

Occupational Therapy Outcomes and Savings

Adult Social Care system and process guidance and procedures

Version: 1.0
Date Issued: Sept 2019
Team: Adult Social Care
Protective Marking: Internal

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▲ Important: Please read [Workaround Guidance 10 \(Mosaic Notes\)](#) before reassigning this form.

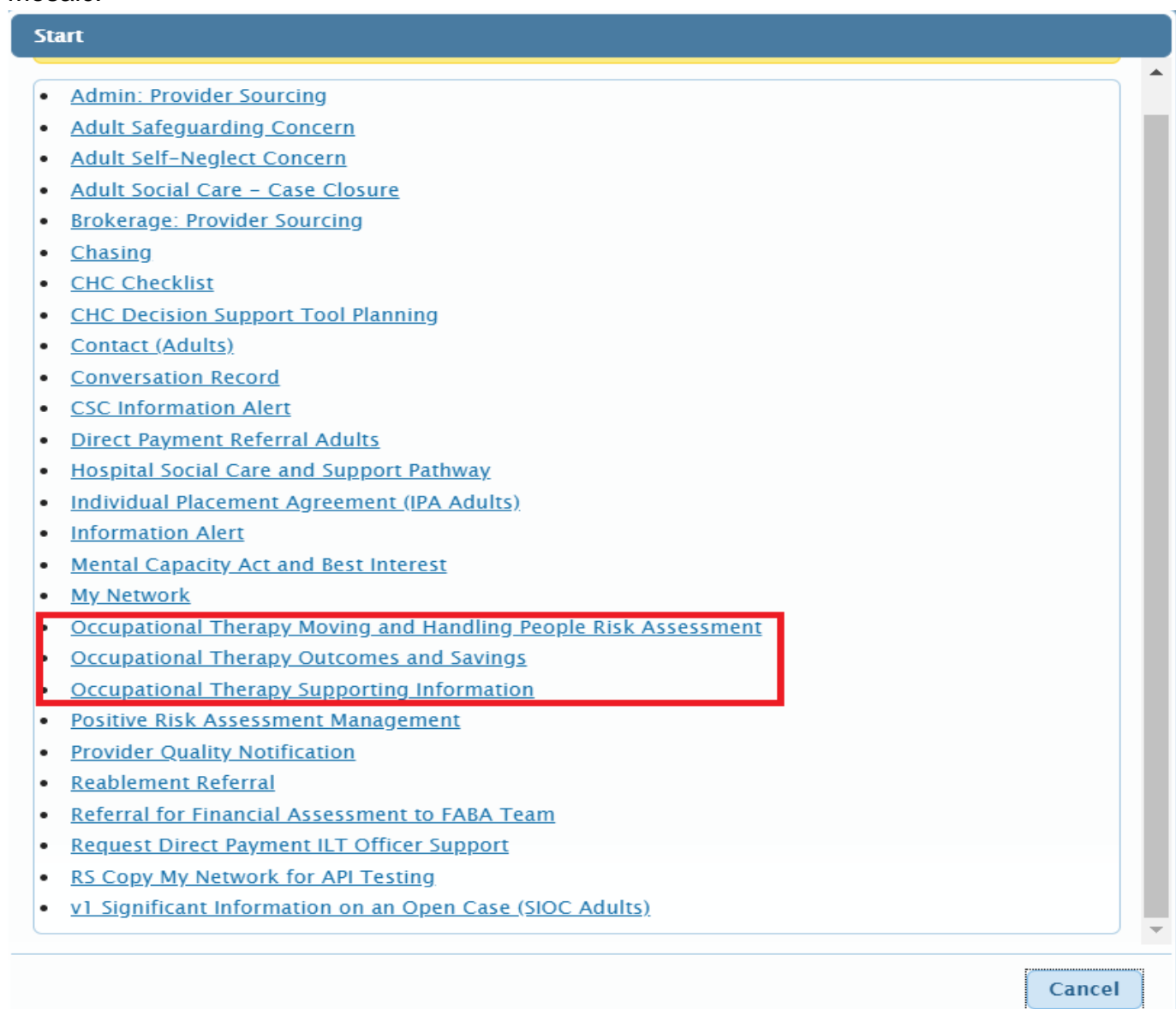
Occupational Therapy Outcomes and Savings - Overview

This form is used to:

- Capture preventative and actual financial savings from OT team interventions.
- Capture quality of life and safety changes for customers and carers from OT team interventions which cannot be obtained from other forms we complete.

