

Homecare Occupational Therapy – 35 years of experience in Canada

家居職業治療 – 三十五年加拿大經驗

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Canada 加拿大

- The second largest country by land size

加拿大是世界領土第二大國家。

- A population of 33 million people, ranking 36th in the world

人口只有3千3百萬，世界排名第36。



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Canadian Healthcare Services

加拿大醫療服務

- For every dollar spent by a Canadian in health care, 70% was financed by the government.
加拿大人使用每一元的醫療開支，七成是由政府資助的。
- In 2006, Canadian government spent a total of Cdn\$4,548 per capita on healthcare.
在二〇〇六年，加國政府平均支付4,548加元在每名國民之醫療服務上。
- In 2005, there were 19 physicians, 78 nurses, and 3.5 OTs in every 10,000 Canadians.
在二〇〇五年，平均每10,000名加拿大人，便有19名醫生、78名護士，及3.5名（職業治療員）。

Canadian Institute for Health Information, 2008;
Canadian Institute for Health Information, 2007a

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Home Care in Canada

加拿大家居醫療

- In late 1980s, Canadian government began the development of homecare policies and the funding that went with the policies
在八〇年代末，加國政府開始發展家居醫療政策。
- For continuing care in the clients' homes after hospital discharge, including psychiatric hospitals
以便病人出院後，能繼續在家中接受護理，這包括精神病院。
- For preventing premature decline in health and functional status
以預防健康及功能過早衰退。
- For more cost-effective models of treatment as alternatives to institutionalization
提供比住院更有效及省錢之醫療服務。

Canadian Institute for Health Information, 2007b

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Homecare expenses in Canada

加拿大家居醫療經費

- From 1994-95 to 2003-04, the total public homecare expenditure was doubled, increased from Cdn\$1.6 billion to Cdn\$3.4 billion per year.
從1994-95至2003-04年，加國政府用於家居醫療之經費，由16億加元，增至34億加元。

Canadian Institute for Health Information, 2007b

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Current Homecare Practice

現今家居醫療

- The Province of Ontario in Canada provides a broad scope of homecare services to the public
加國安省所提供省民一系列之家居醫療服務
- Key services include nursing, rehabilitation, personal support and homemaking, respite, and palliative services
主要包括護士、復康、個人照顧及家務助理、暫代護理、及臨終服務
- Rehabilitation services cover PT, OT, speech therapy, social work, respiratory therapy, and dietetic services
復康服務包括物理治療、職業治療、社會工作、呼吸治療、及營養服務等

Le Goff, 2002

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Homecare OT 家居職業治療

- In 2007-08, more than 600 OTs (20% of OTs) in Canada work primarily in a visiting agency or in a school setting
在2007-2008年度，加拿大有大約六百名《職業治療員》(為全國兩成)，在家居醫療機構或學校中工作。

Canadian Association of Occupational Therapists, 2008

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Purpose 主旨

- In this paper, we will share with you our Canadian experiences in the practice and research of homecare OT at COTA Health.
我們將跟你分享加拿大《康達健康》之《家居職業治療》服務和研究經驗。

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COTA Health 《康達健康》



- A not-for-profit healthcare organization founded in 1973 in Toronto, Ontario
成立於一九七三年，位於安省多倫多市的非牟利醫療機構
- Provides homecare OT and other rehabilitation services
提供《家居職業治療》及其他復康服務
- Over 300 OTs work at COTA Health now
現有三百多名《職業治療員》在《康達健康》工作
- Serves over 36,000 people per year in Southern Ontario
每年提供服務給三萬六千多名住在安省南部的居民

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Homecare OT is... 家居職業治療是...

- Defined as the service delivered by an OT visiting a place where a client lives, works, or studies.
當提供服務的地點是在病人居住、工作、或學習的地方時，便符合這份報告的《家居職業治療》定義。
- Not covered in this paper are community services that require a client to go to a clinic, a day program, or a drop-in centre in the community.
這定義並不包括須要病人前往使用之社區服務，例如診所、成人日間服務、或服務中心等。

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Homecare Services at COTA Health 《康達健康》各類的家居醫療服務

- Paediatric
兒科
- Adult and geriatric physical rehabilitation
成人及老人身體康復
- Adult and geriatric mental health
成人及老人心理健康

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Paediatric 兒科

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In-home service

家居服務

- Paediatric OTs work with infants and young children who have developmental delay and complex functional problems.
當初生嬰兒及年幼兒童因發育遲緩，引起複雜之功能問題時，《職業治療員》會到訪家居提供服務。
- During the visits, the OTs assess the children and educate the parents.
《職業治療員》探訪時，會為病童作評估及教育病童的父母。
- In 2007, the in-home service was provided to 5,916 children.
在2007其間，有 5,916 小童曾接受家居服務。

