

# The Introduction of Cognitive Screening When Undertaking Stairlift Eligibility Assessment

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## Introduction

Stairlifts are essential for many people to participate in their occupations. Changes in cognition from conditions such as dementia may limit a person's ability to learn how to use a new device with implications in terms of future risk if an installation is recommended for someone who cannot then use it. In the current climate of positive risk enablement, occupational therapists are under increasing pressure to demonstrate evidence-based assessments.

## Drivers

The Scottish Allied Health Professions' dementia commitment document, Connecting People, Connecting Support (Alzheimer's Scotland 2017), emphasises the importance of supported self-management for people with dementia and their carers. The appropriate provision of stairlifts can be an important contribution by occupational therapists. Risks should not prohibit a person from living as full a life as possible (RCOT 2018). Our approach was reinforced by the story of a gentleman, Raj, who was not considered for a stairlift assessment due to a local authority applying their policy that people with dementia are not eligible (Hare 2016). This was subsequently reversed as the policy was found to be discriminatory under the Equality Act. The implication for occupational therapists is that valid assessments should be offered to people with dementia and other cognitive challenges to determine the person's abilities and identify risks with the purpose of managing them.

Attendance at an executive function workshop prompted community occupational therapists to establish a working group to explore the potential for cognitive assessments to inform decision making. A mental health occupational therapist and a stroke occupational therapist were also invited. The following stages were completed:

- Literature review to find a cognitive screening tool which can produce information to support the suggestion that a person can operate a stairlift effectively and safely
- Activity analysis to provide guidance on which aspects of cognition relate to stairlift operation
- The development of a simple decision guide to inform when to use a cognitive screen
- Testing cognitive screens to evaluate their value for informing stairlift provision decisions
- Learning how to use the screening tools through a buddy system where occupational therapists learn how to administer and interpret findings by pairing with mental health and stroke occupational therapists with experience in their application.



## Context and Literature Review

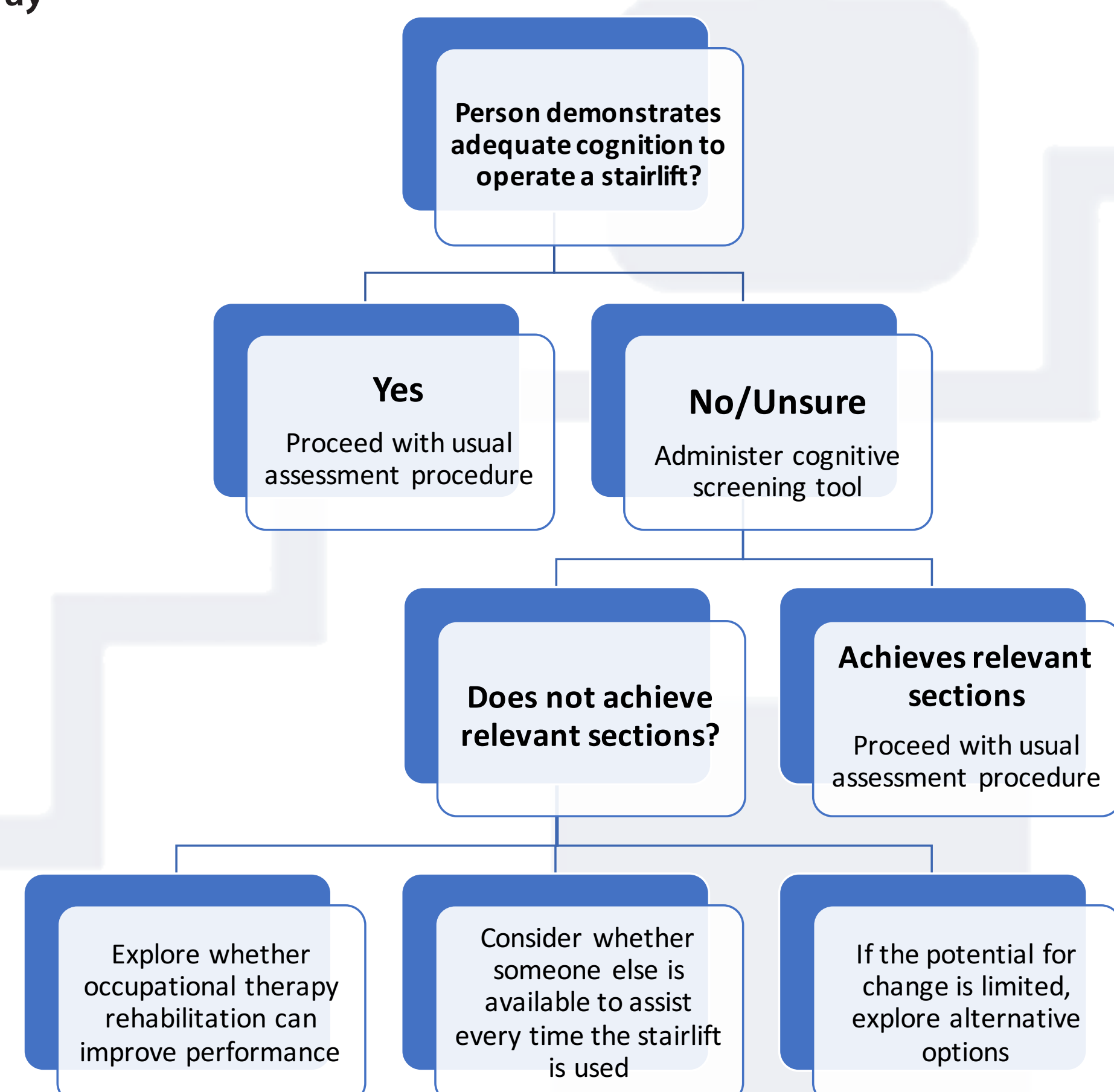
Stairlift operation requires the cognitive elements of attention and procedural memory for information processing and retention of the method of operation. However, when a person does not already have a stairlift in situ, new learning is a requirement which requires executive function to build an understanding of how to use the stairlift. Some stairlifts, which are curved or hinged, are more complex to operate and require a greater level of executive function. Furthermore, executive function is required to problem-solve unexpected events which occur during stairlift operation such as the seat not being fully in position or a sticking operating lever.

