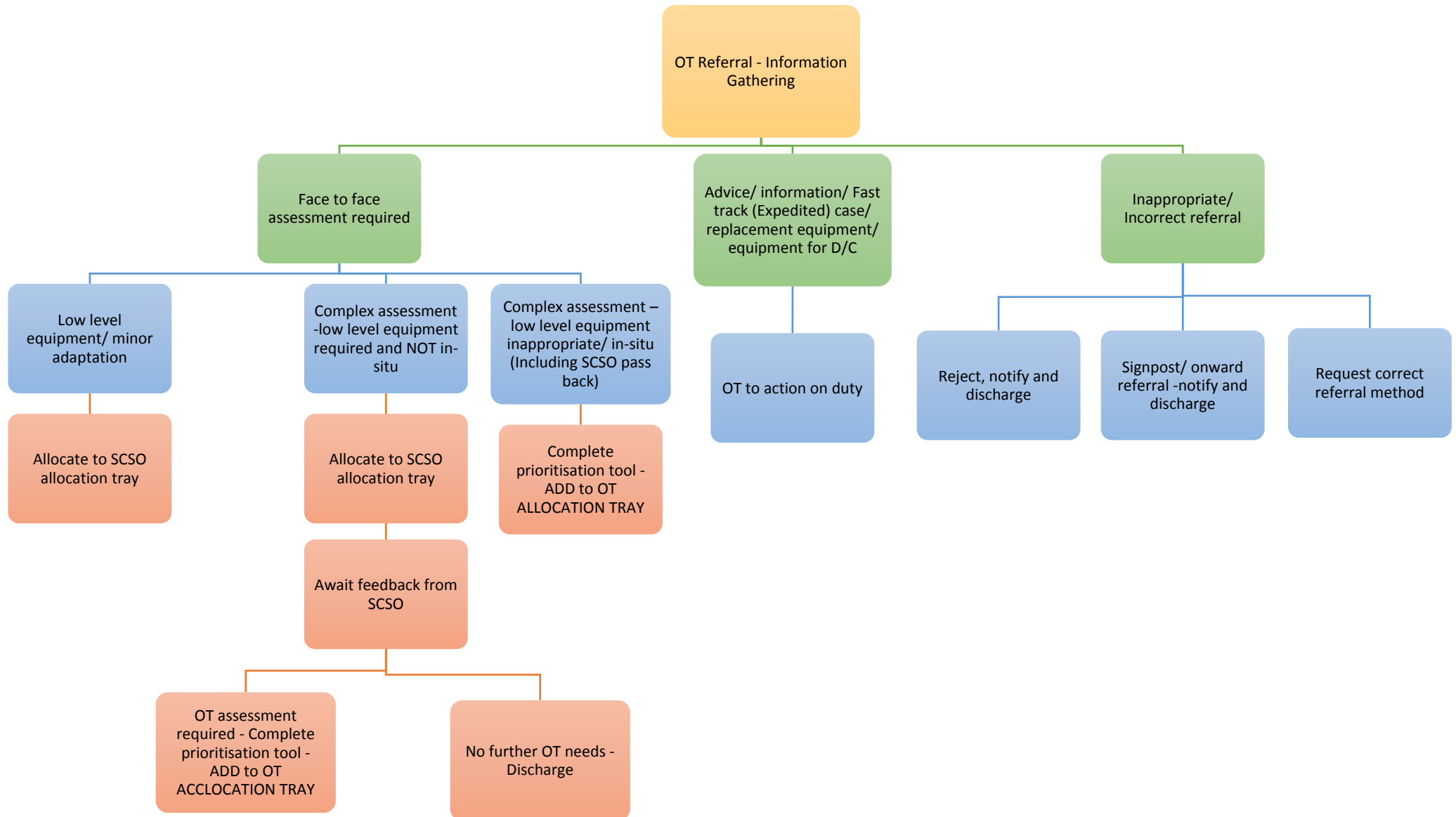


Community Occupational Therapy Screening Process



## Community Occupational Therapy Screening Process

### **Social Care Support Officer (SCSO) Allocation**

Always consider if referral is appropriate for assessment by SCSO in first instance.

Cases suitable for SCSO:

- Non-complex medical conditions (Can have multiple none-complex conditions), or more complex conditions that are stable/ only require low level Essential Quality Requirements (EQR)/ May need OT intervention following provision of low level equipment
  - Low level equipment/ minor adaptations - this should always be the first consideration. For example, referral may be for a 'stair-lift' or 'level access shower' however, extra banister rail and bathing equipment should be considered first by an SCSO.
  - Low level equipment/ minor adaptations required to meet essential needs with pass back required to OT for more complex equipment/ adaptation. EG: A Service User (SU) struggling with stairs/ toileting/ bed transfer but also requiring seating assessment can be assigned to an SCSO to provide low level equipment then sent back to OT waiting list for prioritisation. The pass back from SCSO should be prioritised and given relevant priority status.