This is a 'stand-alone' form so that it can be completed following any OT intervention type (including work completed as part of intake screening).

All three of the Occupational Therapy Supporting forms can now be found in the Start menu of Mosaic.



The screenshot shows the 'Start' menu of the Mosaic system. It features a blue header bar with the word 'Start' in white. Below the header is a list of various forms, each preceded by a blue dot and a blue hyperlink. The following forms are listed: Admin: Provider Sourcing, Adult Safeguarding Concern, Adult Self-Neglect Concern, Adult Social Care – Case Closure, Brokerage: Provider Sourcing, Chasing, CHC Checklist, CHC Decision Support Tool Planning, Contact (Adults), Conversation Record, CSC Information Alert, Direct Payment Referral Adults, Hospital Social Care and Support Pathway, Individual Placement Agreement (IPA Adults), Information Alert, Mental Capacity Act and Best Interest, My Network, Occupational Therapy Moving and Handling People Risk Assessment, Occupational Therapy Outcomes and Savings, Occupational Therapy Supporting Information, Positive Risk Assessment Management, Provider Quality Notification, Reablement Referral, Referral for Financial Assessment to FABBA Team, Request Direct Payment ILT Officer Support, RS Copy My Network for API Testing, and v1 Significant Information on an Open Case (SIOC Adults). The last three forms are enclosed in a red rectangular box. At the bottom right of the menu, there is a blue button labeled 'Cancel'.

Once you have the correct customer's Mosaic record, open the Start menu and select 'Occupational Therapy Outcomes and Savings'.

Person Summary – Mr Gary Barlow (608808)

Person Details >

Start

Case Notes
Chronologies
Documents >
Events
Education >
Health >
Consent
Legal Status
Offences
Registrations
Carer Data >
Alerts History
File Management >

Summary Case History

Demographic Information

Context: Adult

Address:
(Address Type : Kings House W C
King Street
Bedworth
CV12 8LL (View
(In Authority Area
Cluster Team(s):
Couple
Settled – tenant

Gender: Male

Marital Status: Married

First Language: English

Fluency In English: English

Nationality: British

Country Of Birth: United Kingdom

Ethnicity: White / British

Religion: Not Known

Start

- Admin: Provider Sourcing
- Adult Safeguarding Concern
- Adult Self-Neglect Concern
- Adult Social Care – Case Closure
- Brokerage: Provider Sourcing
- Chasing
- CHC Checklist
- CHC Decision Support Tool Planning
- Contact (Adults)
- Conversation Record
- CSC Information Alert
- Direct Payment Referral Adults
- Hospital Social Care and Support Pathway
- Individual Placement Agreement (IPA Adults)
- Information Alert
- Mental Capacity Act and Best Interest
- My Network
- Occupational Therapy Moving and Handling People Risk Assessment
- Occupational Therapy Outcomes and Savings
- Occupational Therapy Supporting Information
- Positive Risk Assessment Management
- Provider Quality Notification

Section 1. Person details

You MUST select the 'Date of Initial Assessment' (from the calendar) and the Team that you work for. All the other sections will pre-populate.

1. Person details

*indicates required field

Name* Tom Test

Person ID* 616619


Date of Initial Assessment* 11/07/2019

Assessor* Sue Brimacombe - OT

Worker Team* HEART South

Section 2. Type of intervention

Please tick **all** and **any** that apply to the work that you have completed with the customer

 **Note:** Do not include work completed by the Customer Service Centre or other teams.

Type of Intervention ?

