



Boonwurrung, Bunurong and Wurundjeri Woi
Wurrung peoples of the Eastern Kulin Nation

AlfredHealth
Occupational Therapy



Occupational therapy and daily living interventions: a comparison between hospital-based and bed-substitution models of care

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Background: stroke rehabilitation

- Stroke is a leading cause of disability
- Early, intensive, goal-directed rehabilitation improves outcomes
- Traditionally delivered in hospital settings

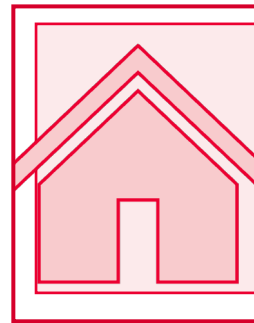


Background: bed-substitution model

- Demand for hospital beds is increasing
- Bed-substitution = intensive rehabilitation at home
 - **Direct substitute for inpatient rehabilitation**
 - *Distinct from ESD, HITH, and RITH*
 - Limited occupational therapy specific evidence



Hospital-based inpatient
model of care

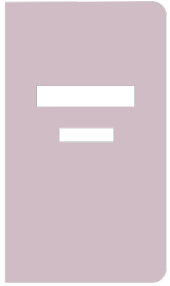


Home-based bed-
substitution model of care

Objective

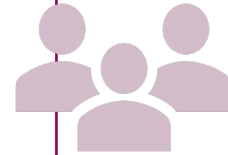
- To describe and compare occupational therapy interventions provided to people with stroke **during rehabilitation in-hospital** based model of care and a **home-based bed substitution** model of care.
- Specifically, the study examined:
 - ✓ Session frequency
 - ✓ Targeted functions and skills
 - ✓ Types of therapeutic activities
 - ✓ Therapist actions
 - ✓ Therapy locations
 - ✓ Provision of self-practice tasks

Method



DESIGN

Retrospective descriptive file audit at a metropolitan tertiary hospital in Australia



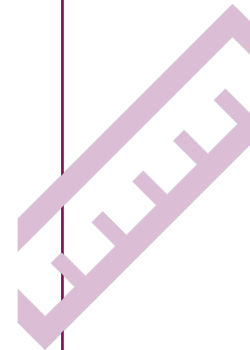
INCLUSION CRITERIA

Adults with confirmed stroke who received occupational therapy in either model of care.



INTERVENTIONS CODED

Modified Occupational Therapy Taxonomy of Rehabilitation Interventions (OT-TRI) (Whisner et al., 2015) plus Functional Autonomy Measurement System (SMAF) (Herbert et al., 1988) domains



DATA CAPTURED

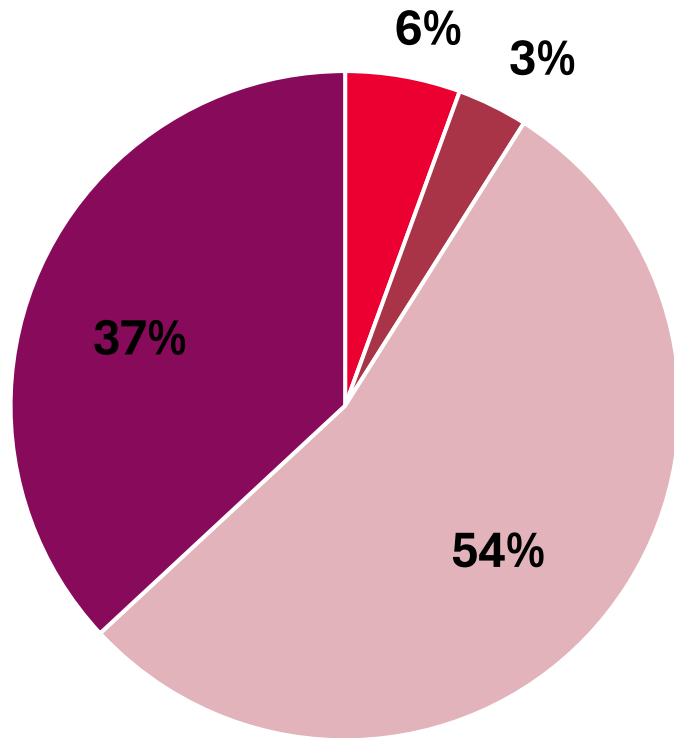
Intervention type and therapist actions; targeted skills/functions; therapy location; self-practice tasks; FIM scores, length of stay, discharge destination