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School

學校

- Most children who received service have fine motor problems and attend regular classrooms.
大部份接受服務的兒童都有手功能問題，並在常規班房上課。
- OTs improve the functional performance of the children in the school by collaborating with their parents and school teachers.
《職業治療員》跟學童之父母及老師分工合作，幫助兒童在學校及家中提高功能表現。
- In 2007, the school service was provided to 18,332 children.
在2007其間，有 18,332 小童曾接受學校服務。

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Adult and Geriatric Physical Rehabilitation

成人及老人復康服務

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Physical Medicine

復康醫療

- For seniors with hip fracture, arthritis, frailty, cardiac problems, Parkinson Disease, and so on; as well as for adults with Multiple Sclerosis, spinal cord injury, and other medical problems.
給予患有骨折、關節炎、體弱、心臟問題、及帕金森症等等的老年人。及患有多發性硬化症、脊椎損傷等等的成年人。
- Assess the home safety and functioning, prescribe equipment, educate the clients and caregivers, and link them with resources.
評估家居安全及功能，提議輔助儀器，教育病人及照護者，提供社區資訊及轉介服務。
- In 2007, the physical medicine service was provided to 34,494 adults and seniors.
在2007其間，有 34,494 老人及成人曾接受復康醫療服務。

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Acquired brain injury

腦損傷

- For clients who have had a brain injury or stroke.
腦損傷或中風的病人。
- Longer-term treatment goal is to reintegrate into the community.
以重新融入社區為長遠目標。
- Cognitive rehabilitation in addition to the physical medicine services
除以上復康醫療外，《職業治療員》亦提供《認知復康》。
- In 2007, the acquired brain injury service was provided to 454 adults and seniors.
在2007其間，有 454 老人及成人曾接受腦損傷復康服務。

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Mental health

心理健康

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Adult mental health

成人心理健康

- For adults with depression, anxiety, schizophrenia, and other mental health problems.

提供服務與患有抑鬱症、焦慮症、精神分裂、及其他心理健康問題的成年人。

- To improve their daily function, using a recovery and self-management approach, and to enable their returning to work or participating in meaningful occupation.

使用《康復訓練》及《自我管理》的方法，去幫助病人改善日常生活功能，以及重新投入工作或參與有義意的活動。

- In 2007, the mental health service was provided to 3,521 adults. In 2007其間，有 3,521名成人曾接受心理服務。

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Geriatric mental health

老人心理健康

- For seniors with dementia, depression, anxiety or other mental health problems.

患有健忘症、鬱憂、焦慮或其他心理問題的老人。

- Assess the home safety of the seniors, improve their quality of life, and educate their family caregivers.

《職業治療員》評估家居安全，改善生活質素，及教育家庭照顧者。

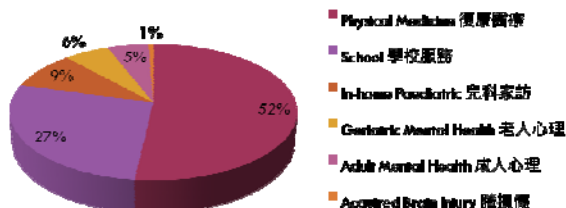
- In 2007, the geriatric mental health service was provided to 3,783 seniors.

在2007其間，有 3,783名老人曾接受心理服務。

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Service statistics

服務統計



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Research and knowledge translation

研究及知識傳譯

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Home safety assessment

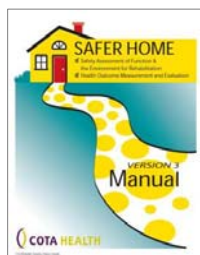
家居安全評估

- First developed in early 1990s, the SAFER-HOME is now in version 3 for use as an OT outcome measure.

發展於一九九〇年代初，《家居安全效益量估》現已是第三版本，是一量度《職業治療》成效的評量工具。

- To assess home safety, use the guidelines provided for intervention, and evaluate the service outcomes.

可用作家居安全評估，使用所提供之建議進行治療，以及評量服務的成效。



Chiu, Oliver, et al., 2006
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Energy conservation

保存精力

- A handbook was published for clients and their caregivers to learn how to conserve energy in everyday life.

此手冊特為病人及家屬而印製，內容為如何在日常生活中保持精力。

- Provides practical strategies for people who experience fatigue to attain the right balance among work, rest and play.

