Date: November 5, 2007

hello,

i would very much appreciate any anecdotal evidence from occupational therapists regarding the impact of using MOHO in a physical setting.

i lead a service providing OT intervention to people with long term physical conditions, neurological, musculoskeletal, respiratory and have been gradually using MOHO tools to guide and change my practice, i feel it is helping to do both. a group of us now wish to take this further and champion the use of MOHO as the model for intervention service wide.

initial work tells us people are interested but.......  

I feel if i could provide anecdotal as well as other evidence from comparable services/client groups it will help allow us to take this forward and really focus on OT, this will in turn help clients/commissioners understand why we are specialist services, and how we currently do many of the roles indicated in guidance and government papers.

any experience of using/implementing the model with people of comparable conditions living in the community and facilitating discharge from hospital will be much appreciated.

Fiona Holland

Date: November 10, 2007

Hi Fiona,

I was wondering if you've received any replies from people using MOHO in physical settings? Over the years I've heard from various people using the MOHOST in physical settings, (acute general, neurological, older adults community) and would also be really interested to hear any anecdotes.

Sue Parkinson.
Date: November 15, 2007

Hi,

I used to work in community physical setting, in Coventry PCT, which was just commencing the use of MoHO assessments across the region (sadly this service has now been disestablished due to financial control)
I did feel that using OCAIRS, in line with a physical assessment did give very good picture of the patients physical issues as well as motivation etc.. it also gave a good way to score if OT was not needed and when the case was more complex. I found this could help with allowing case mix to be determined and acceptance of new referrals.

I found the OSA was a really good tool to use with individuals where they felt no positive benefits had occurred during therapy, as this could be administered at the start of intervention and subsequent intervals of need (I used to use at 6/52 intervals if required)

I did struggle more with use of the MoHOST as I felt that it was not as sensitive as it could be to help provide a plan for intervention.

We did find the OCAIRS gave us a good tool to report back to GP's etc...about outcomes of interventions too

Hope this is useful

Kind Regards
Annette Ferrier

Date: November 15, 2007

Good points Annette.

I'd always use an interview-based assessment or the OSA if the client was up for this and time allowed. The MOHOST gives a broad overview and if the clients performance skills are reasonably good or conversely if they are have multiple and profound problems then I think it's often better to try some other assessments - either the OCAIRS and the OSA in the former situation, or the ACIS, VQ or AMPS in the latter situation.

I'm sorry to hear that your service was disestablished.

Sue Parkinson
Date: November 15, 2007

Hi Sue

Thanks for the reminder Sue to reply to this - it has been on my to do list for too long and shouldn't have been considering I have been looking for OT's with exactly this outlook in a primarily 'PHYSICAL' setting for what feels like such a long time now!!

Kylie and Fiona - I work in a community older peoples team providing a rehabilitative service for over 65's with a primary focus of preventing hospital admission. I have been working on implementing MOHO into my practice for nearly the last 2 years and have just completed a 9 month pilot of MOHOST which I am currently trying to audit. I would be delighted to share experiences with you as this model has transformed my practice as well as the perception of my role and status within my team. I probably now have more questions to ask than I did when I started but I suppose thats the whole process of learning!! Are you based in the UK? If you are feel free to call.

I look forward to speaking to you sometime soon!

Kind Regards

Mary Henaghan

Date: November 23, 2007

Hi Mary,

I hope you don’t mind my getting in touch with you. I would also be interested in hearing about the positive impact using MOHOST has had on your practice. I also work in a physical setting – Intermediate and Rehab services for Older People - and have tried MOHOST with a couple of patients although I do tend to use the in-house OT assessment for the majority of patients seen. As I have only completed a couple of assessments, I am not sure of all of the benefit/limitations in completing the MOHOST. There seems to be lots of issues to be considered e.g. I am AMPS trained so can see the benefits of using the MOHOST in this respect however I have had feedback that MOHO has been perceived as a framework which sits more comfortably within mental health.

Kind regards,

Louise Wilson.
Date: November 23, 2007
Hi Louise

Nice to hear again from someone thinking of using this tool in a more physically orientated setting.
I think MOHO has proven to be a valuable conceptual framework for many years within mental health and it is great to hear of so many OT's exploring the use of MOHO and its assessment tools within other areas of practice - it gives me the confidence to keep going as I might be on the right track after all!

I use also use my 'in-house' paperwork when assessing clients along with a variety of standardised assessment tools which includes AMPs. I have found that my in-house initial assessment forms allow me to record what my clients do in relation to occupational performance and I find using the MOHOST allows me to explore and identify why they do what they do! Does that make sense?

Combining the information from both has allowed me to create a more accurate and truely holistic understanding of my clients levels of functioning as well as allowing me to create more realistic, client and occupational focused treatment plans.

This enriched understanding of my clients has not only helped me to more accurately reflect on my own treatment planning but has also allowed me to influence the interventions planned by the other disciplines within my team and has really helped me to raise my profile away from a stereotypical equipment provider. I have even read reports written by my colleagues and have seen them use my 'MOHO' language!!!

The great thing about it is now that I am more familiar with the tool, it doesn't take long to complete, does not require direct client participation (which can be extremely difficult with my client group) and it allows me to use all the information I have available to me to help me complete it (i.e my & other disciplinary assessments/reports, case histories etc).
It has also allowed me to evidence my effectiveness (qualititively) although I am still challenged by higher management who continue to demand evidence in a quantititive format! I'm not sure how I'll get round that but perhaps that's a discussion for another day !

When I started my 'MOHO journey' (if i can call it that without laughing this late on a Friday evening when I really should be drinking wine and watching a good movie!) I used to get really hung up on all the detail of it and at first tried to read the book chapter by chapter which nearly killed me! After a while I realised that I couldn't learn it all alone or all at once and found MOHOST a great starting point of exploration. I am a complete novice in this subject continuing to learn day by day but now find myself working backwards in a way, to explore how I can go beyond implementing a screening tool and towards implementing a conceptual framework!
My advice to you now Louise is to keep going with it and don't be put off because its more commonly used in another setting!!
Please feel free to call or e-mail because the more we can support and learn from each other the better!

I hope this helps - let me know how you get on!

Kind Regards

Mary Henaghen

Date: November 26, 2007

We use the MOHOST in conjunction with the FIM as our initial and discharge assessment for patients admitted to our inpatient rehab unit. We chose to use the MOHOST as it met several goals that we were trying to accomplish. These goals are as follows: we wanted to use an assessment that would integrate MOHO into our daily practice; we wanted to move away from a traditional medical model assessment and differentiate ourselves from physical therapy; we wanted an assessment that was consistent with the OT Practice Framework. In addition, since several of the therapists are also AMPS trained and we use a modified version of the MOHOST for acute care (we free text comments using the same major areas of the mohost but do not score it), our documentation is consistent across the various levels of care. It was a bit of an adjustment at first, and our rehab assessments can be quite lengthy, but overall people are very happy to have made this change.

Lisa Castle