Results - Participants

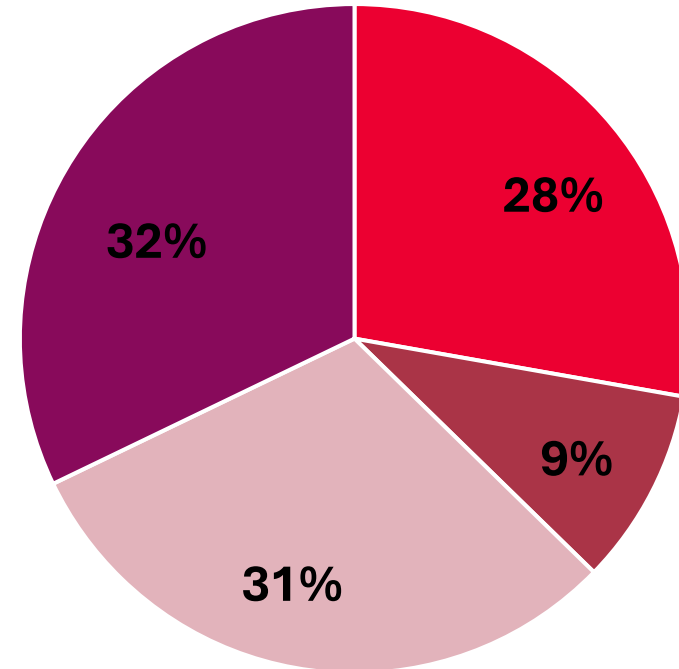
Participant characteristic (n= 63)	Hospital-based (n= 34)	Bed-substitution (n=29)	Total sample (n=63)
Age, mean (SD)	72 (16)	68 (15)	70 (15)
Sex, number men (%)	18 (53)	23 (79)	41 (65)
Type of stroke, number ischaemic (%)	25 (74)	15 (52)	40 (63)
Prior location, number stroke unit (%)	24 (71)	13 (45)	37 (59)
Discharge destination, number home with supports (%)	15 (44)	26 (90)	41 (65)
Length of stay, mean (SD)	42 (31)	17 (7.7)	31 (26)
FIM motor admission, mean (SD)	35 (20)	66 (13)	50 (23)
Interventions, number (%)	791 (76)	252 (24)	1043 (100)
Occasions of service, mean (SD)	24 (19)	16 (23)	20 (21)

