

## CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION III:</b>	<b>STRUCTURES WITH FUNCTIONS</b>
<b>CHAPTER 12.c:</b>	Rehabilitation Therapy/Occupational Therapy Services
<b>PROCEDURE 12.c.9:</b>	<b>Criteria for Referral for Evaluation and Services</b>
<b>REVISED:</b>	03/15/11; 04/11/11; 5/20/11; 12/14/15; Reviewed 06/18; 11/16/18
<b>Governing Body Approval:</b>	05/26/11; 12/17/15; 11/19/18(electronic vote)

### **PURPOSE:**

To delineate how Occupational Therapy (OT) Evaluations & Services are prioritized in relation to hospital-wide needs and staffing resources.

**SCOPE:** Occupational Therapists; Physicians; APRNs; RNs

### **PROCEDURE:**

Occupational Therapy Services (OTS) is a consultation-based service.

1. OT Referral forms are located on the T drive, Forms, HIM, [Occupational Therapy Services, CVH-539 revised July 2015.](#)
2. Access to OT Services is by written referral, signed by a physician/APRN/PA, and faxed to the number identified on the Referral form. The referral must include a specific question or reason for the referral and an estimated discharge date.
3. An OT evaluation is comprised of several distinct components: receipt of referral, logging of referral, assignment of referral, a chart review, an interview with staff, an interview with the patient, non-standardized and standardized testing, scoring of the evaluation, writing up the report, and sharing the information with the treatment team. Each patient is different and may require different tests depending on the patient's specific needs for the therapist to get the information the referring party is requesting. It should be noted that testing may be conducted over a period of several sessions.
4. In response to the increase in demands for OT evaluations, a system to prioritize the referrals has been developed.

Prioritization of OT consultations and completion timeframes have been identified as follows:

**Priority #1:** Consultation completed within seven business days:

- a. ***Restraint/Seclusion Thresholds*** – A patient who meets the threshold for restraint & seclusion utilization, per hospital criteria, as requested by the patient's treatment team, will be seen by an OT upon receipt of an OT Referral for a Sensory Modulation Screen/Evaluation. If the patient has already had a Sensory Screen/Evaluation, the OT may make adjustments to the patient's sensory diet/recommendations. (*For*

*restraint/seclusion threshold criteria, please refer to the OT Referral form, presently located on the T-drive.)*

- b. ***New Onset Physical Disability/Medical Issues Significantly Impacting the Patient's Ability to Function*** - any patient who has a new onset physical disability that needs to be addressed, especially involving the upper extremities, should be referred for an evaluation. OT may work in conjunction with Physical Therapy, depending upon the client's needs. OT may provide such interventions as self-range of motion program, adaptive equipment or upper extremity splinting.

**Priority #2:** Consultation will be prioritized according to patient needs:

- a. ***Discharge Planning*** – the treatment team is in the process of developing a discharge plan and there is a need to establish the level of supervision and supports the patient will require once he/she is discharged from the hospital. Occupational Therapy evaluations used for discharge planning purposes should be performed when, in the view of the patient's treatment team, he/she is functioning from as stable a baseline as possible behaviorally and psychiatrically.
- b. ***Skill Building Needs*** - the patient demonstrates a specific need for skill building in order to improve his/her level of functioning in preparation for discharge to the community.

The following situations typically do not warrant an OT evaluation:

- a. when a patient is to be transferred from one unit to another unit within Connecticut Valley Hospital (CVH);
- b. when a patient's discharge plan is to return to the same or similar setting from which he/she came (family, group home, skilled nursing facility), unless the patient has had a significant change in his/her ability to function;
- c. when a patient is likely to return to or be discharged to Department of Correction (DOC) custody;
- d. any patient who requires total care and is being considered for discharge to a 24 hour-supervised setting (i.e. SNF, ICF);
- e. any patient with a significant dementia which would preclude him/her from learning new tasks and/or being able to take care of his/her own basic needs;
- f. any patient who has had an OT evaluation and/or discharge placement testing within the last two years, unless he/she has had a significant mental or physical/medical status change.

If you have any questions regarding whether an OT Referral is indicated, please contact the OT Supervisor.