Select all/any provided

<input type="checkbox"/> Equipment loan / provision (non moving and handling)	<input type="checkbox"/> Minor Adaptation	<input type="checkbox"/> Major Adaptation
<input type="checkbox"/> Moving and Handling (techniques)	<input type="checkbox"/> Moving and Handling (equipment provision)	<input type="checkbox"/> Assistive technologies (telecare, care assist pagers, monitored and stand alone)
<input type="checkbox"/> Referral to the community social work team	<input type="checkbox"/> Referral to Home Environment Assessment and Response Team (HEART)	<input type="checkbox"/> Referral to Health (GP, Homefirst, nursing) Services (routine)
<input type="checkbox"/> Referral to Health (GP, Homefirst, nursing) Services (urgent)	<input type="checkbox"/> Referral to Wheelchair Services	<input type="checkbox"/> Referral / checklist – Continuing Healthcare (CHC)
<input type="checkbox"/> Referral for Direct Payment (one off)	<input type="checkbox"/> Referral for Safe and Well / Home safety checks	<input type="checkbox"/> Referral to Connect Well / Social prescribing
<input type="checkbox"/> Referral to Carer's Trust	<input type="checkbox"/> Referral to Access to Communication and Technology (ACT)	<input type="checkbox"/> Intervention supported by REMAP
<input type="checkbox"/> Information and advice	<input type="checkbox"/> Bed risk assessment	<input type="checkbox"/> Gas risk assessment
<input type="checkbox"/> Positive Risk Assessment Management Tool (PRAMT)	<input type="checkbox"/> Sensory Integration Assessment (LD only)	<input type="checkbox"/> Skills Assessment (LD Only)
<input type="checkbox"/> Other		

Intervention Summary

Note: If you select 'Other', a second box will appear. You **MUST** specify what type of Intervention.

☒ Other

Intervention Summary

If other, please specify

Savings

Overall cost of equipment /adaptations arranged

You **MUST** complete the 'Overall cost of equipment / adaptations arranged' from your Intervention. (Add up financial cost of all items of equipment provided and which are remaining in situ, and record total amount).

Savings

Overall cost of equipment / adaptations arranged*

Overall credit for any returned equipment

You **MUST** complete the 'Overall credit for any equipment' that is no longer in use as a result of your intervention. If there is no credit you must record '0' (zero).

(Add up the total value of equipment returned to stores during your intervention; this equates to approximately 80% of the initial cost on the catalogue).

Example

- Rita Kaur is able to use the toilet in her home following Occupational Therapy intervention and no longer requires the commode that was previously issued. At point of ordering, the commode cost £20.00. You arrange for the commode to be returned to Equipment stores. 80% of £20.00 is £16.00 - record this figure here.

Overall credit for any returned equipment*

Team budget that savings are to be captured against

You MUST select which team budget that the savings are being captured against. This is the team that is, or would be, funding any care the person would receive in the event they were eligible for this.

Savings

Overall cost of equipment / adaptations arranged*

Overall credit for any returned equipment*

Team budget that savings are to be captured against *

-- Please Select --
 -- Please Select --
 Learning Disability
 PDSS North
 PDSS South
 Warwick OP
 Stratford OP
 North East OP
 Transitions
 Other

Type of financial saving that has been achieved

You MUST select one (or more) of the following options.

Type of financial saving that has been achieved

☐ Notional (cost avoidance) saving

☐ Actual saving

☐ No Saving (previous level maintained)

☐ No Saving (previous level increased)

☐ Saved face to face OT visit

☐ Saved face to face OTA/HAO visit

Type of Financial Saving achieved summary

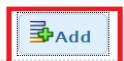
Type of care and hours (per week) care will reduce by due to OT intervention

Select 'Add'.

Type of care and hours (per week) care will reduce by due to OT intervention

Number of hours

Type of Care



Hours saved

Enter the amount of **hours** that have been saved.

Type of care and hours (per week) care will reduce by due to OT intervention

Hours Saved

Type of care saving relates to -- Please Select --

Type of care saving relates to

Select an option from the drop down list.

Type of care and hours (per week) care will reduce by due to OT intervention

Hours Saved

Type of care saving relates to

-- Please Select --

-- Please Select --

Homecare (generic)
Supported Living
Supported Living (24 hours)
Residential care (24 hours)
Nursing care (24 hours)
Respite (emergency)
Respite (planned)
Day care
Other

Add

Add and Close

Close

Select '**Add and Close**'.

If relevant, you can add multiple care saving types.

