



<p>Team Name: Rehabilitation Services</p> <p>Team Lead: Regional Director – Rehabilitation Services</p> <p>Approved by: VP – Human Resources</p>	<p>Reference Number: CLI.6310.SG.008</p> <p>Program Area: Rehabilitation/Therapy Services</p> <p>Policy Section: General</p>
<p>Issue Date: July 24, 2018 Review Date: November 5, 2020 Revision Date: November 5, 2020</p>	<p>Subject: Occupational Therapy Inpatient Referral Prioritization Guideline</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

Occupational Therapy Inpatient Referral Prioritization Guideline

PURPOSE:

The occupational therapist (OT) will review referral information to determine referral priority status based upon the following guidelines.

PROCEDURE:

The occupational therapist will date and document assigned priority status as P1 or P2 on the Rehabilitation Services Inpatient Referral Form CLI.6310.FORM.002.

Priority 1

- Discharge is imminent (within 24-48 hours) and OT could potentially facilitate a discharge, with the following considerations:
 - Concern regarding safety and risk
 - Concern regarding lack of caregiver or caregiver capacity
 - Concern regarding resources and environment
- Cerebrovascular Accident
- Intervention is required to address urgent needs and issues where delays may cause harm such as:
 - Positioning to preservice or improve skin integrity
 - Seating to improve skin integrity
 - Positioning to prevent deformity
- Where the number of Priority 1 patients on caseload exceed available occupational therapy staff resources, further prioritization will occur in consultation with unit staff

- Patient with complex needs requiring more intensive discharge planning such as cognitive assessment, kitchen assessment, home visit, mechanical lift training etc.

Priority 2

- Discharge is likely more than 2 days away
- Chronic care/awaiting placement patients whose status has changed and require assessment
- Those patients who are not medically stable and unable to participate
- Diagnosis incongruent with rehab intervention e.g. UTI. delirium

REFERENCES:

[CLI.6310.FORM.002](#) Rehabilitation Services Inpatient Referral Form