給常感疲勞的人仕，提供實用建議，學習如何在工作、休息及遊戲之間取得平衡。

Carson, Arvinder, & Carmine, 2002
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Service outcome system

服務效益系統

- Developed in 1998, the outcome system is still in use now.
發展於一九九八年，使用直至現在。
- The use of validated measures and systematic collection of the data before and after service provision.
使用已確認的評量工具，在提供服務前後，有系統地收集數據。
- The system provides evidence for COTA Health to report to the funders.
《康達健康》使用此系統，提供資助者所需的效益證明。
- Frequent reviews of the system in response to changes in the healthcare environment and client needs
當醫療環境及病人需要有所轉變時，我們會經檢討系統。

Chiu, 2002, 25

School-based consultation

校內諮詢

- Studied the school-based consultation model for children with fine motor problems.
對提供給手功能有問題的兒童之《校內諮詢》模式作出研究。
- Showed the importance of increasing teacher awareness to the improvements of the students.
結果顯示，老師關注的提高，是對於學童轉佳的關鍵所在。
- Found that knowledge translation workshops can improve the teacher's awareness of their students' fine motor problems and of the benefits of OT.
《知識傳譯學習班》可以改善老師對學童手工能問題的關注，以及認識《職業治療》的效益。

Reid, Chiu, Sinclair, & Wehrmann, 2006; Heidebrecht, Chiu, & Wehrmann, 2006

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Mother-infant interaction

母嬰關係

- This study conceptualized what affects the quality of mother-infant interaction.
研究目的在建立一新概念，以理解母嬰之間的關係會受甚麼因素影響。
- Four factors were identified: the belief, environment, transformation of the mother and infant, and role and function of OT.
四個主因為信念、環境、嬰兒及母親的轉變、以及《職業治療》的角色和功用。
- A video was produced to facilitate knowledge translation of the results to practising OTs and OT students.
製作了一段錄影，以作知識傳譯之用。

Chiu, Reid, Wehrmann, & Sinclair, 2007

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Family caregiver

家庭照護者

- Burden Scale for Family Caregivers was validated.
驗證《家庭照護者負擔評估表》。
- The Internet was considered acceptable and useful by Chinese caregivers who take care of someone with dementia to receive caregiver support services.
通過互聯網接受服務，對照顧患有健忘症親人的照護者來說，是可以接受及有幫助的。
- An information website for family caregivers of people with acquired brain injury living in remote communities.
提供一資訊網站，給住在偏遠地區，而又需要照顧患有腦損傷親人的照護者使用。

Gräsel, Chiu, & Oliver, 2003; Chiu & Eysenbach, 2007; Chiu, Colantonio, Keightley, & Bellavance, 2006

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Pilots and recent projects

近期研究及試驗

- Seniors living alone at home
獨居老人
- Use of email communication between OTs and clients
《職業治療員》與病人之間的電郵通訊
- Homecare OT in rural and remote practice
在偏遠地區提供《家居職業治療》
- Application of Cognitive Behaviour Therapy in homecare OT mental health service
應用《認知行為療法》於《家居職業治療》心理服務
- Self-management approach in homecare OT
應用《自我管理》於《家居職業治療》
- A feeding protocol for clients with complex needs
如何餵食有複雜吞嚥困難的病人

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Discussions and conclusion

討論及總結

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Homecare is a global trend

家居醫療是全球性的趨向

- "Home care Issues at the Approach of the 21st century from a World Health Organization Perspective: A literature review" by Havens, 1999
“文獻探討報告：從《國際衛生組織》的觀點去瞭解踏進廿一世紀的家居醫療問題” Havens, 1999
- The ageing population has increased and non-communicable diseases has become the leading causes of disability.
當老年人口不斷增長，及非傳染性的疾病已成為身心傷殘的主因時。
- People need help to resolve the functional problems in everyday living.
人民需要各方面的協助，以解決日常生活所遇到的功能問題。
- Consequently, homecare has become a global trend and necessity.
家居醫療已成為一個全球性的趨向，及一項必需的醫療服務。

Havens, 1999
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The same goal in different countries

各國相同的目標

- The issues homecare providers in different countries face may not be the same. But we share the same goal.
各國提供的家居醫療服務，所面對的問題可能並不一樣，可是，我們都有共同的目的。
- We all aim at enabling individuals in the community and their caregivers to maintain their independence and to improve the quality of life.
就是鼓勵及幫助在社區內有需要的人仕及其家屬，提升自我照顧能力，及改善生活質素。

Havens, 1999
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Role of home care

家居醫療的角色

- For home care to fulfil its role, there is a need for...
要使家居醫療能充份發揮其角色，我們須要...
- Better support to informal caregivers
提供更佳的支援與家庭照護者
- Better training to home care personnel, including informal caregivers and clients
提供更好的培訓與家居醫療人員，家屬及病人
- Conducting more research on home care
進行更多的研究

Havens, 1999
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Reflecting on our experience

從經驗中反思

- Reflected on our services and research at COTA Health.
從《康達健康》的服務及研究中反思。
- The issues identified by Haven 10 years ago seem to be similar to the lessons we have learned.
發覺在十年前Haven發表的報告，跟我們的體驗大同小異。

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We have learned that...

