

The Collaborative Occupational Measure of Performance and Change Over Time™ is an assessment tool for occupational therapy practitioners, designed to bring client-centered and occupation-based practice into the forefront of contemporary occupational therapy service delivery.

COMPACT™ Orientation & Procedure Manual

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Introduction:

The Collaborative Occupational Measure of Performance and Change over Time™ (COMPACT™) is designed to promote *best practice* ideals in occupational therapy (OT) – client-centered and occupation-focused intervention. This includes a focus on occupational goals that are valued by the client and caregiver, objective assessment of occupational performance, and collaborative goal setting that sets the stage for client engagement in the therapy process. Why is this important? Clients and caregivers in physical disability settings who do not actively participate in the goal setting process or who are not aware of their (client) goals are not as invested in the therapy process, slowing therapy progress. In contrast, maintaining the focus of OT intervention on occupation rather than underlying impairment, although often problematic for occupational therapists, is more motivating to the client and a stimulant to therapy progress. Predictably, client satisfaction, an important consideration for medical reimbursement, is enhanced. Similarly, caregivers who are informed of their family member's condition and engaged in the therapy process are better able to participate responsibly in discharge planning than those who are not involved, or engaged late in the rehabilitation process.

Based on the AOTA's OT Practice Framework (2014), the COMPACT™ is a three-stage assessment tool which begins with the caregiver and client's perception of occupational issues, followed by a format for collaborative goal setting and re-assessment of occupational priorities. The clinical judgement of the therapist is central in determining which clients/caregivers are most likely to benefit from this collaborative tool and in what stage of recovery tool use would be indicated. The tool is time-efficient, whether completed as a self-report or within a semi-structured interview process. The COMPACT™ can be used as a tool for data collection, thus supporting evidence-driven practice ideals.

Description of the COMPACT™:

The client's (or client's) perspective on their occupational participation is at the heart of the COMPACT instrument. Through close cooperation and collaboration the client as well as caregivers'/family members', client-centeredness is encouraged. Additionally, through the COMPACT™ form completion process, both the client and the caregiver/family members may experience a better and more immediate understanding of the breadth of occupations that

may be addressed in their OT intervention processes across contexts of service delivery – inpatient, outpatient, and community re-integration. The COMPACT™ consists of three forms:

Form A reflects the perspective of the client and the caregiver in regard to previous pattern of occupational performance, current difficulties in activity participation and priorities for occupational therapy intervention.

Form A: Acute Medical Conditions is a specific adaptation of Form A meant to focus on selected occupational areas for individuals with acute medical conditions or limited capacity to participate in the assessment process.

Form B is designed to re-assess the priorities of the client and caregiver in response to therapy progress. Through administration of the form the client and caregiver's knowledge of activities addressed in therapy are evident, the client and caregiver's perspective of client skill level in occupational performance is gained, the client and caregiver's perspective of priorities for future occupational therapy intervention are identified and, through mutual agreement, goal changes are noted in the therapist response section. In addition, a section on collaborative goal and priority planning outlines the role of the client, the family member/caregiver and the occupational therapist in assisting the client to achieve goals.

Form C provides a format for gathering the collective perspectives of the client, the caregiver and the therapist to set the stage for collaborative goal-setting. The cover sheet for Form B provides a convenient format to document client demographics for use in data collection (whether outcome studies or departmental records). The form allows collaborative goal setting and includes a record of the client and caregiver priorities, therapist ratings of objective performance in areas of occupation (using relevant observation-based assessment tools), and suggested goals which are derived from analysis of client and caregiver priorities and objective performance ratings. This form is meant to be a working tool for therapists to use to engage clients and caregivers in establishing meaningful therapy goals.

Overall, the COMPACT™ is intended for use as a tool to facilitate ongoing communication between the client, the caregiver and the therapist over time. This enables client-centered treatment planning responsive to objective measurement of occupational competency.

In summary, the COMPACT™ is intended to:

- identify occupational performance priorities
- promote understanding of the breadth of occupations in the OT process
- invite client self-assessment and prioritization of occupational performance
- allow for focus on selected occupations for individuals with increased medical acuity
- provide the client/caregiver with objective ratings of occupational performance priorities
- support collaborative goal planning
- ensure that priority occupations are addressed in occupational therapy goals
- enable both client and caregiver perspectives of performance
- compare caregiver and client priorities and perspectives
- facilitate client revision of treatment/intervention priorities over time
- enhance client and caregiver satisfaction with the OT process to promote positive outcomes.

COMPACT™ Test Administration and Scoring Procedures:

The administration and scoring procedures for the COMPACT™ are described in detail below. Frequently asked questions and answers have been inserted within relevant sections. Depending on circumstances surrounding use, Forms A & C of the COMPACT™ can be administered as a semi-structured interview or as a self-evaluation tool. Each administration is expected to take no more than 15 minutes whether administered by a therapist or self-administered. The following expands on each of the steps in the assessment process.

The *Collaborative Occupational Measure of Performance and Change over Time™* consists of three separate sections: 1) Form A and Form A Acute Medical Conditions: Establishing Initial Occupational Priorities– the COMPACT™ Checklist; 2) Form B: Prioritized & Collaborative Treatment Planning Tool (Client with OT) – The COMPACT™ Checklist; and 3) Form C: Collaborative Re-Assessment & Planning Form– The COMPACT™ Checklist.

