Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department:

A Benchmarking and Advocacy Document

2024

Ontario Society of Occupational Therapists

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Introduction

Occupational Therapists (OTs) have an important role in the emergency department (ED) as members of interprofessional healthcare teams. They have a unique role in completing functional assessments and providing interventions to assist in making complex decisions regarding discharges and admissions, including avoiding unnecessary admissions to the hospital. The provision of occupational therapy services in the emergency department has been shown to benefit patients, the larger health system, and other health care providers (1).

Benchmarking data can be used to advocate for occupational therapy staffing and support in establishing occupational therapy's role in the emergency department. To gather data that can be used for benchmarking purposes, OSOT's Hospital Sector Team sent a survey to 10 hospitals in Ontario. The results of the survey are presented in this document.

Although the information provided below is limited in its scope, both geographically and by participation rate, there appears to be evidence and anecdotal commentary to support the role of occupational therapists in emergency departments. We encourage OTs to continue to advocate for this role and ask that you share your advocacy efforts with the Ontario Society of Occupational Therapists (OSOT). As we gather more data and evidence, our case to government officials is strengthened and the likelihood for change that values our profession is increased.

Development of the OT Role

According to survey respondents, the addition of occupational therapy in the ED usually began with temporary funding through quality improvement grants either through the hospital or through an external funding agency, such as the Ministry of Health. These initiatives were driven either by ED managers, the occupational therapy practice lead, or another representative from the hospital's leadership team. The rationale for including OTs in the ED included:

- promoting early mobilization and allied health involvement for admitted patients;
- completing assessments to avoid admission to the hospital for functional reasons;
- completing assessments for non-admitted patients who are discharged from the ED to optimize their care upon leaving the hospital.

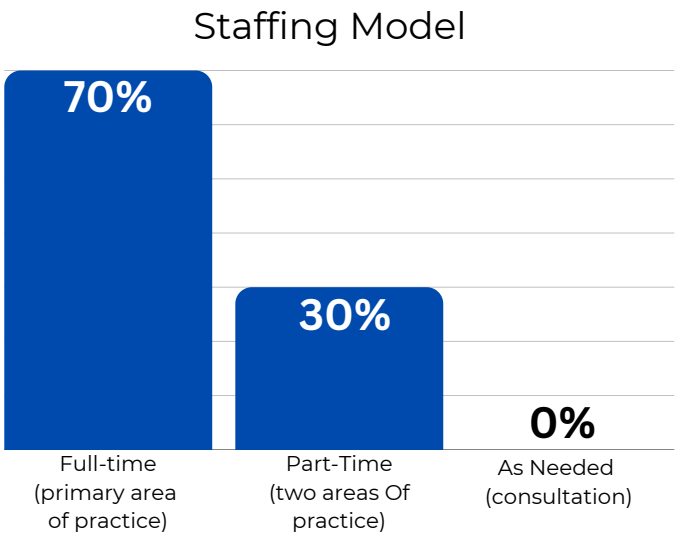
Referral Process

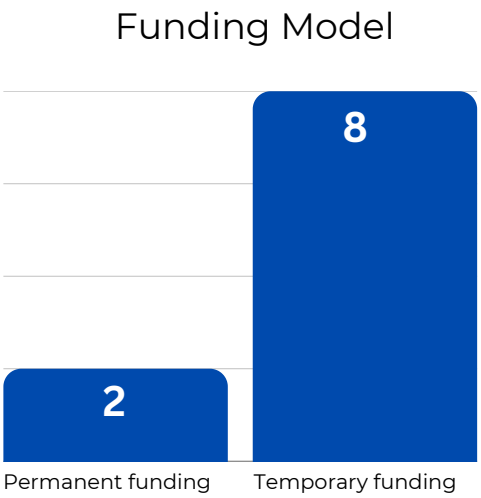
Referrals for OT in the ED are made by:

