



POLICY: Rehabilitation Services Referral Process for Personal Care Homes

Program Area: Rehabilitation Services

Section: General

Reference Number: CLI.6310.PL.002

Approved by: Regional Lead – Community & Continuing Care

Date: Issued 2016/Dec/09
Revised 2025/Feb/21

PURPOSE:

Rehabilitation Services Referral Process for Personal Care Homes.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

Rehabilitation Services referrals will be received through a referral intake process for consistent access, tracking, prioritization and coordination of Rehabilitation Services to best meet the resident’s needs within the Personal Care Homes (PCH) in Southern Health-Santé Sud.

DEFINITIONS:

Resident: is an individual living within a PCH in Southern Health-Santé Sud.

Rehabilitation Services: within PCH’s may include, Occupational Therapy (OT), Physiotherapy (PT), Speech-Language Pathology (SLP), and Rehabilitation Assistant (RA).

Health Care Professional: includes Physician, Client Services Manager, Nurse, Dietitian, Nurse Practitioner, or Physician Assistant.

Facility Designate: is an individual identified by the PCH Manager or manager equivalent, who is responsible for the clerical portion of the Rehabilitation Services referral process within the long term care facility.

Rehabilitation Services Referral Binder: located at each PCH facility contains the new referrals and waitlists for Rehabilitation Services.

Alternate Decision Maker (ADM): is an individual who has decision making capacity and is willing to make decisions on behalf of a client who does not have the capacity to provide informed consent themselves. An alternate may be legally authorized (e.g., health care proxy or committee) or may be a person designated (e.g., family member) in the absence of a legally authorized individual.

IMPORTANT POINTS TO CONSIDER:

- A copy of the Policy Referral Process for Personal Care Homes shall be included in the facility Rehabilitation Services Binder for reference.
- It is important that referral information is thorough to facilitate communication and appropriate prioritization.

PROCEDURE:

The Facility will:

1. Be responsible for designating an individual within the facility, who will be responsible for the Rehabilitation Services referral process and Rehabilitation Services Referral binder.

The Health Care Professional will:

1. Obtain consent for assessment from the resident or the resident's ADM utilizing the OT/PT Assessment Information Script (CLI.6310.PL.002.FORM.05) or SLP Assessment Information Script (CLI.6310.PL.002.FORM.06).
2. Complete the Rehabilitation Services PCH Referral Form (CLI.6310.PL.002.FORM.01) and submit to the Facility Designate.

The Facility Designate will:

1. Fax all referrals to the appropriate Rehabilitation Services site; Bethesda Regional Health Centre OT/PT, Bethesda Regional Health Centre SLP, Boundary Trails Health Centre and Portage Regional Health Centre.
2. Write the resident's name and date of referral on corresponding Wait List Form (CLI.6310.PL.002.FORM.02, CLI.6310.PL.002.FORM.03 or CLI.6310.PL.002.FORM.04) located in the Rehabilitation Services Referral binder (OT, PT and SLP).
3. File the referral under the appropriate discipline section of the binder (OT/PT/SLP). If the referral is for multiple disciplines, a copy of referral must be in each section.
4. At month end, fax the OT, PT and SLP Wait List Form to the appropriate Rehabilitation Services regional site before the 7th day of each month.

The Therapist will:

1. Fill in the Priority Status and Date of First Visit columns on their respective Wait List Form.
2. File the referral in the resident's chart once seen for initial visit.
3. Upon discharge, write date of discharge on Wait List Form.

SUPPORTING DOCUMENTS:

CLI.6310.PL.002.FORM.01	Rehabilitation Services PCH Referral Form
CLI.6310.PL.002.FORM.02	Rehabilitation Services PCH OT Wait List
CLI.6310.PL.002.FORM.03	Rehabilitation Services PCH PT Wait List
CLI.6310.PL.002.FORM.04	Rehabilitation Services PCH SLP Wait List
CLI.6310.PL.002.FORM.05	Rehabilitation Services OT/PT Assessment Information Script for PCH Staff
CLI.6310.PL.002.FORM.06	Rehabilitation Services SLP Assessment Information Script for PCH Staff