Explanation

Type of care and hours (per week) care will reduce by due to OT intervention

Number of hours	Type of Care
	<div style="border: 2px solid red; padding: 2px; display: inline-block;"> Add </div>
Explanation	

Examples

- Toilet frame = prevents the need for homecare call to assist to use the toilet. Anticipated that 4 x 15 min calls per day would be required, 7 days a week = 1 hr per day, 7 hrs per week saving.
- Ceiling Track Hoist has enabled family to continue to support all transfers safely as per their wishes. Saving of formal care package (4 x 30 minute double ups per day = 4 hrs per day, 28hrs per week)

Change from Initial Assessment to Case Close/Deallocation

Quality and Safety Outcomes

The next section allows you to capture quality/safety changes/improvements that your intervention has made to the customer and/or carer.

Complete the sections for any and all outcomes where you have provided support through your current intervention.

E.g. if the only intervention is that bathing equipment / advice has been provided, only answer 'Yes' to 'Does personal hygiene need to be captured'.

You must answer 'Yes' or 'No' to each of the questions in this section.

Change from Initial Assessment to Case Closure/Deallocation	
Does Managing and maintaining nutrition need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Maintaining personal hygiene need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Managing toilet needs need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Being appropriately clothed need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Bed Transfer need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Chair transfer need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Stair transfer need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Moving around the home need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Maintaining a habitable home need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Developing and maintaining friendships need to be measured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Accessing and engaging in work, training, etc need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Carrying out any caring responsibilities need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No
Does Making use of facilities & services in local community need to be captured?	
<input type="radio"/> Yes	<input type="radio"/> No

If you select 'No', move on to the next question.

Does Managing and maintaining nutrition need to be captured?	
<input type="radio"/> Yes	<input checked="" type="radio"/> No

If you select 'Yes', you will be required to respond further to identify the changes that have resulted from your intervention. You are asked whether the level of independence, participation and wellbeing decreased / declined, remained the same or increased / improved.

👉 **Note:** The examples provided only relate to one of the 6 sub headings, but you are required to respond to all of these if you have selected 'Yes'.

Managing and maintaining nutrition

Managing and maintaining nutrition		
Level of Independence		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Level of participation		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's Cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement

Example

Level of Participation - *Has the person's engagement and participation in [the outcome] changed at all in relation to the outcome following your intervention?*

E.g. Robert needed to transport meals from kitchen to lounge with risk prior to intervention.

- If outcome = Equipment provided means Robert is able to transport hot meals and drinks completely independently = increase/improvement.
- If outcome = Equipment provided, Robert still requires some supervision / support to transport meals and drinks and confidence increased and Robert feels he can achieve this task = increase/improvement.

Managing personal hygiene

You MUST answer 'Yes' or 'No'.

Does Maintaining personal hygiene need to be captured?	
<input checked="" type="radio"/> Yes	<input type="radio"/> No

If 'Yes', the following boxes will appear - complete as relevant.

Managing personal hygiene		
Level of Independence		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Level of participation		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's Cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement

Example

Level of Independence - *Has the need for support from another person or persons changed at all in relation to [the outcome] following your intervention?*

E.g. Diana needed her daughter to support her stepping into bath with risk prior to intervention.

- If outcome = Equipment provided means Diana is able to manage transfers completely independently = increase/improvement.
- If outcome = Equipment provided but Diana needs supervision / support to use equipment = remained the same.

Managing toilet needs

You MUST answer 'Yes' or 'No'.

Does Managing toilet needs need to be captured?	
<input checked="" type="radio"/> Yes	<input type="radio"/> No

If 'Yes', the following boxes will appear - complete as relevant.

Managing toilet needs		
Level of Independence		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Level of participation		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's Cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement

Example

Person's physical wellbeing - *Has the person's physical wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. now more active day to day, risk of injury reduced)*

E.g. Navdip needed his son to support him to transfer on and off the toilet with risk prior to intervention.

- If outcome = Equipment provided means Navdip is able to manage transfers completely independently and previous risks (e.g. of fall) have been reduced considerably = increase/improvement.
- If outcome = Equipment provided, but on review, OT/A would recommend support of another person continues, but Navdip chooses to manage alone with risk = remained the same.

Being appropriately clothed

You MUST answer 'Yes' or 'No'.

Does Being appropriately clothed need to be captured?

☐ Yes

☒ No

If 'Yes', the following boxes will appear - complete as relevant.

Being appropriately clothed		
Level of Independence		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Level of participation		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's Cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement

Example

Person's cognitive / mental wellbeing - *Has the person's cognitive / mental wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. now more motivated, confident, less anxious).*

E.g. Katherine needed her husband to support her with dressing tasks prior to intervention.