我們體驗到...

- For our clients' benefits, homecare OTs need to work in collaboration with the family caregivers, school teachers, parents, other homecare professionals, and support personnel.
為提供有益於病人的服務，《職業治療員》須跟各方人仕分工合作：包括家屬、教師、家長、其他醫務人員、及個人護理員。

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We have learned that...

我們體驗到...

- Our roles have shifted.
我們的角色已經轉變。
- We offer hands-on intervention less often.
我們較少給病人親手提供治療。
- Instead, we teach the clients and their caregivers to manage their daily life.
取而代之，我們經常教育病人及家屬，學習處理日常面對的問題。

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We have learned that...

我們體驗到...

- Our assessment has expanded.
我們擴闊心闊了評估的範圍。
- We cannot evaluate functioning only in a protected environment.
評量病人的日常功能，我們再不能只是在一個受保護的環境下進行。
- Rather, we assess the daily functions in the client's natural environments, such as the home, school, or workplace.
取而代之，我們會在生活環境當中評估每人的日常功能，包括在家中、學校、及工作他方。

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We have learned that...

我們體驗到...

- The practice environment is different from that in the hospital.
家居醫療的工作環境，跟醫院的工作環境並不一樣。
- We see clients with multiple health problems, who live in vastly different environments, and may have strong support networks or none at all.
我們見的病人，有多種的健康問題，住在極不相同的環境，及或許有堅固的支援、又或完全沒有支援可言。

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We have learned that...

我們體驗到...

- In this challenging practice environment, homecare OTs need an open mind in daily practice.
在這富挑戰的環境中工作，《職業治療員》須要在日常工作中保持一個開放的心態。
- By reflecting on daily practice, solid knowledge can be built a bit at a time.
通過每天的工作反思，就可以一點一滴地建立起扎實的知識。

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We have learned that...

我們體驗到...

- Relevant research questions involve an understanding of the interconnectedness of the people, environment, and daily activities. We need to study not only outcomes but also the process of practice.
合適的研究問題，是要瞭解大眾、生活環境、及日常活動之間的微妙關係。我們不單只要研究服務效益，亦須要透切理解服務過程。

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We have learned that...

我們體驗到...

- Qualitative research and mixed methods design are suitable choices to explore the interconnectedness and the practice processes.
要深入明瞭微妙關係及理解服務過程，《質性研究》及《混合研究》都是合適的研究方法。
- A participatory research approach that involves the clients, clinicians and/or family caregivers can create knowledge more useful for practice.
《參與研究》是一種鼓勵病人、醫務人員、家屬等共同參與研究的方法，此方法能更有效地建立實用的知識。

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We have learned that...

我們體驗到...

- Knowledge transfer to clinicians is better achieved through peer discussion, with clinical leads who have the practice experience and can facilitate a supportive learning atmosphere.
傳譯知識給治療人員，較有效的方法是能有同事之間討論，及有富經驗及據有引導學習氣氛的臨床領導參與。

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But, we still know very little... 可是，我們所知的仍是十分有限...

- We have the opportunity to learn many lessons about homecare because we have started homecare earlier than the others.
由於我們較其他地區更早開始家居醫療，使我們能有更多機會從經驗中學到有關這方面的知識。
- Yet we still know very little. We don't always have the answers to the many questions we have. We continue to learn by reflecting on our practice and conducting research.
可是我們所知的仍是有限，我們有很多的問題，都不是常常找到答案的。我們仍繼續從反思及研究中學習。

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Conclusion 總結

- We hope that by sharing our local experiences in Canada, we can stimulate more global discussions.
今天透過跟過大家分享加拿大的地方經驗，我們希望能夠引發更多全球性的探討。
- Together, we may be able to develop more responsive practice and more solid knowledge in homecare OT.
如能集結大家的力量，《家居職業治療》便能建立靈敏度更高的服務，以及更扎實的知識。

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Questions and Comments
問題及意見

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