A feasibility study of the Canadian Occupational Performance Measure (COPM) in the burns cohort in an acute tertiary facility

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Aims
The primary aim of the project was to complete a feasibility study of the Canadian Occupational Performance Measure (COPM) in the burns cohort at RBWH. The secondary aim of this study was to explore the perceptions of Occupational Therapy clinicians regarding use of the COPM in burns at RBWH.

Methods
This project was a prospective cohort study. All patients presenting to the ward and the Specialist Burns Outpatient Clinic were consecutively enrolled in this study. Information was collected regarding administration of the COPM including: administration time, number of interruptions and reasons for non-completion of the outcome measure e.g. wound dressing procedure, surgery, scheduling conflicts.

Results

<table>
<thead>
<tr>
<th></th>
<th>CLINIC</th>
<th>WARD</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number COPMs administered</td>
<td>46</td>
<td>24</td>
<td>70</td>
</tr>
<tr>
<td>Average time taken</td>
<td>7.85 mins</td>
<td>11.21 mins</td>
<td>9 mins</td>
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<tr>
<td>Number of interruptions</td>
<td>26</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>Average time taken for interruptions</td>
<td>4.09 mins</td>
<td>3.3 mins</td>
<td>4.19 mins</td>
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</tbody>
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BARRIERS %

- Lack of training in COPM: 75%
- Lack of time in caseload: 58.33%
- Time required to administer the COPM: 54.17%
- The COPM will not add value to interventions: 8.33%
- Other: 20.83%

Discussion
Results indicate that the COPM takes approximately 9 minutes to administer, which suits the time constraints of an acute tertiary environment and would be feasible in this setting. Interruptions were more prevalent in the outpatient clinic versus the inpatient unit. A limitation of this study arose during the administration of the COPM due to cultural barriers and difficulty including those of non-English speaking backgrounds. The COPM may not have translated well to these participants and hence may have influenced the time taken to complete the assessment and not gathered a true representation of the individual’s performance issues and goals. Although, the COPM has been successfully translated into over 35 languages and used in over 40 countries, it raises the question whether the COPM can cater to the multicultural demographic that presents in Australian hospitals.

Conclusion
A recommendation of this study indicated it would be beneficial to administer the COPM prior to discharge from the inpatient unit. Patients during this time exhibited more insight into their occupational performance issues and were able to set realistic goals, in comparison to patients who were on bed rest post op or recently stepped down from ICU.

The findings of this study have resulted in the introduction of the COPM to standard Occupational Therapy burn care outcomes collected prior to discharge at our facility.

Further projects are planned in this area to analyse the difference in pre discharge COPM scores and COPM scores at 6 months post discharge, however progression of this phase had been paused due to the COVID19 pandemic. This will now occur in 2021.