

CAHE JC Critically Appraised Article Summary

Journal Club Details

Date of submission	March 2009
Journal Club location	Noarlunga Health Services
JC Discipline/s	Multi-disciplinary
JC Facilitator	Kelly Vlassopoulos

Clinical Scenario

Is allied health involvement in the emergency department (ED) effective in improving outcomes such as need for admission, length of time in ED, patient satisfaction, quality of life?

Review Question/PICO/PACO

- P** Patients in ED
- I** Allied health involvement in ED
- C** Usual care (no AH involvement)
- O** Need for admission/ length of time in ED/cost/patient satisfaction/quality of life

Article/Paper

Hendriksen H, Harrison R. Occupational therapy in accident and emergency departments: a randomised controlled trial. *Journal of Advanced Nursing* 2001; 36(6): 727-732.

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Article Methodology: Randomised Controlled Trial

Returned JC on: 4 March 2009

By CAHE staff member: Lucyllynn Lizarondo



Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p>The study asked a clearly focused question.</p> <p>Participants: Patients aged 75 and older with a primary diagnosis made in accident and emergency (A&E) of limb, rib or back trauma</p> <p>Intervention: Full occupational therapy assessment before being discharged from A&E; Control group received no input from the occupational therapist</p> <p>Outcomes: functional dependency as measured by functional measurement tool (FMT); patient anxiety</p>
2	✓			<p>The study was a randomised controlled trial, which is ideal for looking at evidence of effectiveness.</p> <p>Is it worth continuing? YES</p>
3		✓		<p>Randomisation is carried out to eliminate systematic differences between groups in order to be more confident of the results that can be drawn from the study. Whilst the study reported that patients were allocated to intervention and control groups using simple randomisation procedure, this technique did not produce baseline balance between groups.</p>
4			✓	<p>The occupational therapist who performed the assessment at baseline and follow up was aware of the patients' group allocation. Observer bias may have occurred.</p>
5			✓	<p>There was one patient in the control group admitted to the hospital and was therefore not included in the follow-up data. Whether or not this could have affected the results was unclear.</p>
6	✓			<p>Outcomes were measured and collected in the same way and time period for all participants.</p>
7			✓	<p>No power calculation was carried. The sample size included in this study was small to generate conclusive findings.</p>
8				<p>Results were presented as percentage difference (change in the proportion of patients with a FTM score of 12) and p-values.</p> <p>Bottom line result: Patients who received occupational therapy assessment before leaving the hospital were less likely to have problems in performing one or more of the four basic activities assessed in FMT.</p>
9				<p>Whilst results were based on computed p-values, the sample size was small enough to allow detection of the exact effect of the intervention.</p>



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Ques No.	Yes	Can't Tell	No	Comments
10		✓		<p>The most important outcome, which is function, was assessed by means of FMT, which was reported to have high agreement with the Barthel Index. Patient anxiety was also assessed and the scale used has acceptable psychometric properties. In this study, only the patient outcomes were considered. It would have been worthwhile to consider outcomes from the point of view of family/carers and even the allied health professional.</p> <p>This study has significant methodological flaws which limit the applicability of results. The non-blinding of assessor, small sample size and non-equal baseline characteristics of groups may have caused considerable bias and confounding of the results.</p>