Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 1

Respondent #	How are OTs staffed within your hospital's ED?	How many OTs work in your ED?	How is the OT position funded within your ED?	If other, please describe:
1	Part time position (in two areas of practice within hospital)	1	Temporary funding (hospital)	
2	Full time position (primary area of practice is in the ED)	1	Permanent funding (hospital)	
3	Part time position (in two areas of practice within hospital)	2	Permanent funding (hospital)	2 OTs in ED that make up 1.0 position. We also work on another unit.
4	Full time position (primary area of practice is in the ED)	1	Permanent funding (hospital)	
5	Full time position (primary area of practice is in the ED)	2	Permanent funding (hospital)	
6	Part time position (in two areas of practice within hospital)	3 or more	Permanent funding (hospital)	
7	Full time position (primary area of practice is in the ED)	1	Permanent funding (hospital)	
8	Full time position (primary area of practice is in the ED)	1	Permanent funding (hospital)	
9	Full time position (primary area of practice is in the ED)	1	Temporary funding (hospital)	
10	Full time position (primary area of practice is in the ED)	3 or more	Permanent funding (hospital)	Previously was funding through Ministry of Health as part of initiative to reduce hallway medicine. This year, Sunnybrook has committed to permanently funding the ED1 Team which OTs work part of.

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 2

Respondent #	**What is the history of OT within your ED? (e.g. how did the initiative begin, how long as OT been in your ED, how are OTs being utilized?)**
1	ED manager identified need for allied health involvement in supporting early mobilization among patients admitted to ED overload.
2	Started off as pilot project SMART program (OT & PT- 2017). Early identification of appropriate patients to get daily therapy with estimated length of stays less than 2 weeks. Still running this program, in addition to 'new' EFORT (avoid admittance) program (OT & Nursing- 2021)
3	Recently became full time with lots of advocacy. Prior only .5 OT.
4	
5	Started on a trial basis about 5 years ago
6	The initiative began as a quality improvement project. Funding proposal was submitted to the ministry and permanent funding was granted as of 2022.
7	We have been advocating for years that there needed to be therapy in the ED. With the bed crisis it became very apparent that therapy had a role in the ED for admission avoidance as well as treating the patients awaiting beds on the in-patient units. We have been utilizing the OT mostly for the in-patients and have not done any admission avoidance. We met today with another hospital to understand the role of OT in their ED and we are now going to be implementing some changes to improve the data on admission avoidance.
8	Trial of FT OT in ED in Sept 2022, made permanent by Dec 2023. Utilized for non-admit patients or admitted patients waiting in ED if time permits
9	Initiated by the coverage OT and PPL due to exceedingly high caseload demands in ED. Now a continuing 1 year pilot project with the goal of ED diversion and early intervention to decrease length of stay.
10	OTs work within an interdisciplinary team, called "ED One" which consists of SW, OT, GEM, PT, and community support workers. The ED One team was initially funded on a yearly basis through the Ministry of Health, as initiatives to reduce hallway medicine. The goal of ED One is to divert admissions to hospital from ED, reduce length of stay for admitted patients, and prevent readmission by developing comprehensive discharge plans with community follow up. OTs have been in the ED since late 2019 at Sunnybrook. OTs see patients that visit the ED and are medically cleared, to determine if they are safe for discharge home from a functional perspective. OTs will also consult for patients that are experiencing functional concerns or mobility issues who visit the ED to provide recommendations for gait aids, falls prevention education, and recommendations for referrals (e.g. HCCSS). Lastly, OTs see patients that are admitted to hospital and are waiting for a bed on the unit if they are medically optimized for discharge assessments.

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 3

Respondent #	How do you promote the role of OT within your ED? (e.g. do you provide in-services, does OT self-refer for patients they believe are appropriate)
1	Referrals to ED OT are from the hospitalist who have taken over care of patient (once in overload) and from ED nurse.
2	Having same OT there for majority of shifts help staff become familiar and build confidence in their skills and benefits. Being alongside the ED Nurse helps to give them some additional credibility from the Nursing Team. Many physicians in ED are used to referring 'OT /PT' for many patients. Our OT helps triage / screen to figure out who might be appropriate for SMART, who might be EFORT (avoid admit) and who is likely not yet ready to begin and to defer the formal assessment until a bit later.
3	Lots of OT referral in ED, no promotion needed. MRPs are well aware of the importance of our role.
4	OT is stationed in ED, and over time staff awareness increased to increase referral volume. In services with ED staff and physicians. Being a constant presence in the department rather than on call really helped us.
5	Prior to having dedicated coverage the physicians would refer there just wasn't anyone to see the patients unless flagged as urgent. We really haven't needed to promote to receive referrals. However the allied team was not used to having our services so that took some effort.
6	OT works as part of an interdisciplinary team that focusses on discharge planning. The team has a team leader who promotes the role of OT through in-services and orientation of new staff. There are also handouts that are placed throughout the ED as reminder for staff to utilize OT/interdisciplinary service.
7	We sent emails and announced at huddle. The best exposure has been to have the OT in the ED, offering to help, etc. to get the exposure.
8	Most often referrals are identified by other team members (GEM, PT, SW, home care, nursing). OT will speak to MD about referral, at times OT will review patients in ED and identify ones that are appropriate
9	Introductory email to ED staff. Attendance at ED MD rounds. Presence in ED. Collaboration w/ ED nursing, home care and GEM. Case finding and self-referral.
10	Self-referrals, education to ED physicians re OT role and how to utilize service for their patients

