



## Model of Human Occupation

### Archived List Serv Discussion

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#### **MOHO Assessments within Intermediate Care**

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**November 18, 2008**

Hello,

I am Rob Rainsford, an OT working in intermediate care in the community.

I have been post graduation 1 year and I am trying to incorporate and utilise the principles of MOHO and the screening tool as an assessment and outcome measure within our intermediate care service.

We are an acute service seeing clients for a period up to 6 weeks and this is an important pragmatic service requirement and therefore an important consideration with any assessment tool.

Our clients generally have a multitude of conditions , 60% of our clients are 80+ with a sizeable proportion suffering with dementia and functional conditions.

Our Assessments are not holistic enough to reflect such conditions and social and environmental complexities and too biomedical at present and the importance of motivation etc is not addressed sufficiently within them. We require also an evidence based assessment to combine qualitative and quantitative elements and allow other professions to understand more fully our role. The concern with my manager is the time restrictions we have sometimes seeing clients only a couple of times.

Do you have any knowledge of adaptations to the MOHOST within "physical" settings and forums where I can discuss and tap in to work already carried out.

Much appreciated.

Rob

**November 21, 2008**

Dear Rob,

We are 3 occupational therapists in a physical Occupational Therapy service working across a community rehab ward, intermediate care and a long term community rehab service. We are currently piloting the use of MOHOST for exactly the reasons you quote – we wanted an evidenced based assessment that captured social and environmental complexities and motivation whilst demonstrating the breadth and depth of the occupational therapist's role. We are still early days; our thoughts have been that for us as therapists it has been able to record all the information we know but are never able to get into our assessments and have been excited and energised by the tool.

We have made the comment box for each individual skill (ie appraisal of ability, roles) bigger to record the information in that box so we are writing both the quantitative and qualitative information along side each other. However this has resulted in the tick box ease of our original forms being lost. This is less of a problem for our long term community patients or inpatients but our intermediate care therapist is experiencing issues of the time taken to fill in the assessment and being able to visit sufficient times to gather enough information. We are still very much in a learning curve and our use of the forms is changing and developing daily.

For patients with dementia and memory problems it is a powerful tool for recording the processing and motivational aspects of occupation that often get lost in physical occupational therapist assessment forms.

We would be interested in your thoughts and progress.

Maisie Reynolds