

Harmonized

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Authorizing Prescriber(s)

All Lakeridge Health Most Responsible Practitioner (MRPs)

Authorized to Whom

All Occupational Therapists (OT), Physiotherapists (PT) and Speech-Language Pathologists (S-LP) employed at Lakeridge Health may implement this medical directive.

Patient Description/Population

All patients admitted to an inpatient unit or in the emergency department who are assessed to be appropriate for a Lakeridge Health Ambulatory Rehabilitation Centre (ARC) outpatient service based on specific indications as per the <u>order table form</u>.

All patients who have attended an appointment at a Lakeridge Health fracture clinic and are assessed to be appropriate for a Lakeridge Health ARC outpatient service based on specific indications as per the <u>order table form</u>.

Order and/or Procedure

The orders are not presented is sequential order; any one of or combination of the orders in the orders table form may be selected by the indicated allied health team member after their assessment of the patient. Refer to the <u>Order Table Form</u>.

Indications to the Implementation of the Directive

The discipline specific allied health team member may implement the directive when the following criteria have been met:

- The MRP has entered an assess and treat order for the OT, PT or S-LP
- The patient has undergone a clinical assessment by the OT, PT, or S-LP indicating the need for referral to an outpatient clinic
- The patient meets the criteria for referral to the ARC outpatient clinic
- The patient/substitute decision maker (SDM) have consented to be referred and attend scheduled appointments at the outpatient clinic

Contraindications to the Implementation of the Directive

The discipline specific allied health team member will not implement the directive when:
Informed consent has not been obtained from the patient or SDM

Document Sponsor/Owner Group: (Interprofessional Practice, Date Approved 28FEB2023)

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• The patient does not meet the admission criteria for the outpatient service area

Consent

After completion of an assessment of the patient the discipline specific allied health team member will discuss clinical findings and discharge follow up options including an appropriate referral to a Lakeridge Health specific ARC outpatient service outlining rationale, risks, benefits, and alternatives with the patient and/or SDM to obtain informed consent prior to implementing this medical directive.

Documentation Requirements

In addition to standard documentation practices, the allied health team member implementing this medical directive must:

- Select the appropriate outpatient referral order in the after visit procedures within the patient's electronic health record (EHR):
- Select the order mode "as per Medical Directive"
- Ensure the following is documented in the specific outpatient clinic referral order:
 - The name of the allied health team member as the Ordering Provider
 - The name of the attending MRP as the Authorizing Provider
 - The full name of the medical directive in the comment section of the order (i.e. as per Ambulatory Rehabilitation Centre Referral Medical Directive)
- Sign the Order

Review/Evaluation Process

This medical directive will be reviewed every 2 years by Interprofessional Practice



This table must **not** be used independently apart from the Medical Directive

Order Table Form



Ambulatory Rehabilitation Centre Referral – Medical Directive

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Order	Indication		Contraindication		Notes (Optional)
Referral to CE Hospital Outpatient MSK Physiotherapy Clinic REF461	 Primary Diagnosis of acute: (less than 3 months): Fracture/Dislocation Orthopaedic Surgery Soft tissue injury (specialist referral only) Able to actively participate in weekly in person therapy sessions 	•	LTC resident	•	Submit referrals for non weight-bearing/ immobilized. Submit bundled care referrals ahead of surgery date for pre-booking Must be living in the community
Referral to CE Hospital Outpatient Amputee Physiotherapy Clinic REF393	 lower extremity amputation with a new or newly replaced prosthesis requiring prosthetic training Able to actively participate in weekly in person therapy sessions 	•	Upper extremity amputation LTC resident	•	Submit referrals for all prosthetic candidates Must be living in the community
Referral to CE Hospital Outpatient Neurorehabilitation Clinic REF390	 Acute neurological event (less than 1 year) Exacerbation of neurological condition requiring inpatient stay Independent with continence management Able to actively participate in weekly in person therapy sessions 	•	LTC resident Mechanical Lift Required Patient less than 18 years of age	•	Must be living in the community



Ambulatory Rehabilitation Centre Referral – Medical Directive

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Referral to CE Hospital Pulmonary Rehab Clinic REF698	 Recent (less than 3 months) ED visit for respiratory illness exacerbation Acute hospitalization for respiratory illness exacerbation New diagnosis (less than 3 months) of respiratory illness Able to actively participate in weekly in person therapy sessions 	•	LTC resident Patient less than 18 years of age	•	Must be living in the community
Referral to CE Hospital Outpatient Hand Therapy Clinic REF389	 Primary Diagnosis of acute: (less than 3 months): Fracture/Dislocation Plastic Hand Surgery Soft tissue injury (specialist referral only) Able to actively participate in weekly in person therapy sessions 			•	Must be living in the community



Ambulatory Rehabilitation Centre Referral – Medical Directive

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Referral to CE Hospital Outpatient Dysphagia Clinic REF10232	 Dysphagia/swallowing difficulties Able to tolerate appointments (up to 90 minutes) Able to arrange own transportation or attend virtual appointments 	 LTC resident Current admission to another facility (i.e., Whitby Shores) Patient less than 18 years of age 	 Must be living in the community LTC residents can access instrumental assessment in LH clinic if referred by home care SLP following clinical swallowing assessment; follow-up completed by home care SLP
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