- If outcome = Information / advice provided means Katherine is able to dress completely independently and has regained privacy/dignity = increase/improvement.
- If outcome = Information / advice provided, Katherine still requires some supervision / support to dress but is more motivated to get dressed each morning = Increase /improvement

Bed transfer

You MUST answer 'Yes' or 'No'.

Does Bed Transfer need to be captured?

☐ Yes

☒ No

If 'Yes', the following boxes will appear - complete as relevant.

Bed Transfer (Home Safety 1)

Level of Independence

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Level of participation

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's Cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Example

Carer's physical wellbeing - *Has the person's physical wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. risk of injury carer reduced)*

E.g. Shaun needed his father to support with transfers in to bed each evening with risk prior to intervention.

- If outcome = Equipment provided means Shaun is able to manage transfers completely independently = increase/improvement, as his father is no longer providing the physical support that could have resulted in injury.

Chair transfer

You MUST answer 'Yes' or 'No'.

Does Chair transfer need to be captured?

☐ Yes ☒ No

If 'Yes', the following boxes will appear - complete as relevant.

Chair Transfer (Home Safety 2)		
Level of Independence		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Level of participation		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's Cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement

Example

Carer's cognitive / mental wellbeing - *Has the carer's cognitive / mental wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. now less stressed, more confident, has more time to self).*

E.g. Mrs Alessi needed her son to physically support with chair transfers with risk prior to intervention.

- If outcome = Equipment provided means Mrs Alessi is able to manage transfers completely independently = increase/improvement as her son is no longer having to make time to visit to support with transfers = reduced stress/pressure on carer.

Stair transfer

You MUST answer 'Yes' or 'No'.

If 'Yes', the following boxes will appear - complete as relevant.

Stair Transfer (Home Safety 3)		
Level of Independence		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Level of participation		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Person's Cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
Carer's physical wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement
<input type="radio"/> Not applicable		
Carer's cognitive / mental wellbeing		
<input type="radio"/> Decrease/decline	<input type="radio"/> Remained the Same	<input type="radio"/> Increase/Improvement

Example

Level of Independence - *Has the need for support from another person or persons changed at all in relation to [the outcome] following your intervention?*

E.g. Louis needed his wife to support him when ascending / descending the stairs with risk prior to intervention.

- If outcome = Equipment provided means Louis is able to manage stair mobility more safely and independently = increase/improvement.
- If outcome = Rails provided but Louis needs supervision / support to use equipment = remained the same.

Moving around the home

You MUST answer 'Yes' or 'No'.

Does Moving around the home need to be captured?

☐ Yes

☐ No

If 'Yes', the following boxes will appear - complete as relevant.

Moving around the home (Home Safety 4)

Level of Independence

☐ Decrease/decline

☐ Remained the Same

☐ Increase/Improvement

Level of participation

☐ Decrease/decline

☐ Remained the Same

☐ Increase/Improvement

Person's physical wellbeing

☐ Decrease/decline

☐ Remained the Same

☐ Increase/Improvement

Person's Cognitive / mental wellbeing

☐ Decrease/decline

☐ Remained the Same

☐ Increase/Improvement

Carer's physical wellbeing

☐ Decrease/decline

☐ Remained the Same

☐ Increase/Improvement

Carer's cognitive / mental wellbeing

☐ Decrease/decline

☐ Remained the Same

☐ Increase/Improvement

Example

Carer's physical wellbeing - *Has the person's physical wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. risk of injury carer reduced)*

E.g. Ryan needed his wife to support him when moving from one room to another with risk prior to intervention.

- If outcome = Minor adaptation provided to widen doorways means Ryan is able to manage wheelchair mobility more safely and independently. No longer reliant on his wife to physically lift the wheelchair around to access doorway = increase/improvement.

Maintaining a habitable home

You MUST answer 'Yes' or 'No'.

Does Maintaining a habitable home need to be captured?

☐ Yes

☐ No

If 'Yes', the following boxes will appear - complete as relevant.

If

Maintaining a habitable home

Level of Independence

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Level of participation

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's Cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Example

Level of Independence - *Has the need for support from another person or persons changed at all in relation to [the outcome] following your intervention?*

E.g. Mr Goodman needed his wife to support him with household tasks.