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 4

Respondent #	How are OT services being utilized within your ED? (Select all that apply)	If you selected other, please describe:
1	Initial assessments for patients that are admitted, and waiting for bed on unit, Treatment sessions for patients that are admitted, and waiting for bed on unit	
2	Discharge assessments for patients being discharged from the ED, Initial assessments for patients that are admitted, and waiting for bed on unit, Treatment sessions for patients that are admitted, and waiting for bed on unit,	Screen for appropriateness for SMART program (Assess & Restore https://www.health.gov.on.ca/en/pro/programs/assessrestore/docs/ar_guideline.pdf)
3	Discharge assessments for patients being discharged from the ED, Initial assessments for patients that are admitted, and waiting for bed on unit, Treatment sessions for patients that are admitted, and waiting for bed on unit	Treatment session if there is time.
4	Discharge assessments for patients being discharged from the ED.	Our primary objective is admission avoidance, however that being said if time we will see patients for initial Ax who are waiting on an inpaitent bed if there is time.
5	Discharge assessments for patients being discharged from the ED, Initial assessments for patients that are admitted, and waiting for bed on unit, Treatment sessions for patients that are admitted, and waiting for bed on unit	
6	Discharge assessments for patients being discharged from the ED, Initial assessments for patients that are admitted, and waiting for bed on unit	
7	Initial assessments for patients that are admitted, and waiting for bed on unit, Treatment sessions for patients that are admitted, and waiting for bed on unit	
8	Discharge assessments for patients being discharged from the ED, Initial assessments for patients that are admitted, and waiting for bed on unit, Treatment sessions for patients that are admitted, and waiting for bed on unit	
9	Discharge assessments for patients being discharged from the ED, Initial assessments for patients that are admitted, and waiting for bed on unit, Treatment sessions for patients that are admitted, and waiting for bed on unit	
10	Discharge assessments for patients being discharged from the ED, Initial assessments for patients that are admitted, and waiting for bed on unit	

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 5

Respondent #	Which patients do OTs see primarily within your ED?	How are referrals/caseload prioritized for OTs within the ED?
1	Patients that are admitted to hospital, waiting for a bed on unit	Stroke patients are top priority. Pt's with potential discharge dates are seen next.
2	Patients that visit the ED, not admitted to hospital	1- avoid admit 2- admitted, but still in ED- possible candidate for SMART (Assess & Restore program) 3- admitted, but still in ED and functioning below appropriate level for SMART
3	Patients that are admitted to hospital, medically optimized within ED for discharge	Medical status.
4	Patients that visit the ED, not admitted to hospital	D/C home is highest priority, being admitted by OT can provide valuable Ax information is moderate (and often we don't know if it's admit/home without the OT Ax), patient awaiting an inpatient bed with OT orders is the lowest priory.
5	Patients that visit the ED, not admitted to hospital	We see the patients who are potentially for discharge first. Most are patients who have been referred to OT. After that we see anyone else who has been referred. It is difficult to prioritize as there are between 20-40 new referrals a day. We tend to screen based on diagnosis ie falls, delirium cognitive impairment are patients we would prioritize over other types of diagnoses.
6	Patients that visit the ED, not admitted to hospital	ED staff request OT service through the team leader. Patients are prioritized for OTs based on presenting concerns (eg functional decline, falls, cognitive concerns, difficulty managing ADLs/IADLs etc).
7	Patients that are admitted to hospital, waiting for a bed on unit	At this time any referral that comes through the OT will assess. We will begin looking and searching out more assessments that could result in admission avoidance,
8	Patients that are admitted to hospital, medically optimized within ED for discharge	Non admits first, then admitted patients who are medically stable.
9	Patients that are admitted to hospital, waiting for a bed on unit	ED patient's are priority, followed by medically stable admitted ED patients, then remaining admitted patients.
10	Patients that visit the ED, not admitted to hospital	Patients that visit the ED that are not admitted, patients that are admitted and medically optimized for discharge, patients that are admitted for early mobility and initial assessments

