



<p>Team Name: Rehabilitation Services</p> <p>Team Lead: Director, Health Services – Rehabilitation Services</p> <p>Approved by: Regional Lead – Community &amp; Continuing Care</p>	<p>Reference Number: CLI.6310.SG.016</p> <p>Program Area: Rehabilitation Services</p> <p>Policy Section: General</p>
<p>Issue Date: October 27, 2023</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Referral Prioritization for Personal Care Home Rehabilitation Services (Occupational Therapy, Physiotherapy and Speech-Language Pathology)</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:**

Referral Prioritization for Personal Care Home Rehabilitation Services (Occupational Therapy, Physiotherapy and Speech-Language Pathology).

**PURPOSE:**

All referrals for rehabilitation services in Personal Care Home (PCH) will be reviewed by a therapist to determine priority of service needs of residents based upon referral information.

**PROCEDURE:**

1. The therapist will document assigned priority status according to the priority definitions below. If information on referral form is insufficient to determine priority, the therapist will contact the referral source to gather more information.
  
2. The therapist will document assigned priority status, Priority 1 or Priority 2 on the Rehabilitation Services Personal Care Home Care Referral Form (CLI.6310.PL.002.FORM.01) and Rehabilitation Services PCH Occupational Therapy Wait List (CLI.6310.PL.002.FORM.02), Rehabilitation Services PCH Physiotherapy Wait List (CLI.6310.PL.002.FORM.03), Rehabilitation Services PCH Speech-Language Pathology Wait List (CLI.6310.PL.002.FORM.04).

3. After prioritization the therapist will return the referral to the designated support staff to complete the referral intake process.

## **PRIORITY**

Priority 1 is the highest priority, most urgent, and Priority 2 is the lowest priority.

Based upon referral information, Priority 1 status will be assigned to referrals requiring more urgent assessment/intervention. Priority 1 referrals will be seen for initial appointment before Priority 2.

Referral priority status is subject to change based on new information which impacts the urgency of assessment and intervention.

## **OCCUPATIONAL THERAPY**

**Priority 1** residents with the following needs should be seen within 2 weeks from receipt of referral:

- High risk of falls related to mobility, transfers and/or environmental issues.
- High risk of skin breakdown or existing skin breakdown related to immobility and/or positioning as indicated by a recent Braden Scale for Predicting Pressure Injury Risk.
- Wheelchair/Seating assessment with identified safety concerns.
- Wheelchair assessment- no other form of safe mobility.

**Priority 2** residents with the following needs should be seen within 4 weeks from receipt of referral:

- Mobility assessment with no immediate risk factors for falls, skin breakdown, or safe mobility including wheelchair or transfer assessment.

## **SPEECH-LANGUAGE PATHOLOGY**

**Priority 1** residents with the following needs should be seen within 2 weeks from receipt of referral:

- Swallowing concerns as indicated by a recent TTMD-R screen.
- Swallowing concerns related to a recent acute event or progressive condition.

**Priority 2** residents with the following needs should be seen within 4 weeks from receipt of referral:

- Diet upgrade.
- Communication needs.

## **PHYSIOTHERAPY**

**Priority 1** residents with the following needs should be seen within 2 weeks from receipt of referral:

- Recent acute event requiring rehab follow up related to transfers, mobility and exercise programs.

- Mobility/mobility aids assessment with identified safety concerns.

**Priority 2** residents with the following needs should be seen within 4 weeks from receipt of referral:

- Exercise/maintenance programs.
- Mobility concerns with no immediate risk factors.
- Chronic pain.

**REFERENCES:**

- [CLI.6310.PL.002.FORM.01](#) Rehabilitation Services Personal Care Home Referral Form
- [CLI.6310.PL.002.FORM.02](#) Rehabilitation Services PCH Occupational Therapy Wait List
- [CLI.6310.PL.002.FORM.03](#) Rehabilitation Services PCH Physiotherapy Wait List
- [CLI.6310.PL.002.FORM.04](#) Rehabilitation Services PCH Speech-Language Pathology Wait List