Results: Intervention Activity

Hospital-based activity



Bed-substitution activity

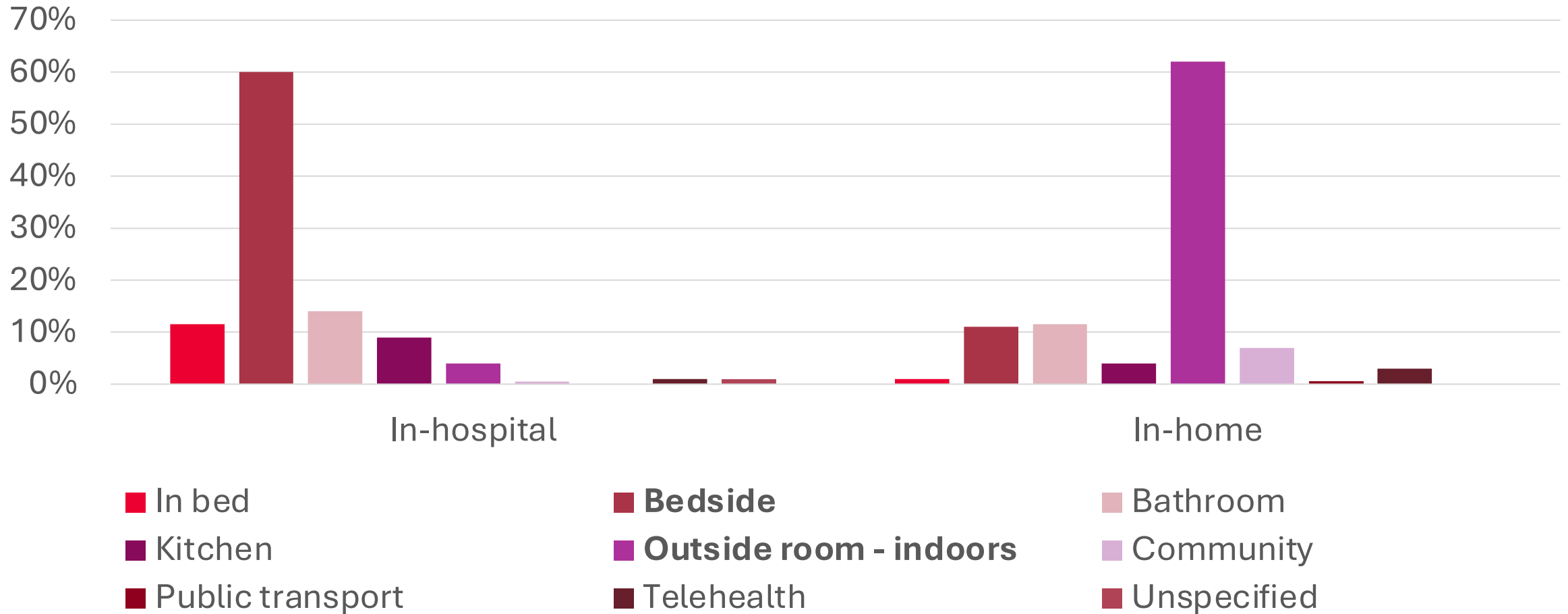


- Education
- Collaboration
- Preparatory
- Occupation-based

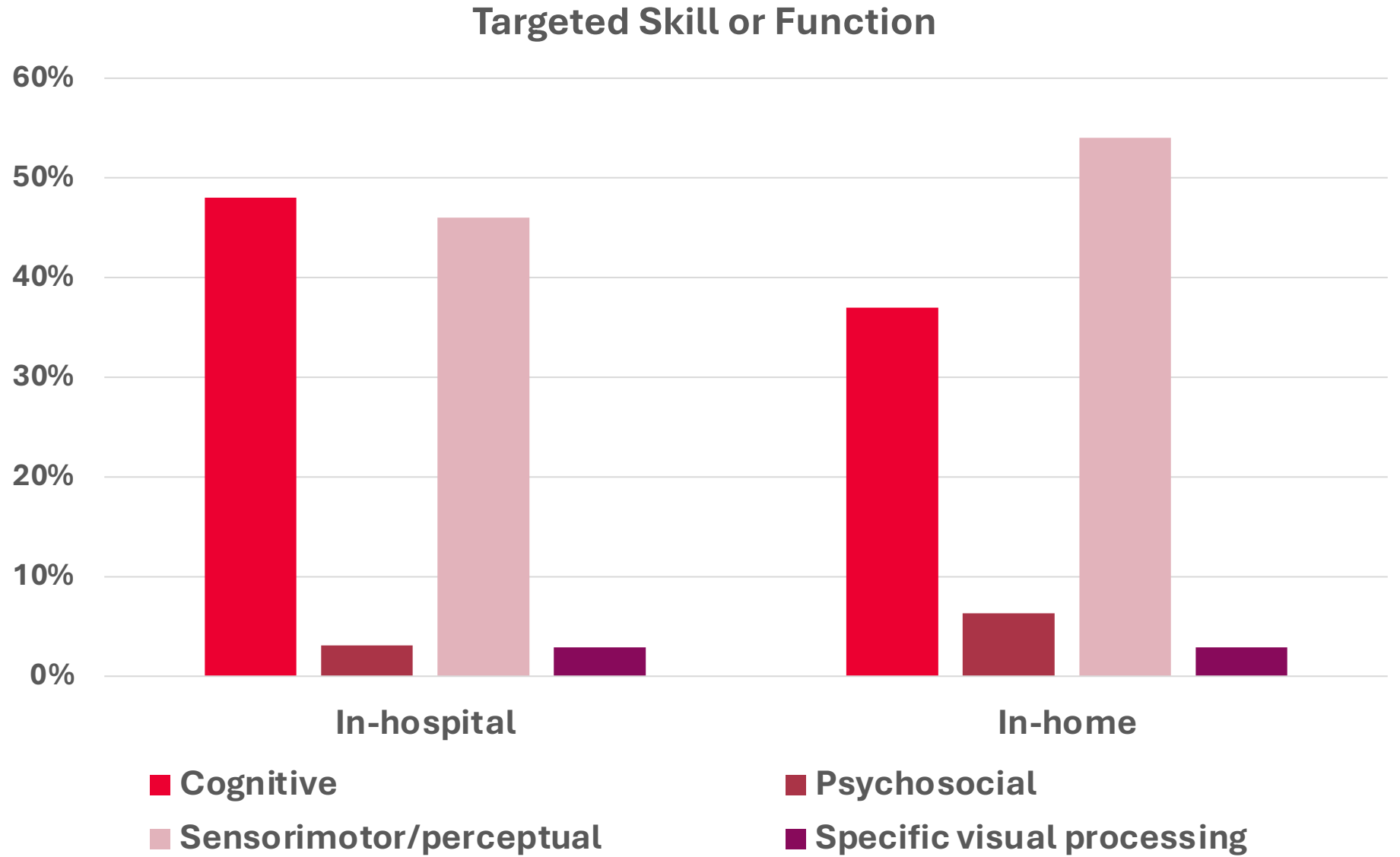
- Education
- Collaboration
- Preparatory
- Occupation-based

