

 <p>Halton Healthcare GEORGETOWN · MILTON · OAKVILLE</p>	Medical Directive – Allied Health Initiated Referral		
	Program/Dept:	Rehabilitation and Geriatrics - Allied Health	Document Category: Patient Care
	Developed by:	Rehab and Geriatrics Program Manager – Rehabilitation and Allied Health	Original Approval Date: October 2023
	Approved by:	Surgical Day Care Committee/ Department of Hospital Medicine/ Milton Program Steering Committee/ Oakville Department of Family Medicine/Georgetown Family Practice Committee/ Rehab and Geriatrics Committee/ MAC	Reviewed Date: October 2023
Review Frequency:	Annually	Revised Date: October 2023	

1.0 Medical Directive Description

The purpose of this Medical Directive is to provide Halton Healthcare inpatients and Emergency Department patients, timely access to the services of the following Regulated Health Professionals: Occupational Therapists (OT), Physiotherapists (PT), and Speech Language Pathologists (SLP) through Allied Health initiated referral, for the purpose of assessment, treatment, care planning, and discharge planning. Physician referral will be the preferred method of referral, however in absence of this, the Allied Health Initiated Referral will be enacted where appropriate. An authorized OT/PT/SLP may implement the medical directive to initiate an Allied Health initiated referral for assessment and treatment for any inpatient or non-admitted Emergency Department patient that meets the indication criteria outlined in this medical directive for their respective profession.

2.0 Recipient Patient Population

This medical directive applies to all Halton Healthcare inpatients and non-admitted Emergency Department patients at Oakville Trafalgar Memorial Hospital, Milton District Hospital and Georgetown Hospital, unless otherwise specified by a direct order in the patient chart from a physician, provided that the patient meets the indication criteria outlined below.

3.0 Authorized Implementers

Registered PTs, OTs and SLPs at Halton Healthcare, in good standing with their respective regulatory Colleges, who:

- Have completed the required training outlined below, understand the content, and
- Have the knowledge, skill and judgement to use the medical directive appropriately.

4.0 Indications, Contraindications and Special Considerations

This medical directive applies to the recipient population outlined above, provided that the patient meets the indication criteria below for each of the professions respectively. The Regulated Health Professional is responsible for determining the appropriateness of the patient for service based on their knowledge, skills, and judgement and in consideration of the indications/contraindications/special considerations listed below.

4.1 Indications

Patients may be considered to be appropriate for implementation of the Medical Directive by an authorized OT/PT/SLP, if the patients present with any of the following indications:

Physiotherapy

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- Patients with active lung pathology who are likely to deteriorate without PT intervention including, but not limited to:
 - Evidence of secretion retention/chest congestion combined with poor cough
 - Poor oxygenation at rest or/with activity
- Braden scale score for activity = 1, or score 1 or 2 for mobility
- Stroke with new functional or balance impairment
- Frail elderly patients with major surgery, extended hospital stay or admitted with mechanical fall
- Prolonged Intensive Care Unit stay with related decrease in mobility
- Recent functional decline requiring PT treatment to regain function for discharge
- Physiotherapy education or assessment prior to returning home e.g., crutches, new gait aid
- New gait aid assessment

Occupational Therapy

Functional/physical decline including, but not limited to:

- Recent change in ability to perform activities of daily living or engage in occupation
- Baseline functional/physical deficits impacting ability to manage occupations in home and community
- Stroke with new functional or cognitive impairment
- High risk for skin breakdown (Braden Scale score of 12 or less)
- Falls

Cognitive decline including, but not limited to:

- Recent change in cognitive status
- Recent change in visual-perceptual status
- Baseline cognitive deficits impacting ability to manage occupations in home and community

Psychosocial/Mental Health:

- Recent change in ability to perform activities of daily living and/or occupations
- Identified gap in coping strategies and/or psychosocial supports

Speech Language Pathology

- Patients on an oral diet who are identified as having signs/symptoms suggestive of oropharyngeal dysphagia
- Patients presenting with new communication difficulties related to their admission diagnosis

4.2 Absolute Contraindications

If a contraindication is present a physician's order is required. The OT/PT/SLP will not enact the medical directive to initiate an order to assess and treat if any of the following are present:

Occupational Therapy and Physiotherapy

- Unclear order for activity and/or weight bearing status
- Unstable or suspected fracture
- Otherwise specified activity orders for example, patient with bed rest orders
- Severe cardiac, respiratory, or hemodynamic instability as evidenced by status post cardiac arrest, acute myocardial infarction with new electrocardiogram (ECG) changes, elevated troponin greater than 16 nanograms per milliliter (ng/ml) of blood, with or without chest pain or systolic blood pressure less than 80mmHg or greater than 200mmHg)
- Acute bleed

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- New Deep Vein Thrombosis or Pulmonary Embolism without anticoagulation or if anticoagulated for less than 24hrs
- New or unexplained Fluctuating Glasgow Coma Scale (GCS)
- Seizure activity in the last 24hrs
- Critical blood results as per Meditech Expanse Guidelines

Speech Language Pathology

- The physician has ordered the patient ‘nothing by mouth’ or ‘Nil per Os’ (NPO).
- The patient is unable to actively participate in a swallowing or communication assessment
- If the patient presents with any of the following:
 - Tracheostomy
 - Extubation in the last 24hrs

4.3 Special considerations

Occupational Therapy and Physiotherapy

Unclear weight bearing orders will be clarified by the PT and OT with the medical team, prior to initiating medical directive.

