

Priorities for Ambulatory Occupational Therapy Face to Face Service COVID-19 Relaunch Period

Relaunch of Community Rehabilitation (including outpatient) services will be impacted by program staffing, caseload, clinic space, and infection prevention and control considerations. This document was devised to support clinical reasoning for prioritization and risk mitigation as it impacts engagement in meaningful occupation. Please refer to the [COVID-19 Relaunch Playbook](#) for general guidelines.

Occupational therapists will use virtual health as the primary mode for service delivery. In some circumstances, virtual health may be utilized in combination with face-to-face interactions to enable occupation. Factors to consider may include client history, client/family perspective, impact on occupations, prognosis and collaborative practice.

Considerations for determining need for face-to-face service delivery:

- All Virtual Health modalities have been explored
- Patient has declined virtual health and meets criteria for urgency (see below)
- Best practice involves physical manipulation for assessment or treatment (i.e., wheelchair fitting, splinting, casting, wound care, etc.)
- Existence of a risk that may require face to face intervention (i.e., choking risk, high risk of falls during transfers)
- Need for a standardized tool that can't be virtually administered
- Treatment evaluation or reflection indicates that virtual health has been ineffective in meeting patient outcomes
- Compromised therapeutic engagement impacting patient outcomes (i.e., patient with limited attention, engagement or communication)
- Language, social or environmental factors result in inability to achieve outcomes

Ambulatory Occupational Therapy

AHS Urgency Criteria	<u>Urgent</u>	<u>Semi-Urgent</u>	<u>Routine</u>
<i>Level of urgency relates to timely access to care</i>	<p>Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Prevents acute care hospitalization /reduces need for a higher level of care, prevention of harm (i.e., wound care, falls prevention, appropriate supports to compensate for cognition or behavioral deficits, nutritional risk due to feeding) • Risk of significant and/or rapid deterioration (physical, affective, cognitive) (i.e., palliative care or time sensitive interventions such as post-surgical splinting) 	<p>Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Time sensitive • Pre-requisite for other necessary medical interventions • Critical period of recovery or new learning to advance care, progress or function related to a new condition or intervention • Potential to reduce adverse outcomes and need for a higher or more urgent level of care 	<p>Unable to meet needs virtually AND</p> <ul style="list-style-type: none"> • Potential to address occupational needs and enhance occupational engagement