WRHA Home Care - Community Stroke Care Service and Priority Home Service Prioritization Criteria

Purpose of Document

To outline visit priority codes for Allied Health and Rehabilitation Assistant (RA) client visits to prioritize service delivery.

DEFINITIONS

Therapy Visit Prioritization Codes	
Level 1 Services	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to and/or deterioration in a client or caregiver's health status AND client does not have a reliable back up plan. Every attempt should be made to ensure client receives the service.
Level 2 Services	Services that are vitally essential to sustain health which, if not provided, would pose a serious and immediate risk to and/or deterioration in a client or caregiver's health status BUT client has a reliable back up plan. Discuss service continuity plan with client/family prior to canceling or rescheduling visit.
Level 3 Services	Services that could be safely cancelled and would not pose a serious and immediate risk to and/or deterioration in a client or caregiver's health status. Review in context of each client's unique situation and notify the client of service cancellation.

GENERAL GUIDELINES

- CSCS Allied Health will consider the visit prioritization codes when determining day-to-day prioritization of client services.
- CSCS Allied Health are required to identify a visit prioritization code when developing RA programs and are required to identify this priority code in the RA order.

PHYSIOTHERAPY	
LEVEL 1 Examples	- High risk for falls per Home Care guidelines and has fallen since discharge home - Issues with Safe Client Handling placing client, caregivers or staff at risk - Lives alone; limited social supports; new living environment - Will facilitate a discharge from acute care hospital or prevent presentation to hospital - Discharged from hospital prior to assessment and urgent issues identified
LEVEL 2 Examples	- Acute and/or new complaints of pain identified - High risk for falls per Home Care guidelines; no falls since discharge - Deconditioning, environmental risks, cognitive impairments, or risk-taking behavior affecting client safety and increasing risk of falls - Client is developing loss of ROM, excessive stiffness or contractures - Failure to cope since discharge home
LEVEL 3 Examples	- Requires functional assessment and follow-up post hospitalization; no urgent issues identified

SPEECH LANGUAGE PATHOLOGY	
LEVEL 1 Examples	- Client at risk for aspiration or other serious dysphagia symptoms as identified at time of hospital discharge - Significant communication impairment and client lives alone and/or has limited social supports - Will facilitate a discharge from acute care hospital or prevent presentation to hospital
LEVEL 2 Examples	- Lives with family or other and has significant communication impairment - Communication impairment has significant impact on mood and ability to socialize - Follow-up for dysphagia management
LEVEL 3 Examples	- Requires assessment and follow-up post hospitalization; no urgent issues identified

OCCUPATIONAL THERAPY	
LEVEL 1 Examples	- High risk for falls per Home Care guidelines and has fallen since discharge home - Family requires transfer training ASAP - Skin integrity issues or concerns - Issues with equipment placing client, caregivers or staff at risk of injury - Issues with Safe Client Handling placing client, caregivers or staff at risk - Suicidal ideation or other mental health concerns - Lives alone; limited social supports; new living environment - Main support/caregiver planned at discharge no longer available (vital support to maintain client at home) - Will facilitate a discharge from acute care hospital or prevent presentation to hospital - Discharged from hospital prior to assessment and urgent issues identified
LEVEL 2 Examples	- Non-urgent equipment needs - Caregiver burnout or potential caregiver burnout - Upper extremity priorities: painful shoulder, uses SAEBOStretch or other hand splint, developing contractures, significant tightness - Failure to cope since discharge home - Requires 24-hour supervision which is being provided however concerns have been identified - Cognitive, perceptual and/or affective impairment placing client at risk - Was/is providing care for spouse or another person - High risk for falls per Home Care guidelines; no falls since discharge - Deconditioning, environmental risks, cognitive impairments, or risk-taking behavior affecting client safety and increasing risk of falls
LEVEL 3 Examples	- Requires functional assessment and follow-up post hospitalization; no urgent issues identified

CLINICAL SOCIAL WORK	
LEVEL 1 Examples	- Mental health crisis including but not limited to: Suicidal Ideation, addictions etc., requiring immediate intervention and referral to services - Unsafe family situation with potential need for safety planning or criminal justice intervention - Uncertain or undetermined housing situation requiring immediate housing placement - Suspect abuse including: financial, sexual, neglect, physical, self-harm
LEVEL 2 Examples	- Caregiver burnout or potential caregiver burnout - Failure to cope since discharge home, including adjustment to disease/condition, mental health supports and referrals where concern for client overall mental health - Housing concerns where client needs new housing within 1-3 month time - Income related concerns such as: Applying for EI, EIA, Applying for CPP disability, STD/LTD navigation - Advocacy with a timeline attached requiring more urgent support
LEVEL 3 Examples	- General caregiver support - Non-urgent Housing where client has stable housing currently but needs assistance with applications/assistance for personal preference - Family and client support relating to navigation of systems such as POA, health care directives, tax credits - Non-urgent referrals and resources, including non-urgent mental health support with coping, adjustment and referrals where overall client wellbeing is stable - Advocacy with no timeline attached requiring overall support

REHABILITATION ASSISTANT	
LEVEL 1, 2, 3	- As determined by the therapist assigning tasks to RA