NICU's	1. How do you all distinguish which babies get therapy from PT and from OT?	2) If a baby receives both PT and OT – how do you separate the 2 disciplines treatment to prevent duplication of services?	3) Do you ever have both therapies working off the same evaluation/treatment plan? If so, how?
A	The MDs write an order for both services and our PTs and OTs work off of the same plan of care for the majority of the patients unless there are discipline specific needs such as splinting.	Both PT and OT sessions count towards the plan of care. They are not seen by both therapies in one day.	Frequencies vary on the patient-anywhere from 2-5 times per week in our level 3 NICU. Typically 1-3 times per week when we get orders in our level 2+ special care nursery.
B	We get orders for both PT/OT and typically these individuals evaluate the patient together and then decide which discipline will be the primary for that patient. They make this determination based on their assessments.	Once the babies skills start to differentiate, we may then have both services see the child if this is needed. We are looking at this on a case by case basis.	No, and that has been our argument to the staff as to why one or the other should see the patient. In doing chart reviews, we were finding that the goals were often the same, thus, we couldn't justify both services seeing the patient.
C	The PTs and OTs in our NICU report through Women's and Children's Services, not Rehab.		
D	We have a 97-bed NICU unit and limited staffing therefore, we establish a guideline that we will see patients by one discipline or the other.	We are not saying that they will only need one discipline all the time, it is just sometimes better to have one provider with one consistent message to our families. We will get the other discipline involved if the patient is older than 2 months adjusted.	
E	We pick one discipline or the other –	Both disciplines are not assigned due	No

	divide them between the 2 disciplines	to duplication of services. We also look at diagnosis to best benefit the patient. Very rarely, both disciplines will be assigned if it is an extremely involved baby and needs splints, etc.	
F	Most babies receive an evaluation from both OT and PT. Treatment is based upon need per the evaluation.	PT primarily targets muscle weakness, positioning, and movement asymmetries. OT targets neurobehavioral issues, tolerance to handling/movement, visual motor. Both provide teaching to families.	No
G	Both OT and PT are involved for most of the babies, unless they look very appropriate which is a rare case. We feel that both therapists can contribute to their development based on each discipline's expertise.	One strategy is communication. This is done by weekly huddle and OT &PT are assigned to hallways. Another strategy is the goals, the goals help to justify intervention and separate roles.	No, we write separate interventions and evaluations. However, we do co-eval and co-treat, which found to be beneficial to the babies and both disciplines.
H	Our orders come in as an infant therapy order which includes OT, PT and ST. ST starts as needed. Both PT and OT address each order.	PT and OT do not treat the baby on the same days and we tend to alternate days. The exceptions to the rules may be more involved babies with upper and lower extremity contractures, older trach/vent babies that need lots of developmental play, or babies that have very poor states/organization and benefit from increased intervention.	We work off of separate treatment plans.
I	See attached information		