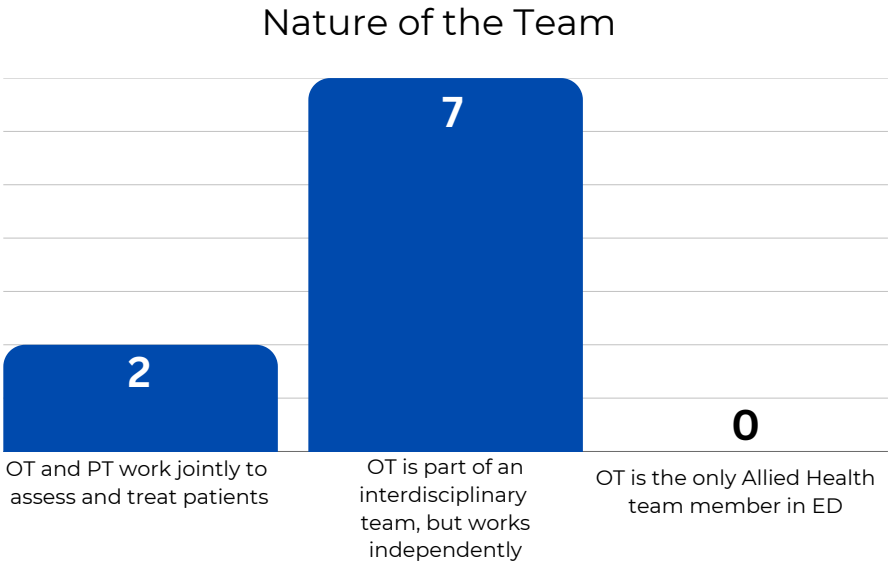
- hospitalist/physician;
- nurses;
- self-referral, for example, use of a medical directive or asking a doctor for written orders if appropriate.

Staffing and Funding Models

The funding and staffing models for OTs in EDs vary between hospital sites. The majority of respondents indicate they are funded temporarily in the ED and work full-time. In the majority of EDs, the OT works independently, but as part of the interdisciplinary team.



