SESLHD GUIDELINE COVER SHEET

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Marianne Gale Director Population and Community Health
AUTHOR	Katherine Clinch
POSITION RESPONSIBLE FOR DOCUMENT	Manager Aged Care Strategy, Population and Community Health SESLHD Occupational Therapy Advisor
KEY TERMS	OT Home Assessment, OT Access Visit, ACAT Assessment
SUMMARY	This document outlines the factors for staff to consider in relation to OT home assessments for inpatients requiring ACAT assessment.

Feedback about this document can be sent to seslhd-executiveservices@health.gov.au

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Occupational therapy (OT) home assessment for inpatients requiring assessment by an aged care assessment team (ACAT)

Section 1 – Background

In accordance with Commonwealth eligibility criteria for ACAT assessment under the Aged Care Act (1997), the client must be medically stable at the time of assessment and rehabilitation needs must be met by the multidisciplinary team. This will ensure that the care needs of the client outside of the hospital can be accurately assessed and the most appropriate care services recommended.

Clients in hospital requiring an ACAT assessment should be assessed in the same way as those assessed at home, including consideration of the home environment and social issues (*My Aged Care Assessment Manual, March 2018).*

Assessments made by other members of the multidisciplinary team should be used by ACAT to inform the aged care assessment. Historically, the OT Home Assessment has been used widely by ACAT and Transitional Aged Care Programme (TACP) staff to inform the ACAT assessment and also to inform the suitability of the client for TACP.

Key benefits and limitations of OT Home Assessment prior to ACAT and TACP assessment

Key benefits:

- Facilitates best practice in the interests of client and staff safety
- Enables the client and their carers to be assessed in their home environment and provides the client with insight into their capability and performance at home
- Adds valuable information to the ACAT assessment for making appropriate approvals
- Facilitates effective goal setting for TACP from commencement of program
- Assists with timely equipment prescription and delivery
- Allows prompt commencement of home modifications where required and ensures set up of equipment appropriately to reduce the risk of hospital representation
- Avoids risk associated with Friday discharges and concern about safety over the weekend.

Limitations:

- Home assessment may not be required based on clinical need, or previous home assessment completed
- Requires significant resource by OT staff across facilities
- Can add time to the discharge process especially if carer/family request to be present
- Results in client having multiple assessments i.e. OT, ACAT and TACP.

Section 2 – Indications for OT Home Assessment prior to ACAT Assessment

The need for an OT home assessment prior to inpatient ACAT and TACP assessment is to be determined on an individual case basis by the inpatient OT in consultation with the treating multidisciplinary team. In determining this, the OT should consider the individual client's condition, risk factors, their functional and cognitive capacity, living conditions, access to family /carer supports and previous OT home modifications or interventions.

Clients who are identified by OT as being at risk of functioning safely in their home would receive an OT home assessment and those who are deemed low risk would either receive an OT access visit or no home assessment.

The following table provides examples of high and low risk factors for consideration in decision making about whether an OT Home Assessment is required. Whilst this is not an exclusive list, it is intended to provide some guidance around decision making.

Domain	High Risk Clients	Low Risk Clients
Clinical Condition	Clients who have had an incident and/or clinical event which has caused a sudden or significant decline in baseline level of physical or cognitive function (e.g. stroke, fracture of lower limb)	Clients with clinical conditions amenable to recovery or near recovery to pre-morbid function after a set-back
Physical function (Mobility/Transfers)	Clients likely to experience difficulty with transfers in/out or on/off bed, chair, shower, bath or toilet due to a change in baseline level of physical function. Clients with risk factors for safely achieving overnight toileting.	OT Home Assessment recently completed. Details involving environment/transfers documented.
Cognition/Capacity	Clients with dementia/cognitive impairment	Client able to make informed decisions and has capacity/insight into their condition
Living Situation	Living alone/ socially isolated with physical and /or cognitive impairments. Subjective evidence of hoarding/squalor Subjective evidence of access limitations which may challenge the client's ability to safely access the home i.e. steep driveway; stairs	Evidence of being well supported at home by family/ carer and minimal risk factors Nil subjective concerns of hoarding/squalor Nil reported access barriers
Home Modifications	Clients likely to require home modifications or equipment based on subjective assessment	Nil home modifications or equipment likely to be required based on subjective assessment

Domain	High Risk Clients	Low Risk Clients
Existing/Recent Services	No previous OT Home Assessment and evidence of risk factors for safety at home No existing services/other supports in place	OT Home Assessment recently completed and no significant change in condition since. Access Home Assessment recently completed and nil concerns identified. Clients already receiving TACP who are then readmitted to hospital.

Section 3 – Definitions

Aged Care Assessment Team (ACAT):

ACATs undertake comprehensive aged care assessments for eligible clients.

Occupational Therapy Home Assessment:

An assessment conducted by an occupational therapist with the patient that focuses on individual and environmental abilities and problems related to the patient's participation in occupational performance roles in their home.

Occupational Therapy Access Visit:

An assessment conducted by an occupational therapist in the patient's home without the patient present. The occupational therapist draws on their knowledge about the patient's occupational performance observed in hospital to determine the patient's individual and environmental abilities and problems that are anticipated in the in patient's home.

Transitional Aged Care Programme (TACP):

Transition care provides short-term care that seeks to optimise the functioning and independence of older people after a hospital stay (*Transition Care Programme Guidelines, 2019)*.

Section 4 – Responsibilities

Inpatient OT Staff are responsible for:

- Documenting the OT home assessment status in the client's electronic medical record as either:
  - '*home assessment- access visit only required';*
  - *'home assessment required' or*
  - *'no home assessment required'*
- Documenting the reason/s to support the decision made about the home assessment.

Referrers to ACAT (*ie. social work staff)* are responsible for:

- Accessing the documented OT home assessment decision from the client's medical record.
- Documenting the OT home assessment decision status of the client on the referral form to ACAT ie. '*OT home assessment* required'; '*access visit only required'* or '*no home assessment required'.*
- Documenting the expected date of the OT home assessment on the referral form (if home assessment is clinically indicated).

ACAT Staff are responsible for:

- Noting the OT home assessment status details on the ACAT referral form
- Accessing the documented OT home assessment decision and reasons to support the decision from the client's medical record.
- Not waiting until an OT home assessment is completed prior to accepting a referral
- Liaising with the inpatient OT staff regarding any concerns about the home visit decision status or clinical status of high risk clients.

TACP Staff are responsible for:

- Accessing the documented OT home assessment decision & reasons to support the decision from the client's medical record.

Section 5 – Referrals to ACAT and Appointment Scheduling

The inpatient OT should document the OT home assessment status in the client's electronic medical record prior to the referrer making a referral to ACAT.

If a home assessment I required, wherever possible, the OT home assessment should be completed prior to an inpatient ACAT assessment. This allows the outcome of the home assessment to inform the ACAT assessment. However, a referral can still be made to ACAT and accepted by ACAT prior to the home assessment occurring. The ACAT appointment is to be scheduled as soon as possible following the OT home assessment.

Section 6 – References

My Aged Care Assessment Manual, March 2018, Australian Government Department of Health

Aged Care Act (1997)

NSW Health Aged Care Assessment Services Standard Operating Procedures, 2018

Transition Care Programme Guidelines, 2019, Australian Government Department of Health

Revision and Approval History

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