OT Acute Care Evaluation Checklist & Quality Measures

Use the checklist below during the evaluation as a reminder of areas to address. AOTA encourages practitioners to print off the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluation process. This document does not replace the clinical judgement of an occupational therapist. The checklist supports high quality OT evaluations that lead to occupation-based, client-centered interventions, and the use of quality performance measures.

A comprehensive occupational therapy evaluation is based on a theoretical model and aligns with the *Occupational Therapy Practice Framework*. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

For more information value-based care at www.aota.org/value.

Occupational Profile

Each element of the occupational profile is considered from the client's perspective. Take notes here or download the Occupational Profile at www.aota.org/profile to facilitate the subjective interview and goal development.

- ☐ Client's Concerns
- ☐ Successful Occupations
- ☐ Occupational History
- ☐ Interests & Values
- ☐ Contexts: Environment & Personal
- ☐ Performance Patterns
  - ☐ Habits ☐ Routines ☐ Roles ☐ Rituals
- ☐ Client Factors
  - ☐ Values/Beliefs ☐ Body Function ☐ Body Structure
- ☐ Client Goals/Priorities

Analysis of Occupational Performance

Click on the Quality Toolkit for links to standardized assessments and screening tools used in each of the areas below.

	Addressed	Is this area a Priority?		Addressed	Is this area a Priority?
Occupations					
ADLs	☐	☐	IADLs	☐	☐
Contexts & Environments					
Include Safety Screen	☐	☐		☐	☐
Performance Patterns					
Habits, Routines, Roles, Rituals	☐	☐			
Performance Skills					
Psychosocial/Behavior Skills	☐	☐	Fall Prevention/Fear of Falling	☐	☐
Client Factors—In addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	☐	☐	Functional Cognition	☐	☐

Discharge Recommendations

A key goal of therapy services in acute care hospitalizations is discharge planning. Safe discharge plans can help reduce preventable hospital readmissions. Discharge planning can involve many factors such as caregiver availability, functional status, insurance coverage, and other related factors. Below we have listed common options for discharge after hospitalization.

Check with your organization regarding any specific processes for discharge planning.

Therapy Discharge Recommendation	Client Discharge Goal

☐ **Long-Term Care Hospital:** Requires long-term hospital level care due to medical instability.

☐ **Inpatient Rehab Facility:** Requires intensive rehabilitation, able to tolerate 15 hours of therapy a week or 3 hours of therapy 5 days a week, needs 2 therapy disciplines, and 24-hour nursing oversight. Be mindful of Medicare 60% rule.

☐ **Skilled Nursing Facility:** Requires ongoing skilled care (nursing or therapy) and general physician oversite. Must have 3 midnights as an inpatient status to qualify for SNF under Medicare Part A.

☐ **Home Health:** Client is home bound and requires skilled therapy or nursing services.

☐ **Outpatient:** Client is able to access the clinic and requires ongoing skilled therapy services. May be options for mobile outpatient services depending on service availability.

☐ **Home with No Services:** Client is safe to discharge home without therapy or nursing. May require assistance from hired or non-hired help.

☐ **Hospice:** Client qualifies or hospice care.

Common Reimbursement Models

Hospital Inpatient Prospective Payment System (IPPS) – Diagnostic Related Group (DRG)
Medicare Part A is billed for inpatient hospital stays which means it is anticipated the client will be hospitalized for more than two midnights. DRGs are used to calculate payment adjusted rates based primarily on client factors, the hospital reported principal diagnosis, secondary diagnoses, and surgical procedures performed. Therapy services are reimbursed under the DRG.

Hospital Outpatient Prospective Payment System (OPPS) – Medicare Part B stays
Medicare Part B is billed for outpatient/ observation hospital stays. Observation stays are for clients where it is anticipated that the client will not require more than two midnights in the hospital prior to discharge. Practitioners may need to follow Medicare Part B policies as they would in other settings.

Comprehensive Care Joint Replacement (CJR)
The CJR model is a bundled payment model or Medicare Part A and B beneficiaries. This model holds hospitals accountable for the cost and outcomes of total hip and knee arthroplasties for 90 days post discharge or post-surgery. Therapy services are reimbursed under this payment model.

Accountable Care Organizations (ACOs) & Clinically Integrated Networks (CINs)
Value-based care model to formalize coordination of care and provider networks commonly consisting of doctors and hospitals to share responsibility for cost of care and quality outcomes. ACOs are administered by the Centers for Medicare & Medicaid Services (CMS). CINs are administered most often by commercial payers. ACOs may have certain unique flexibilities or programs that can influence discharge programs or clients.

Hospital Inpatient Quality Program Measures

There are numerous hospital quality measures that vary by location and payer. Use the table below to have a conversation with your organization about what measures they are working on and how OT can help meet their goals and improve the quality of care. This information may be gathered from administrators or from Care Compare on Medicare.gov/care-compare. View additional quality measures here: CMS Hospital Quality Initiatives

Measure	Score on ____/____/____	Notes
Example: Rate of readmission after hospital discharge (hospital wide)	*16.4%*	*National Average: 14.6% - OT can effectively reduce readmission rates per Rogers study*

Resources

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

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Centers for Medicare & Medicaid Services (2023) Hospital quality initiative. https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits

Margetis, J., Wilcox, J., & Coleman Casto, S,. (n.d.) AOTA critical care and OT practice across the lifespan position Statement. https://doi.org/10.5014/ajot.2023.77S3003

Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2017). Higher hospital spending on occupational therapy is associated with lower readmission rates. Medical care research and review : MCRR, 74(6), 668–686. https://doi.org/10.1177/1077558716666981

Smith-Gabai, H., (2017) Occupational therapy in acute care. (2nd edition). https://doi.org/10.7139/2017.978-1-56900-415-9