In some locations, stairlifts were available for trial but this had become limited in Fife. Using an actual stairlift was, arguably, the most valid form of assessment on its own. If a person demonstrated an ability to operate it, then operating one installed at home was probably not going to be a problem. However, if a person could not operate it, unanswered questions included whether the person was affected by the unfamiliar environment and whether cognition was adequate to learn how to use a stairlift. Thus, it was necessary to find a cognitive screening tool which could assess aspects of executive function.

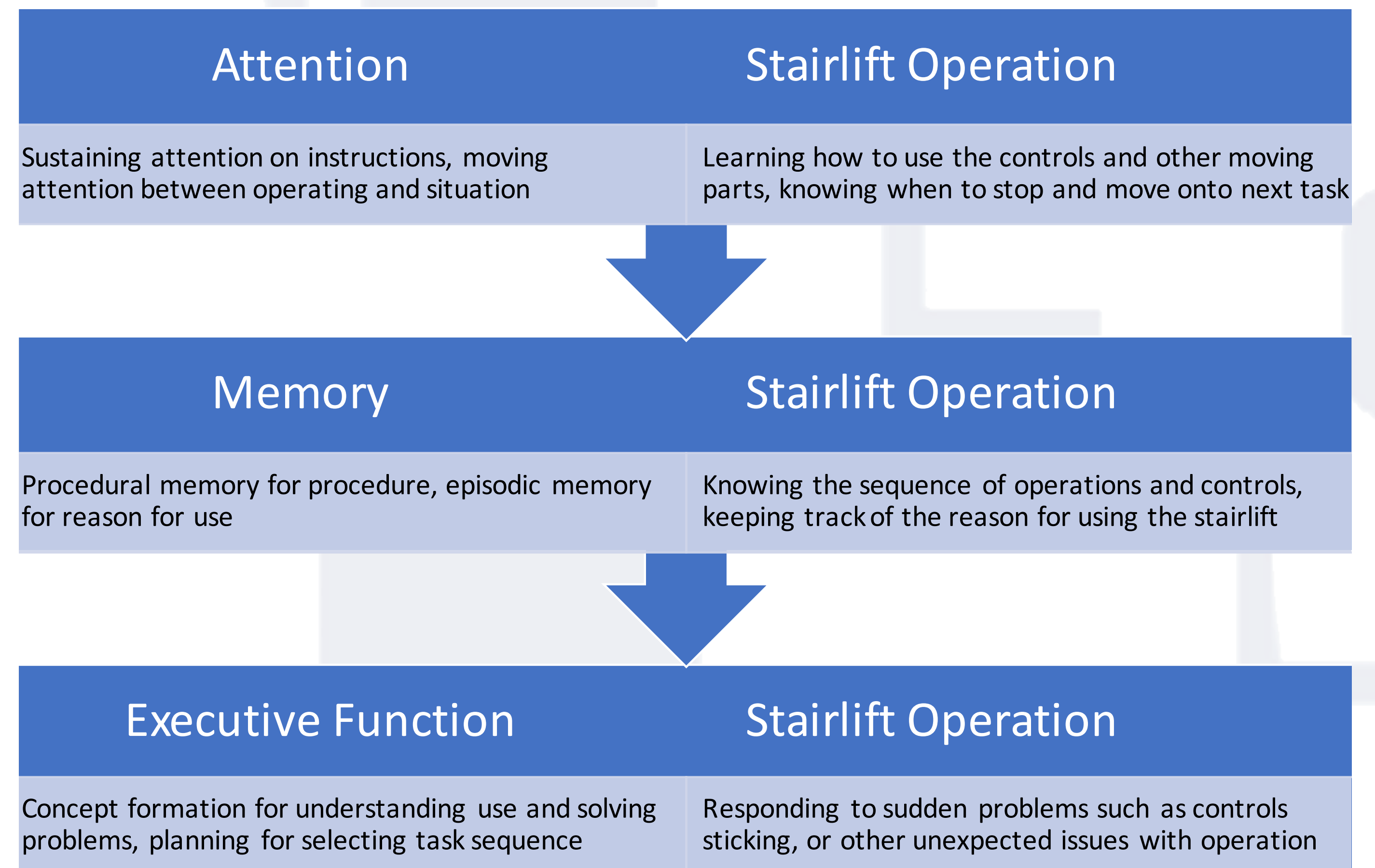
A database search was undertaken on Medline, CINAHL, PsycINFO databases in August 2016 but no research was found with a specific focus on cognitive assessment and stairlifts. Several cognitive screening tools were found including the Addenbrooke's Cognitive Examination - Revised (ACER-R), which were considered by the group with some being applied in practice. The Montreal Cognitive Assessment (MoCA) was found to be suitable as it has executive function specific sections and has the utility of being brief and applicable in the home setting.

The Allen Cognitive Level Screen Version 5 (ACLS - 5) did not appear in the database searches, however the mental health occupational therapy service reported positive experiences in using this. Positive aspects included a specific score suggesting ability to use new technology. This, combined with the specific occupational therapy focus, convinced the group to include it for testing. Like the MoCA, it is also brief and can be administered in the home setting. The group began to familiarise themselves with the use of both tools.

