the VdT MoCA were seen during the survey of 53 service users:
Level 2 – Self Differentiation Level 3 – Self Presentation Level 4 – Passive Participation Level 5 – Imitative Participation

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