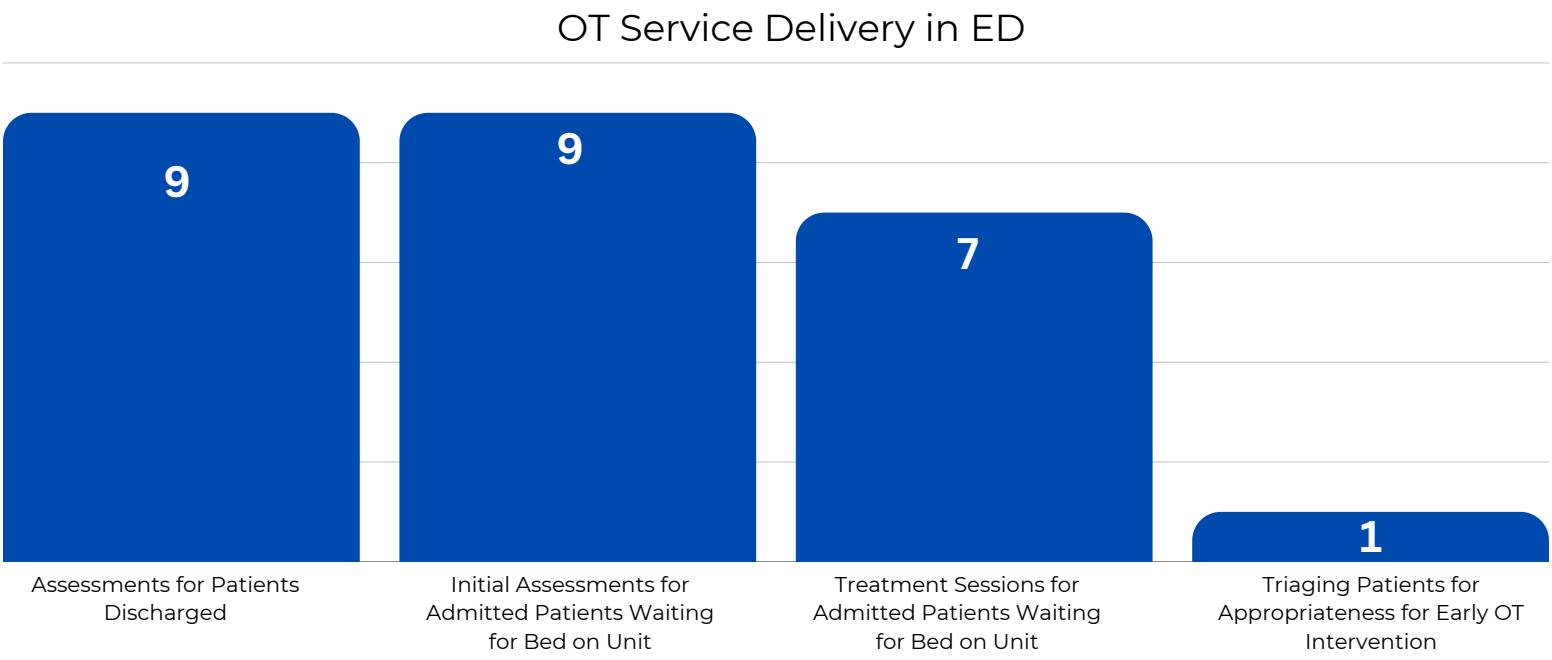




Priorities for Service Delivery

According to the survey results, the OT role in discharge planning and conducting initial assessments for admitted patients waiting for a bed on the unit are the top two priorities for OT in the ED.

The next priorities include patients not admitted to the hospital for functional assessments, followed by admitted patients who have a high potential for discharge from the ED. In one ED, patients who present with a stroke are the top priority for assessment. The lower priority for the majority of respondents is admitted patients who are awaiting a bed on a unit for early mobilization and/or initial assessments.



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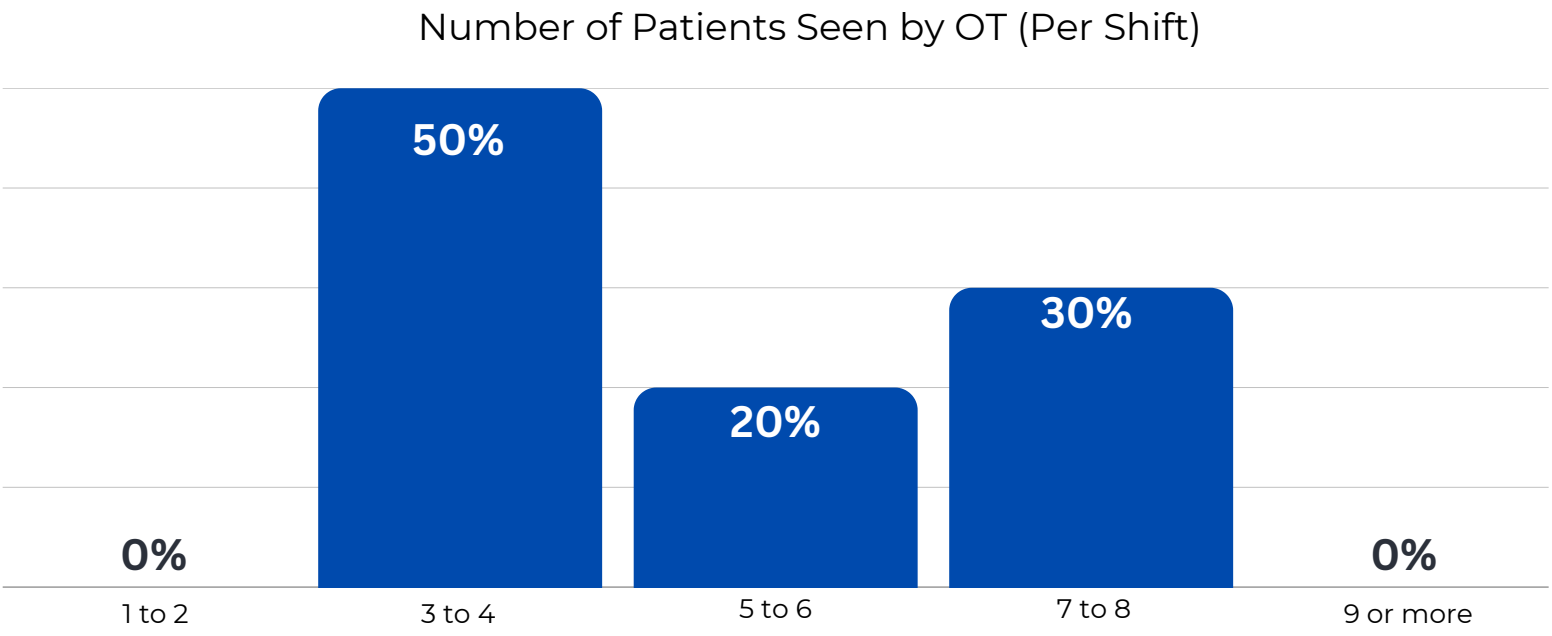