1. Form A: Establishing Initial Occupational Priorities– the COMPACT™ Checklist

- a. The Form A of the COMPACT™ sets the tone for a collaborative therapeutic relationship, gives the client and caregiver a perspective of the breadth of problem areas that can be addressed in occupational therapy, and will give you, the occupational therapist, ideas about the occupational concerns of your client and caregiver.

- b. Form A can be administered either as a self-evaluation or through use of a semi-structured interview format based on the therapist's clinical judgement. Self-administration will be the most efficient format. Regardless of format, the client and the caregiver separately:
 - i. identify activities characteristic of client participation prior to hospitalization;
 - ii. the client and the caregiver identify separately activities that the client finds problematic and
 - iii. the client and the caregiver identify separately prioritized areas of occupation for OT treatment/intervention.
- c. This portion of Form A provides a general overview of the perspectives of the client/caregiver. Do not be concerned if all of the activities are checked in the first column, as the priorities are determined in step 3 of the process. Further prioritization is invited in the open-ended questions following the checklist.
- d. Please keep in mind that if the client or caregiver checks activities that you believe are inappropriate, this will provide you with opportunity to discuss with them further whether their goals are realistic in view of your objective measure of performance on Form C.
- e. If the client is unable to self-administer the checklist or to follow your questions using the form, try using the alternative version of Form A for Acute Medical Conditions. If the client is yet unable to participate, obtaining the perspective of the family member/caregiver is all the more critical. Please keep in mind, however, that the perspective of the family member may not be identical to the client and it will be important to gain the client's perspective when possible. If only the caregiver perspective can be obtained, it will be important to ask the caregiver to consciously consider the perspectives of the client when describing anticipated priorities.

2. Form B: Collaborative Re-Assessment & Planning Form– The COMPACT™ Checklist

- a. The client and the caregiver will separately make a check mark in the appropriate occupational category to identify the activities that the client is working on in OT.
- b. The client and the caregiver will separately rate the client's performance on a scale of 1-10 in those areas that were selected related to activity participation. The rating

- scale will proceed from a score of 1, reflecting that the client is unable to perform the activity, to a score of 10, indicating that the client can perform the activity extremely well. Directed by the therapist, this process may occur as often as indicated, usually at pivotal transitions in the therapy process.
- c. After the client and caregiver forms are completed and at the therapist's discretion, discussion takes place with both the client and caregiver, solely with the caregiver, or only with the client.
 - d. A discussion will occur as to reasoning behind the ratings given.
 - i. The client and caregiver will have opportunity to identify elements in therapy that contribute to the client's success or struggles.
 - ii. The therapist will have opportunity to gain feedback as to the client and caregiver perspective of assistance they perceive to be helpful to the client's progress.
 - iii. At the therapist's discretion, the therapist will share assessment results from objective performance measures, as needed, to inform the client and caregiver of factors impacting client performance in prioritized areas of occupation.
 - e. The therapist will review with the client/caregiver their current priorities for treatment participation and will communicate with the client/caregiver activity participation priorities from the therapist perspective. The resulting outcome in regard to revisions in therapy goals will be recorded.
 - f. Together, the occupational therapist, client and caregiver will identify treatment priorities and specific actions that might be taken by each party to further progress. Client and caregiver involvement will depend on the expected role upon discharge, feasibility of caregiver involvement in therapy, and consideration of client capacity. The therapist is encouraged to provide copies of agreed upon therapy plan to the client and the caregiver to further enhance communication.
 - g. Obtaining client and caregiver perspectives of occupational performance competency at discharge is recommended for outpatient or home health planning. In addition, recording of final values will support data collection for outcomes measurement.

3. Form C: Prioritized & Collaborative Treatment Planning Tool (Client with OT) – The COMPACT™ Checklist

- a. If available, the agreed upon treatment priorities of the client and/or caregiver and ratings of ability are transferred from Form A (and/or B) to Form C, enabling the OT to remain cognizant of occupational priorities identified by the client or caregiver and the self-perceived ability ratings.
- b. The therapist records an objective rating of the client's competence in prioritized areas of occupation using a 1-10 Likert-type rating scale, using 1 as a measure of "less able" and 10 as meaning "very able". This rating by the therapist follows observation-based evaluation of the client's occupational performance by the therapist. On occasion, the therapist may keep record of some areas of occupation not identified as a client priority as a means of providing client and caregiver perspective on client progress. If this is done, the therapists should translate for the client/caregiver and provide a discussion.
- c. The occupational therapist meets with the client and caregiver to discuss alignment of the client/caregiver occupational priorities and ratings with the therapist rating based on observation of occupational performance. The therapist then collaborates with the client, or client and caregiver, to identify appropriate focus areas for future intervention goals.
- d. The therapist considers the client and caregiver occupational priorities as well as the client's level of competence in desired occupational areas in designing the client's intervention goals.
- e. This form can be used repeatedly over the duration of the client's treatment for collaborative goal setting. The last administration of the form should capture the final measurements of the client's objective performance in selected areas of occupational performance.
- f. Identification of discrete variables such as diagnoses, client age, gender and length of therapy duration provides a data set, should outcome or research study be desired.