Results: Location

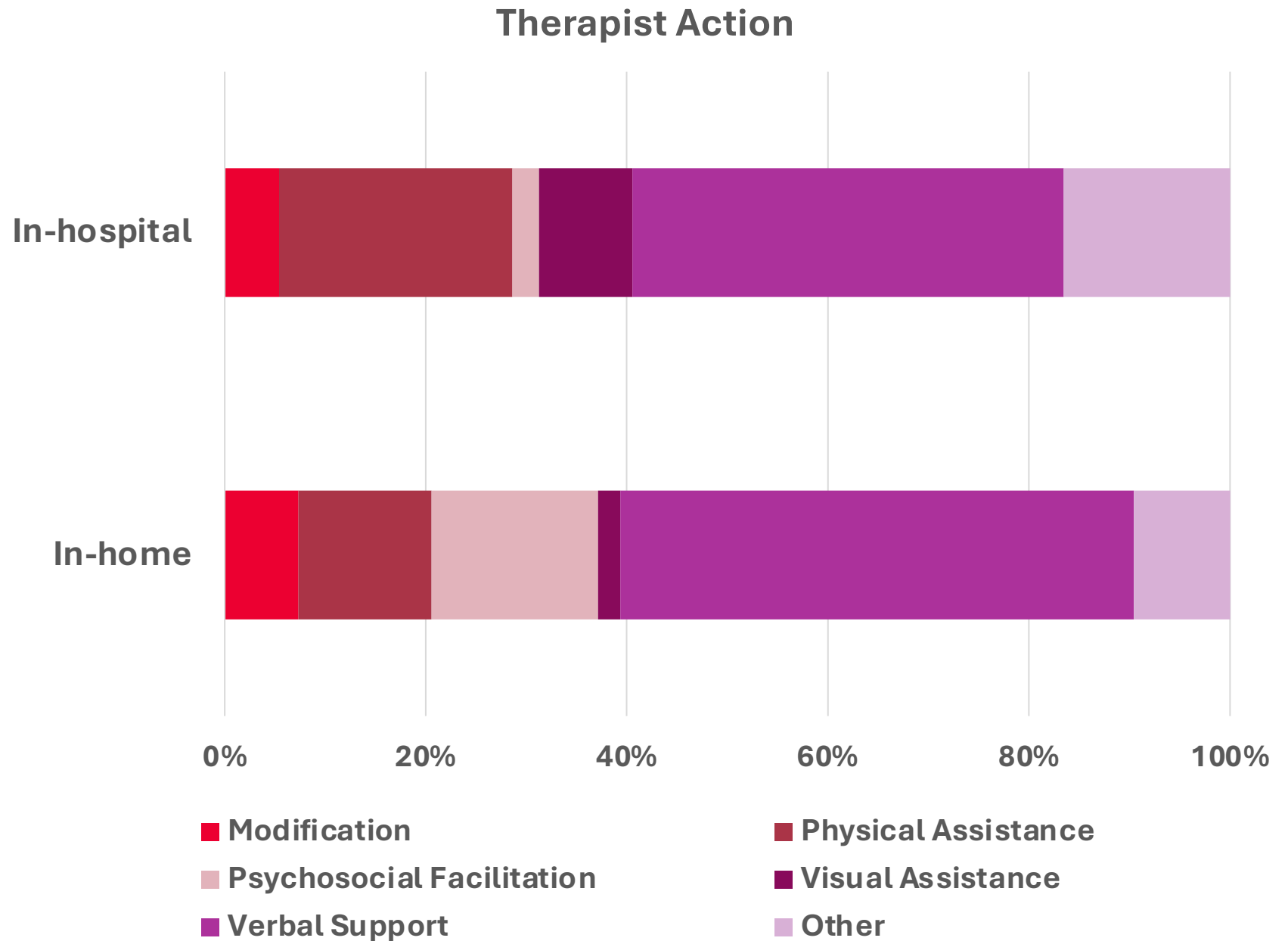
Location



Results: Targeted skills or function

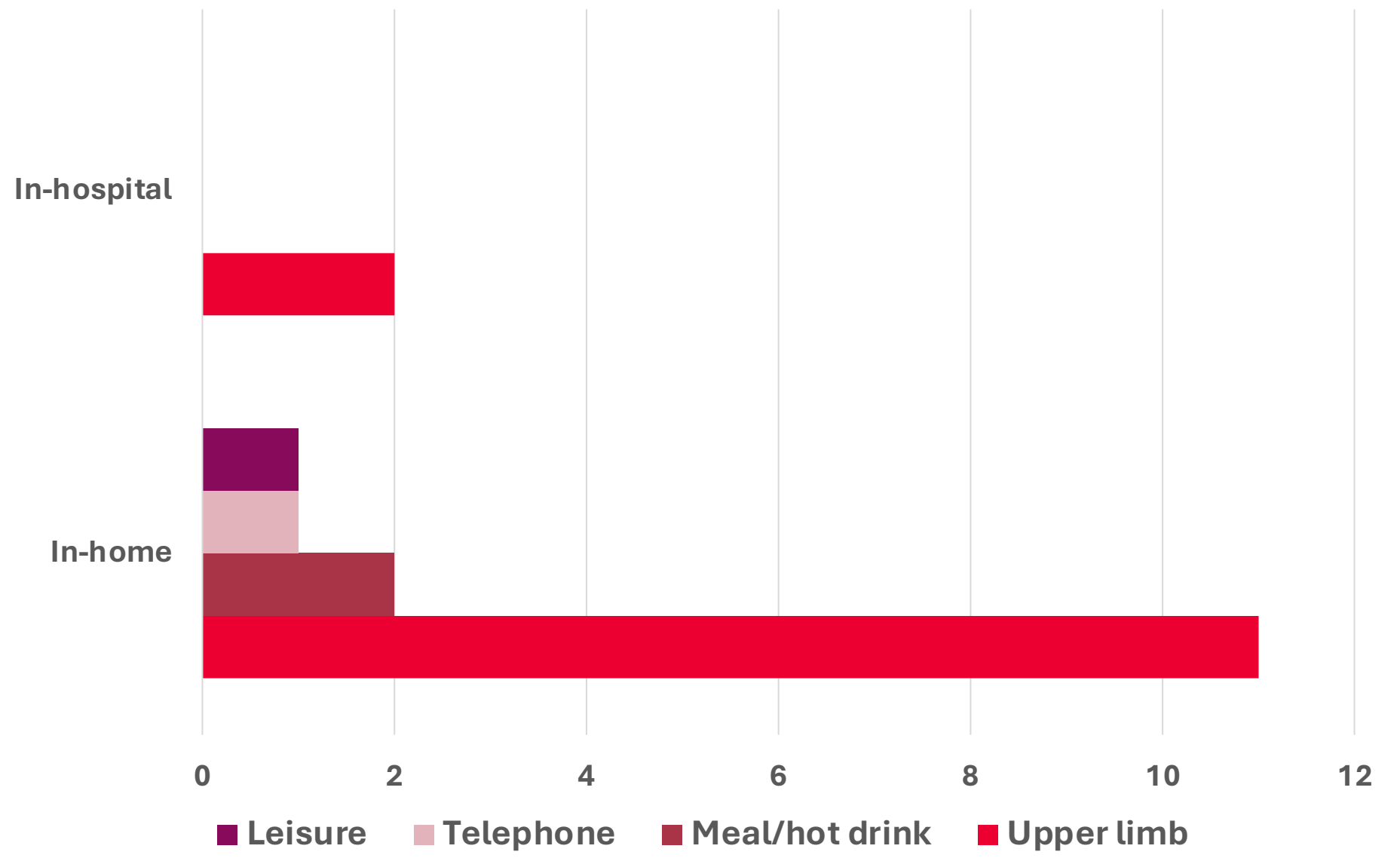


Results: Therapist actions



Results: self- practice

Self-practice tasks



Clinical implications

- In-hospital model supports early recovery and foundation skill development.
- Bed-substitution model enables contextualised, occupation-based intervention.
- Each setting delivers distinct therapeutic value aligned with patients' recovery stage and functional capacity, reinforcing the importance of diversifying rehabilitation models.
- Clear clinical decision-making frameworks to guide patient selection and transition are required

Limitations

- Single site, small sample size
- Retrospective documentation
- Limited intervention duration data
- Did not adjust for stroke severity (although FIM differences give context)
- Bed-substitution cohort largely admitted from inpatient rehabilitation

Conclusions

- Distinct therapeutic value across both models
- Occupational therapy interventions aligned with recovery stage
- Opportunities to strengthen self-practice programs
- Need for clinical frameworks to guide transitions
- Importance of consistent clinical documentation

Thank You!

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