Physician consult is required if any of the following are present:

- Unstable Hemoglobin greater than 20g/L drop in 24 hours
- Resting Heart Rate greater than 50% of predicted maximum Heart Rate
- Aggressive or violent behavior
- Open wound and dehiscence
- Bony metastasis

Speech Language Pathology

Physician consult is required if any of the following are present:

- Aggressive or violent behavior

5.0 Delegated Procedure

The OT, PT or SLP will order enter a “Medical Directive: OT/PT/SLP Initiated Referral” order in the Electronic Medical Record (EMR) for their respective profession.

6.0 Documentation/Communication

The authorized OT/PT/SLP will enter an order in the EMR for their respective profession. The OT/PT/SLP will document per applicable regulatory College guidelines in the patient EMR.

If the patient’s health record or if the patient is screened by an OT/PT/SLP for possible order to assess and treat but the patient does not meet the indication criteria for assessment and treatment, the OT/PT/SLP will document the result of the screening in the EMR.

7.0 Consent

The OT/PT/SLP will follow the Halton Healthcare Consent to Treatment policy in addition to any applicable regulatory College guidelines related to consent.

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8.0 Review and Quality Monitoring Guidelines

Annual review and revision to the medical directive will be completed by the Manager Rehabilitation Allied Health, Professional Practice Clinician – Allied Health, and the Office of Professional Practice.

All certified staff utilizing the Medical Directive – Allied Health Initiated Referral will complete a log of five uses of the Medical Directive that will be reviewed for quality by the Professional Practice Clinician – Allied Health.

9.0 Related Documents

Consent to Treatment policy

Patient Standards of Care Policy and Procedure

10.0 Responsibilities

1. Manager Rehabilitation Allied Health and Professional Practice Clinician – Allied Health determine the content of the learning package and/or plan and review annually.
2. Professional Practice Clinician – Allied Health is responsible for providing and updating the learning package.
3. Professional Practice Clinician – Allied Health uses the learning package and/or plan to train staff, assess competence and document the outcomes.
4. Authorized Practitioner(s) will complete the learning requirements and competency assessment as outlined in the learning plan, prior to implementation of the medical directive

Administrative Approvals

Committee	Date
Surgical Day Care Committee	September 18, 2023
Department of Hospital Medicine	September 20, 2023
Milton Program Steering Committee	September 20, 2023
Oakville Department of Family Medicine	September 21, 2023
Georgetown Family Practice Committee	September 28, 2023
Rehab and Geriatrics Committee	October 10, 2023

Reviewed by/Consultation with

Chief Operating Officer, Oakville;
Chief Nursing Executive;
Director, Professional Practice;
Director, Mental Health;
Director, Maternal Child / Cardiorespiratory / NeuroDiagnostics;
Director, Medicine & Critical Care;
Emergency physician group;
Professional Practice group;
Interprofessional Practice Advisory Council;
General Counsel and Privacy Officer;
Senior Physiotherapist and Occupational Therapist;

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Speech Language Pathologist group;

References

- Clinical Laboratory Values – Normal Values: Royal College of Physicians and Surgeons of Canada. <https://www.royalcollege.ca/rcsite/documents/credential-exams/clinical-lab-tests-reference-values-e.pdf>
- College of Audiologists and Speech-Language Pathologists of Ontario - <https://www.caslpo.com>
- College of Occupational Therapists of Ontario – <https://www.coto.org>
- College of Physiotherapist of Ontario – www.collegept.org
- Duncan, C., Muc, L., & Heck, C. (2014). Impact of using Physiotherapy self-referral in the Medical-Surgical Neurological Intensive Care Unit. *Physiotherapy Canada*.
- Government of Ontario. (2015). Public Hospitals Act.
- Government of Ontario. (2011). Regulated Health Professions Act.
- Stiller, K. (2007). Safety issues that should be considered when mobilizing critically ill patients. *Crit Care Clin* 23, 35-53.
- Warfarin Therapy Management: Guidelines and protocols advisory committee. British Columbia Medical Association, 2010. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/warfarin-therapy>

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Appendix B – Medical Directive Allied Health Initiated Referral Annual Log

Medical Directive – Allied Health Initiated Referral Annual Log		
Example	Date: 01/04/2014 Diagnosis: COPD Exacerbation Indication: History of Falls	Action: Informed in rounds that patient has fallen 3 times in the past month; chart reviewed, no contraindications to initiate referral noted, no PT order in chart. Outcome/Results: Medical Directive Allied Health Initiated Referral enacted, documentation completed, whiteboard updated, liaised with medical team re: patient status, recommend referral to rehab
1	Date: Diagnosis: Indication:	Action: Outcome/Results:
2	Date: Diagnosis: Indication:	Action: Outcome/Results:
3	Date: Diagnosis: Indication:	Action: Outcome/Results:
4	Date: Diagnosis: Indication:	Action: Outcome/Results:
5	Date: Diagnosis: Indication:	Action: Outcome/Results:

Return completed log to Professional Practice Clinician – Allied Health