## Decision Pathway



## Activity Analysis: examples of cognition related to stairlift operation



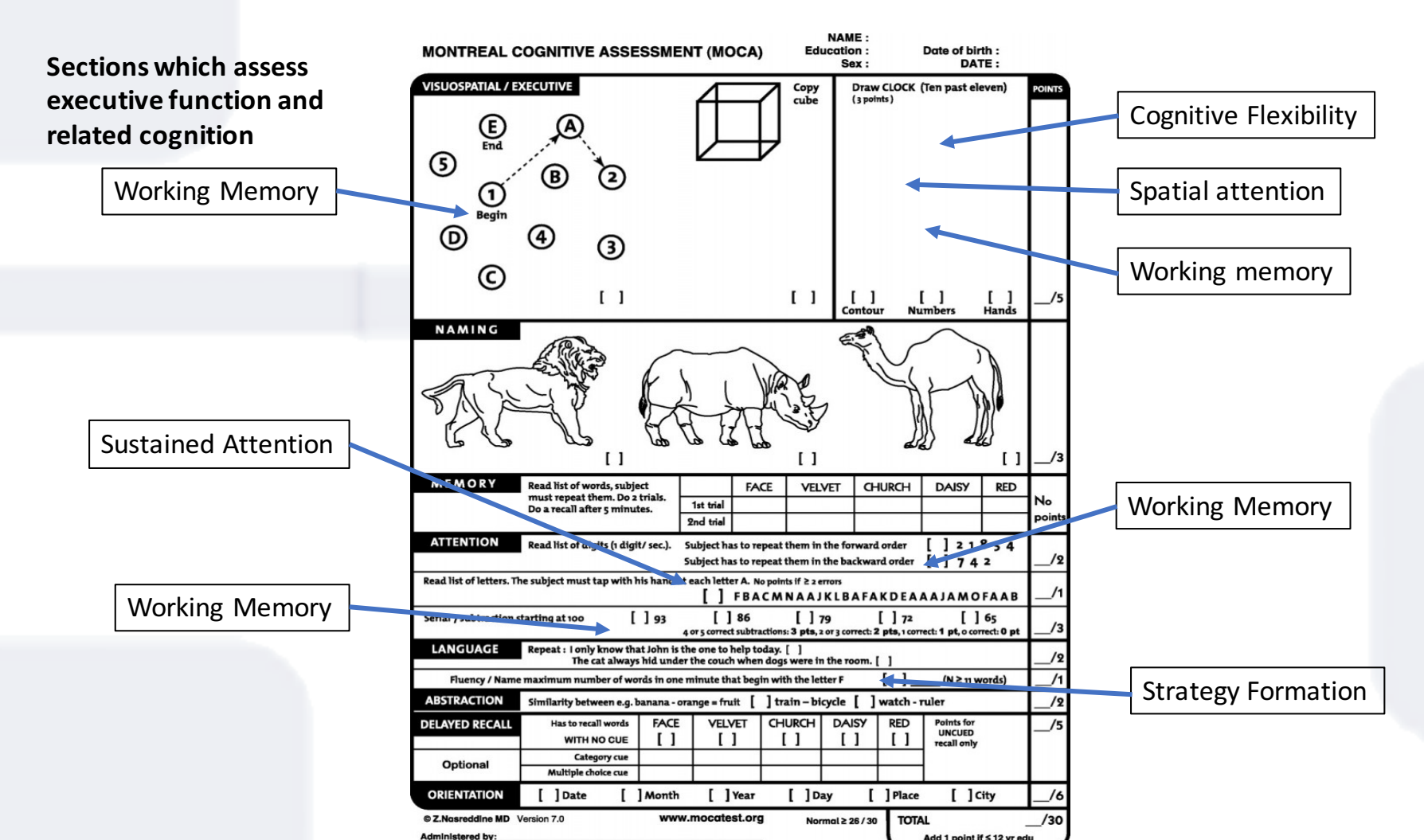
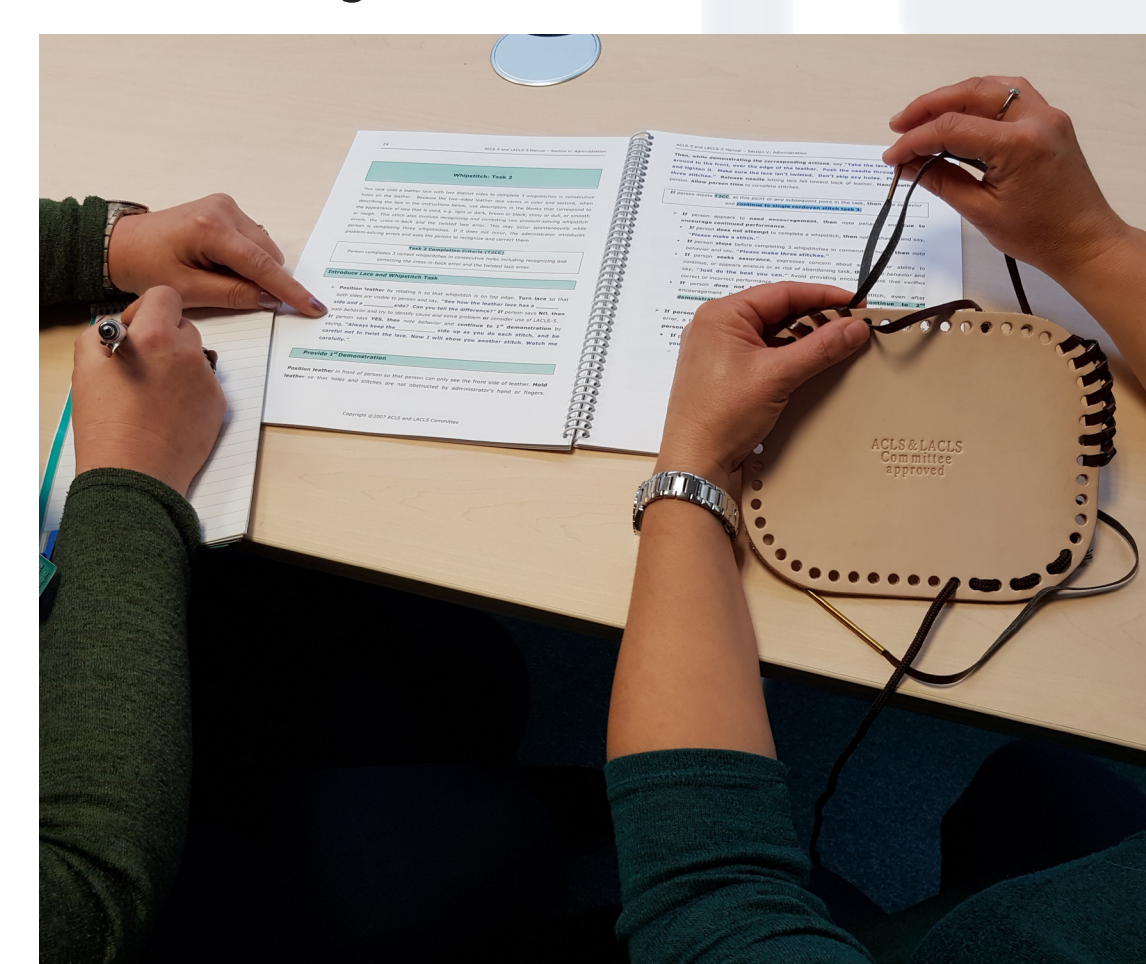
## Screening Tools