### **Referrals that should be dealt with at screening by duty OT:**

- **Equipment for hospital discharge** (out of area hospitals only).
- **Inappropriate referrals.** This may require further information gathering. For example referrals from district nurses; ramping for ambulant SU's or for mobility scooter access. These types of referrals can potentially be closed at screening if not appropriate for OT and the SU is informed and signposted to relevant services.
- **Incorrect method of referral** – Should be reassigned back to referrer to complete 'action plan' or 'contact assessment' (Link to existing referral)
- **Insufficient information on referral** – Should be reassigned back to referrer with request for required information
- **Ramping for ambulant persons or for mobility scooters.** LCC do not ordinarily provide ramping for these service users, however, it is important to screen the referral, taking into account the individual circumstances and ensuring compliance with the care act. Other alternatives should always be considered prior to allocating for assessment. IE: Half step, rails, platform to facilitate walking frame etc. A SU would not be eligible for ramping just to house their scooter for security purposes. If following screening, SU is eligible for assessment then prioritise accordingly or assign to SCSO.

Community Occupational Therapy Screening Process

- **Broken equipment** – replacements should be ordered via prescription or a repair/ replacement organised via Transforming Community Equipment Service (TCES) where possible. If a new assessment is required then it should be prioritised accordingly or reassigned to an SCSO.
- **Unable to complete functional transfers** – Telephone screening should be completed to ascertain if equipment can be provided immediately via a prescription and then referral screened and prioritised accordingly.
- **Pass backs from SCSO** requesting level access shower facilities. Fast-track/ expedited recommendation should be considered and if appropriate, action plan sent to operations admin for Disabled Facilities Grant. If not appropriate should be prioritised accordingly.
- Section 75 and health referrals (East only) to be screened as per section 75 agreement and action plan completed for relevant integrated therapy team.
- Referrals for mobility/ mobility aids/ wheelchairs only – signpost to GP for physio/ Specialist Mobility Rehabilitation Centre (SMRC) referral.

If FACE to FACE OT assessment is required please identify priority using table below:

Change in functional ability		Impact on Service User	
<b>SCORE</b> <b>5</b>	Major Risk <ul style="list-style-type: none"> <li>• <b>SUDDEN DECLINE</b> in function – IE: <b>UNABLE</b> to complete essential tasks/ transfers/ functional mobility</li> <li>• Breakdown of <b>ESSENTIAL</b> equipment – IE: Slings, hoists</li> <li>• Environmental changes <b>PREVENTING</b> performance of <b>ESSENTIAL</b> tasks – IE: cannot access toilet/sleeping facilities/ WC user who cannot get out of property independently solely due to of access issues</li> <li>• <b>HIGH</b> risk of falls with <b>NO</b> previous falls intervention</li> <li>• <b>SUDDEN</b> deterioration in cognition <b>AND</b> no formal/informal support in place</li> <li>• Palliative diagnosis <b>WITH</b> sudden deterioration in condition</li> </ul>	<b>SCORE</b> <b>5</b>	Major Impact <ul style="list-style-type: none"> <li>• <b>SUDDEN SEVERE DETERIORATION</b> in health/ mental health/ well-being of SU or carer</li> <li>• Highly unstable situation</li> <li>• <b>HIGH RISK</b> of hospital / care home admission</li> <li>• End of life pathway and unable to remain in preferred place of care without intervention</li> <li>• <b>HIGH RISK</b> of carer breakdown without urgent OT intervention</li> <li>• <b>HIGH RISK</b> of pressure damage due to immobility (only when no pressure care management in place) If pressure care only – Refer to DN's</li> <li>• Care agency needs <b>ESSENTIAL</b> equipment to support</li> <li>• <b>HIGH RISK</b> of injury to SU or carer due to inappropriate equipment</li> <li>• <b>Safeguarding</b> alert requiring <b>URGENT</b> occupational therapy intervention</li> </ul>
<b>SCORE</b>	Severe Risk	<b>SCORE</b>	Severe impact