Occupational Therapy in the Emergency Department: Survey Results

Part 6

Respondent #	On average, how many patients does an OT see per shift in the ED?	Can you describe the outcomes of patients seen in the ED and the likelihood of patients being discharged vs. admitted?
1	3-4	Higher percentage of patients seen in ED overload require admission
2	3-4	- Timely re-assessment by LHIN & potential for additional/ new spports & equipment to be implemented-- facilitating an 'avoid admit'. ANd/ or patient & caregiver being educated on available resources (gov & paid) to support- PSW, equipment, meals, etc.
3	7-8	An average of 1-2 discharged per day. However always changing.
4	5-6	Ideally we work towards D/C home. Our biggest barrier is access to HCC supports that would facilitate a safe discharge home. But OT does ++ equipment recommendations, linking with community resources, health teaching (falls prevention, energy conservation, etc...)
5	7-8	I would say I average about one discharge per day. Lots of times it involves problem solving or equipment teaching speaking to family etc. Getting a patient home can be time consuming. Many patients and families are happy to have our services to help them get home. Unfortunately some patients have chronic illnesses and social issues that make it likely that they will return. We try our best to set up supports and services to avoid readmissions when possible.
6	3-4	Patients who are assessed and seemed safe for d/c with supports arranged in the community are typically discharged. An OT assessment helps to determine if from a functional standpoint and with the availability of supports (eg caregiver, PSW, equipment) a patient is safe for discharge home.
7	7-8	So far all of our patients are admitted. The hospital we talked to had about 40% of all patients seen discharged from the ED
8	3-4	Functional concerns are more readily identified and propr follow-up is put into place, likely a reduction in readmits. Real mix of patients being d/c vs admitted depending on their level of function/supports
9	5-6	If medically stable, patients will be discharged from the ED after ED OT involvement.
10	3-4	Patients are determined safe for discharge home and provided with recommendations for referrals, gait aid/equipment, and education re how to manaage safely at home. Likelihood varies - 60-70% of patients are discharged from the ED>

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 7

Respondent #	What is the referral criteria for patients referred to OT within your ED?	Are OTs part of an interdisciplinary team in your ED?
1	Patients must have functional goals and/or have cognitive concerns	Yes, they often co-assess and treat with physiotherapists
2	We aim to have Physicians try to differentiate between SMART/ Avoid Admit/ Standard referral streams.	Yes, they often co-assess and treat with physiotherapists
3	As long as there are OT orders, activity and oxygen orders, they will be seen by OT if medically appropriate.	Yes, they are part of an interdisciplinary team, but treat independently
4	65 plus (very loose here, but majority are 65+), presenting with a fall and imaging clear for injury, repeat visits for falls. It honestly depends so much on who presents to the ED on any given day.	
5	It's really the same as the hospital criteria there is no specific ED criteria.	Yes, they are part of an interdisciplinary team, but treat independently
6	Patients of any age can be referred to OT if they have functional/cognitive concerns, have a change in health status or new injury that may impact ability to mobilize and participate in ADLs/IADLs and require an assessment to determine if they have sufficient supports to manage safely at home.	Yes, they are part of an interdisciplinary team, but treat independently
7	We don't really have criteria outlined	Yes, they are part of an interdisciplinary team, but treat independently
8	patients who are medically stable and need functional assessment for d/c.	Yes, they are part of an interdisciplinary team, but treat independently
9	Referred by MRP, or identified by OT to needs involvement (patient's over the age of 65 admitted w falls, failure to cope or generalized weakness.)	Yes, they are part of an interdisciplinary team, but treat independently
10	Medically stable, likely will be discharged from the ED	Yes, they are part of an interdisciplinary team, but treat independently

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 8

Respondent #	Does your ED staff GEM (Geriatric Emergency Medicine) nurses? If so, how are the OT and GEM role differentiated? How are referrals directed to the respective professions?
1	Yes. GEM nurses see patients who are not admitted. The OTs see patients admitted (in overload) and waiting for a bed on a unit.
2	no GEM
3	Yes. OT is more involved in functional and mobility assessments while GEM is primarily involved in medical management and discharge planning. Due to the high number of patients in ED, we will also divide and concur and liaise with other disciplines as needed.
4	Yes. They are on the same team with GEM and SW (No PT in our ED). We co-treat often, and truly depends on the case. The GEM/OT have developed a strong relationship knowing we have much role overlap, but truly have ways of highlighting each of our unique roles. It was a process that took ~ 1 year to find that dance.
5	Yes there is a GEM. We work collaboratively. GEM is great at evaluating bloodwork diagnostic tests etc. if the client needs to have a functional assessment OT will see or sometimes Physio if it's strictly mobility. There is a lot of blurring but we meet daily to divide the workload so that there is less duplication of effort and an ability to utilize the skills of the team in the most effective manner.
6	The team leader identifies which profession would be appropriate for the patient. A document with a list of criteria to help guide the team leader's decision making on who to refer the patient to.
7	There are GEMs but when the OT started all the GEM positions were vacant. GEMs are fully staffed now and there is a meeting booked with them, SW, HCCSS and OT to discuss the different roles.
8	OT focuses more on functional aspect of assessment. GEM looks more a medical piece.
9	Yes we have GEM. Continues to be an area for growth. GEM has medical directive to refer to OT. GEM does not see admitted (ED HOLD) patients. GEM and ED MDs attempting to refer OT to patient's with functional decline only.
10	OT - sees patients with fractures, head injury, cognitive concerns for mobility and functional assessments. GEM - sees patients with multiple medical co-morbidities (e.g. diabetes, CHF), challenges with medication compliance or polypharmacy, older adults with social concerns (e.g. isolation). We have a team lead that delegates referrals.