- If outcome = Equipment provided means Mr Goodman is able to access rooms to complete household tasks himself safely = increase/improvement.
- If outcome = Rails provided but Mr Goodman needs supervision / support to use equipment to maintain home= remained the same.

Developing and maintaining friendships

You MUST answer 'Yes' or 'No'.

Does Developing and maintaining friendships need to be measured?

☐ Yes ☐ No

If

'Yes', the following boxes will appear - complete as relevant.

Developing and maintaining family or other personal relationships

Level of Independence

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Level of participation

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's Cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement
☐ Not applicable

Carer's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Example

Carer's cognitive / mental wellbeing - *Has the carer's cognitive / mental wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. now less stressed, more confident, has more time to self).*

E.g. Julia needed her brother to engage in social activities with her.

- If outcome = Information and advice provided = increase/improvement as carer no longer having to make time to visit to support with social outings every week = reduced stress/pressure on carer.

Accessing and engaging in work, training, etc

You MUST answer 'Yes' or 'No'.

Does Accessing and engaging in work, training, etc need to be captured?

☐ Yes ☐ No

If

'Yes', the following boxes will appear - complete as relevant.

Accessing and engaging in work, training, education, or volunteering

Level of Independence

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Level of participation

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's Cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Example

Person's cognitive / mental wellbeing - *Has the person's cognitive / mental wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. now more motivated, confident, less anxious).*

E.g. Andrea was unable to find suitable activities to fill her time prior to intervention

- If outcome = Information / advice provided means Andrea is aware of local volunteering opportunities which has led to her gaining a place as a volunteer at a local community cafe. Andrea has increased sense of wellbeing due to feeling of achievement = increase/improvement.

Carrying out any caring responsibilities

You MUST answer 'Yes' or 'No'.

Does Carrying out any caring responsibilities need to be captured?

☐ Yes ☐ No

If

'Yes', the following boxes will appear - complete as relevant.

Carrying out any caring responsibilities the adult has for a child

Level of Independence

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Level of participation

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement
☐ Not applicable

Person's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's Cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Example

Person's cognitive / mental wellbeing - *Has the person's cognitive / mental wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. now more motivated, confident, less anxious).*

E.g. Maxine was unable to care for her husband as much as she wanted to prior to intervention

- If outcome = Information / advice provided means Maxine is aware of local support for carers if / when needed. Maxine has gained support and feels less stressed which has increased sense of wellbeing = increase/improvement.

Making use of facilities & services in local community

You MUST answer 'Yes' or 'No'.

Does Making use of facilities & services in local community need to be captured?

☐ Yes ☐ No

If 'Yes', the following boxes will appear - complete as relevant.

Making use of necessary facilities or services in the local community, including public transport and recreational facilities or services.

Level of Independence

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Level of participation

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Person's Cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's physical wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Carer's cognitive / mental wellbeing

☐ Decrease/decline ☐ Remained the Same ☐ Increase/Improvement

Example

Person’s cognitive / mental wellbeing - *Has the person’s cognitive / mental wellbeing in relation to [the outcome] changed at all in relation to the outcome following your intervention? (e.g. now more motivated, confident, less anxious).*

E.g. Ada needed a friend to support her with going to the local pub prior to intervention.

- If outcome = Information / advice provided means Ada is aware of local pubs and clubs and this has encouraged her to visit. Ada has regained social relationships which has increased sense of wellbeing = increase/improvement.
- If outcome = Information / advice provided, Ada still requires some supervision / support to get to the local club but goes twice a week and enjoys the outings = Increase / Improvement

Section 3. Actions Taken

Select ‘Add’.

Occupational Therapy Outcomes and Savings

Sections

1. Person details

2. Occupational Therapy Outcomes

3. Actions Taken

Indicates completed section

3. Actions Taken

Next Actions

Next actions

Next action	Assigned to	Reason	Note	Priority	Status
<div>Add</div>					

There is only one available next action - ‘No further Action - Other workflow continues’.

Next actions

Select action

-- Please Select --

-- Please Select --

No Further Action - Other Workflow Continues

Note

Priority

Urgent

Normal

Low

Add

Add and Close

Close

Select ‘Add and Close’

End of Occupational Therapy Outcomes and Savings