On average, OTs in the ED see 3-4 patients per shift. Respondents identified the lengthiness of assessments for patients seen in ED as the reason for this number.

No definite referral criteria have been developed within organizations for patients seen by OT in the ED. However, patients with functional or cognitive concerns at discharge are identified by a physician and/or nurse and tend to be referred to an OT.

Patients seen by OTs are often:

- over the age of 65;
- presenting to the ED with a fall and/or medical issue that is impacting their mobility and ability to manage their activities of daily living;
- individuals who are experiencing failure to thrive or caregiver burnout at home.

The survey responses also indicate that generally, the OT will see most ED patients if they are medically stable and their activity orders are written in the patient's chart.

OT and Geriatric Emergency Management (GEM) Role

All respondents indicate EDs with an OT also have a GEM nurse. Responses indicated the need for role clarity and differentiation given the overlap between patients appropriate for both professional roles. The importance of collaboration and communication was highlighted. Respondent strategies that have been used to differentiate patients seen by each profession include:

- OT assigned to admitted patients waiting for a bed on the unit;
  GEM nurse assigned to non-admitted patients.

- OT assigned to patients requiring functional and/or mobility assessments;
  GEM nurse assigned to patients with multiple co-morbidities and requiring more medical monitoring.

- OT assigned to patients with a head injury and/or cognitive decline impacting function;
  GEM nurse assigned to patients with social concerns.

Survey respondents highlighted the need for regular check-ins between the GEM nurse and the OT throughout the day for case assignment and to avoid duplication of work, as well as to identify patients that would benefit from co-treatment.

Outcome Measures

The primary data points used to measure occupational therapy outcomes in the ED are:

- admission avoidance;
- length of stay;
- number of new referrals;
- outcome of occupational therapy consults;
- Barthel scores on admission and discharge;
- number of days of ALC.

There is opportunity for identifying other methods for collecting qualitative data to highlight the benefits of having an OT in the ED including the level of deconditioning when transferred to a unit, and the quality of the discharge plans.

Effective Advocacy Strategies

According to survey respondents, strategies that have been effective in promoting the importance of the role of occupational therapy in the ED include:

- consistently having a full-time OT present in the ED;
- the OT providing updates to nurses and doctors regarding assessments to help increase their knowledge of the benefits of occupational therapy involvement;
- providing education to ED staff on the OT role and how to utilize occupational therapy services for patients.

References and Resources

- Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED)
  - http://www.ot-ed.com/en/fsas-ed-tool.html
- Occupational Therapy in Emergency Department - CAOT Fact Sheet
  - https://caot.ca/document/4053/Emergency%20Department%20-%20Fact%20Sheet.pdf
- Priority Criteria for OT for ED Patients
  - http://caot.in1touch.org/uploaded/web/education/90for90/OTinEDPatientPrioritizationScale.pdf
- Other Tools for OTs working in the ED
  - http://www.ot-ed.com/
- Trenholm, J. (2011, June). OT Stat! Occupational Therapy in the Emergency Department (ED). Poster presentation at the annual conference of the Canadian Association of Occupational Therapists, Saskatoon, SK.

Thank you to OSOT's Hospital Sector Team for their time and effort in pulling together this resource. If you have any questions or feedback, contact us.