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 9

Respondent #	If you have any additional comments regarding the interdisciplinary team within the ED, please include below:
1	The ED OT position has currently been put on hold due to staffing shortage.
2	Can be hard for ED staff to know when services are available and when they are not (and how the patients care plan then differs) because we don't staff the ED 24/7, but patient can present to ED 24/7. Also limited in terms of how quickly we can get new services/ equipment implemented based on availability of partners (eg. LHIN, private vendors). Need a very strong OT that is comfortable with some overlap into basic PT scope-- ideally not brining PT into the case when a simple walker prescription or ambulation trial is needed (or even possibly stairs trial).
3	OT, PT, GEM will divide and concur due to high number of patients. We sometimes receive ~40 referral and very difficult to see 40 in one day.
4	
5	
6	This is a great initiative to build more understanding/awareness of the OT role in the ED. OTs in the ED have already shown they can optimize quality of care and support better discharges. Further strengthening the role can bring about potential to address more systemic issues.
7	
8	
9	The key to success of ED OT and ED diversion is to have an experienced OT. I consider ED OT to be advanced practice as it requires highly developed communication skills and the ability to manage a dynamic and chaotic work environment. The ED OT also needs to have a vast knowledge and understanding of OT assessments and be able to make sound and comprehensive clinical decisions to support discharge planning. The key partner in successful ED diversion is a supportive home care coordinator.
10	

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 10

Respondent #	**Is your organization collecting any data points to support the impact of OT involvement in the ED? If so, can you describe below? (e.g. admission avoidance, length of stay, re-admission rates, mobility status, management of responsive behaviors, FIM scores, satisfaction surveys)**
1	Yes. We collect stats (new referrals, attendances, outcomes of OT consult)
2	SMART captures Barthel on admission & D/C. EFORT (avoid Admit) captures number of patients seen and successes- as well as tracks qualitative data around depth & breadth of resources/ plans made (ie. didn't avoid an admission, however due to early ID of issues, made LOS much shorter).
3	I don't believe so. I was able to advocate for 1.0 OT in emerge due to high number of patients in ED and by working overtime on weekends. So far, the hospital has maintained 1.0 OT.
4	Admission avoidance, decrease in repeat visits, if admitted - LOS is tracked, ALC days for patients seen by the team (because we are often identifying barriers to D/C from the get go)
5	Not that I'm aware of...
6	There is data being collected on readmission rates, length of stay and mobility status but lack of clarity on if there is tracking of OT's role in this.
7	number of patients seen, admission avoidance, OT getting pt up for the first time in ED, anecdotal data from therapists on the units (ie pts coming up less deconditioned),
8	not to my knowledge
9	Admission avoidance and length of stay.
10	admission avoidance

Ontario Society of Occupational Therapists

Occupational Therapy in the Emergency Department: Survey Results

Part 11

Respondent #	If you have any additional comments about the role of OT within your EDs, please describe here:
1	
2	Excellent value for the financial cost. Great as a way to help spread awareness of OT role & impact among fellow healthcare professionals.
3	I truly believe OT is extremely beneficial in ED for functional assessments, cognition and discharge support. Lakeridge Health Hospital has seen the impact we have made and we are now a 1.0 position in ED. My student completed an article in regards to the OT role in ED and importance of OT in ED. This was published in OT NOW and I would love to share this.
4	We piloted for 18 months before it became permanent. Metrics were sometimes hard to track due to to who presents to ED on any given day. We found a qualitative "wins" approach supplemented our data to highlight examples of great patient care in line with our core values. Each case is so unique in ED.
5	
6	
7	
8	
9	I have found this role to be a challenging but much needed role for our hospital. It has been described as a game changer, and the ED management team and OT are hopeful to secure permanent funding going forward.
10	