The Montreal Cognitive Assessment can be most usefully applied by interpreting cognition from a person's profile on the test as opposed to using the total score. The number and letter trail making, serial sevens and fluency sections test aspects of executive function and show the greatest relation to stairlift operation than the other sections of the screen.

The Allen Cognitive Level Screen includes a scoring level that, if achieved, suggests that the person can learn to use new technology. The two screens were found to complement each other rather than being mutually exclusive.

Buddying provided the opportunity for community occupational therapists from the group to be accompanied by a mental health or stroke occupational therapist for the purpose of working jointly on screen administration, scoring, and analysing the findings with specific attention to stairlift use.

## Administering the ACLS-5



## Conclusion

The initial trials of the cognitive screening tools have been very useful for obtaining more specific information to inform community occupational therapists' decision on whether to proceed with stairlift supply or to explore other options. The Montreal Cognitive Assessment was found to be valuable for providing a profile of the person's cognition and complemented the Allen Cognitive Level Screen which provides an indication of whether the person has the potential to learn how to operate the stairlift. The roll-out of cognitive screening has been provided to the whole service through successful in-house development workshops. The workshops were jointly delivered by NHS and community occupational therapists from the cognitive assessments project. Each community occupational therapy team has received an assessment pack to begin using the tools as part of their clinical practice. Feedback from the workshops has been very positive.



## Occupational Therapists' Quotes

"This will be extremely useful in supporting practitioners in what can often be challenging decision making." - Team Manager.

"I am ready for action - if a little anxious regarding extra time needed, but use of an occupational therapy specific standardised assessment is a huge positive and welcomed." - Occupational Therapist

"I find that using cognitive screening tools to inform the assessment for stairlift recommendation has contributed in a very positive way to the decision-making process and the overall outcomes for my service users." - Occupational Therapist

## References

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