Community Occupational Therapy Screening Process

<p><b>4</b></p> <p><b>4</b></p>	<ul style="list-style-type: none"> <li>• <b>Significant</b> difficulty with essential transfers/ functional mobility</li> <li>• <b>Significant</b> difficulty with essential activities of daily living</li> <li>• Change of environment or equipment breakdown resulting in need for a <b>URGENT</b> review</li> <li>• <b>ESSENTIAL</b> equipment no longer meets needs and requires <b>URGENT</b> review</li> <li>• Hospital discharge check</li> <li>• Risk of falls</li> <li>• <b>SUDDEN DETERIORATION</b> in cognition with formal/informal support in place</li> </ul>	<p><b>4</b></p> <p><b>4</b></p>	<ul style="list-style-type: none"> <li>• <b>SIGNIFICANT DETERIORATION</b> in health/ mental health/ well-being of SU or carer</li> <li>• <b>SIGNIFICANT</b> emotional distress to SU or carer</li> <li>• <b>SIGNIFICANT</b> risk of carer breakdown</li> <li>• <b>SIGNIFICANT</b> risk of hospital/ care home admission</li> <li>• <b>SIGNIFICANT</b> risk of injury during transfers as a result of inappropriate equipment</li> <li>• Lack of timely intervention likely to result in <b>SIGNIFICANT</b> decrease in function</li> </ul>
<p><b>SCORE</b></p> <p><b>3</b></p>	<p>Moderate Risk</p> <ul style="list-style-type: none"> <li>• <b>STEADY DECLINE</b> in function and OT intervention could improve situation</li> <li>• <b>SOME DIFFICULTY</b> with essential transfers/ functional mobility</li> <li>• <b>SOME DIFFICULTY</b> with essential activities of daily living</li> <li>• Equipment no longer meets needs</li> <li>• Environmental factors resulting in <b>DIFFICULTY</b> carrying out essential ADL's</li> <li>• Pre elective surgery</li> <li>• <b>STEADY DETERIORATION</b> in cognition</li> </ul>	<p><b>SCORE</b></p> <p><b>3</b></p>	<p>Moderate Impact</p> <ul style="list-style-type: none"> <li>• <b>SOME</b> changes in health/ mental health/ well-being of SU or carer</li> <li>• <b>SOME</b> emotional distress</li> <li>• Risk of carer breakdown</li> <li>• Effective pressure care plan in place</li> <li>• Unable to manage usual paid employment or leisure activities</li> </ul>
<p><b>SCORE</b></p> <p><b>2</b></p>	<p>Minor Risk</p> <ul style="list-style-type: none"> <li>• <b>SLOW DECLINE</b> in function</li> <li>• <b>NON-ESSENTIAL</b> activities of daily living</li> </ul>	<p><b>SCORE</b></p> <p><b>2</b></p>	<p>Minor Impact</p> <ul style="list-style-type: none"> <li>• <b>MINOR</b> change in health/ mental health/ well-being of SU or carer</li> </ul>
<p><b>SCORE</b></p>	<p>Insignificant</p> <ul style="list-style-type: none"> <li>• <b>MINIMAL</b> change in function</li> </ul>	<p><b>SCORE</b></p>	<p>Insignificant</p> <ul style="list-style-type: none"> <li>• <b>MINIMAL</b> impact reported</li> </ul>

Community Occupational Therapy Screening Process

<b>1</b>	<ul style="list-style-type: none"> <li>• Could be addressed by others/ self/signposting</li> <li>• Funding for non-essential equipment</li> </ul>	<b>1</b>	<ul style="list-style-type: none"> <li>• Previous OT assessment completed – no change</li> </ul>
----------	---	----------	--

CHANGE IN FUNCTION	IMPACT ON SERVICE USER				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Major
1 Insignificant	1 <b>Very low</b>	2 <b>Low</b>	3 <b>Low</b>	4 <b>Low</b>	5 <b>Moderate</b>
2 Minor	2 <b>Low</b>	4 <b>Low</b>	6 <b>Normal</b>	8 <b>Normal</b>	10 <b>Moderate</b>
3 Moderate	3 <b>Low</b>	6 <b>Normal</b>	9 <b>Normal</b>	12 <b>High</b>	15 <b>High</b>
4 Severe	4 <b>Low</b>	8 <b>Normal</b>	12 <b>High</b>	16 <b>High</b>	20 <b>Urgent</b>
5 Major	5 <b>Normal</b>	10 <b>Normal</b>	15 <b>High</b>	20 <b>Urgent</b>	25 <b>Urgent</b>
<b>Risk Rating</b>	<b>LAS Priority Rating for Allocation Tray</b>				
<b>1-4 – Low (L)</b>	Low Priority (L)				
<b>5-10 – Normal (N)</b>	Normal Priority (N)				
<b>12-16 – High (H)</b>	High Priority/ Normal Complexity (H)				
<b>20-25 – Urgent (U)</b>	High Priority / High Complexity (U)				