

Question:

**For those of you who provide Sunday inpatient coverage, what types of patients do you see on Sunday and is coverage on an as needed basis, or do you have staff consistently work on Sundays? Thanks!**

1. We have a PT and OT assigned to cover the weekends. We see patients on Sunday if we are unable to see all those needing services on Saturday. We also see new orders for PT for patients following Ortho surgery and being discharged: usually crutch training, spinal fusion protocol, rhizotomy protocol, etc.
2. Our on call therapy staff (OT, PT and SLP) are responsible for the following Sunday coverage:
  - Evaluations completed within 24 hours of order
  - Screenings within 48 hours
  - Care needed for discharge
  - At time we have to offload to Sunday prior or Saturday after if the staffing during the week indicates that we need Sunday / Saturday to cover frequencies
  - Infrequently we have a patient with high frequency that requires Sunday to meet the need of the patient.
  - We have the entire skill set on call every weekend day. It can take either one or two therapists to complete the skill set needed. The OC 1 staff member receives the calls and if is able to cover, does so. If not within their competency, they contact their OC 2 partner.
3. Speech only works Sunday on weekends where there is a holiday or other event that interferes with our ability to respond to orders within 48 hour. Typically we see 1) new orders, 2) those patients who did not get their recommended # of visits during the week or 3) patients whose parents have not been available during the week.  
Audiology does not cover Sundays.
4. PT and OT  
Rehab unit (those that require therapy time to remain in compliance with payer rules) are a priority  
Acute Ortho patients who are likely dismissing same day or next day are next priority  
Acute Other patients who are in the acute area potentially transferring to rehab unit in the next day or two  
Acute New TBI or ED patients who may have been admitted late Sat that could be dismissing Monday  
  
No Speech therapy staff on Sundays

OT & PT are consistently scheduled for Sundays with the knowledge that they may potentially be 'called off' on Sunday. OT is called off more often than PT (rarely not needed on Sunday, sometimes only a half day)

5. We do not have Sunday coverage at present but I am interested in knowing if others are providing and under what circumstances.  
So please include me in the dissemination of results
6. I have a full time PT who covers Sunday each week as part of her regular schedule. We staff 2 PTs every weekend day and 1 OT over the weekend. We also have an on call PT each weekend and have called them in about 20% of the time in the past months. We see our orthos, patients with CF x3/day, burns, traumas and any level 7 (frequency 7 days a week ICU patients.)
7. We have consistent PT/OT coverage on Sundays (4-5 of each discipline are scheduled, with the opportunity to call in extra staff or call off folks based on census). All of our inpatient rehab kids are seen on Sunday, as well as any acute care patients being seen at a daily frequency.
8. We don't currently see patients on Sundays. We will see our inpatient rehab patients on Sundays when/if a holiday falls on a Saturday in order to provide our established service of 6-days/week.
9. We have PRN staff that consistently work on Sundays (the team member changes week to week, but we always have someone here). We see primarily rehab patients (post TBI, stroke, seizure-focus surgery, brain tumor resections, etc) on Sundays, but will also see priority evaluations that cannot wait until Monday. We do see some kids who need feeding follow-up on the weekend as well (kids who are working on progressing towards oral feeds in therapy only and would miss feeding opportunities if they weren't seen for the day). The evaluations that we do on the weekend are new onset feeding/swallowing concerns, immediate communication needs that aren't being met or sudden decline (acute onset) in speech/language, or kids whose discharge would be delayed if we waited another day.
10. We rarely provide coverage on Sunday. We have a therapist on call for post ops on Saturday and occasionally the kids won't be ready to be seen and need to be seen Sunday instead, but this is very rare. Another occasion might be a child who didn't get all their rehab minutes in during the week we would typically make it up on a Saturday, but on rare occasions a therapist may only be available Sunday instead.
11. We see new orders and anyone who needs treatment before being discharged.

12. We have PT coverage from 9:00-2:00 pm and SLP coverage for a typical 8-hr day. The PT's will see all priority patients who are pending d/c from the hospital setting, e.g. spina fusion, gait trainers etc. The SLP is covering all feeds on her caseload.

13. We consistently have 1 PT covering on Sundays.

The types of patients that are seen are priority patients – ortho, patients 7x's a week, being discharged or priority evals.

If patient volume is high, we occasionally will have another PT come in but that is rarely.

14. We see all rehab patients once on Sunday and our rhizotomy patients. Others are as needed for Sunday coverage (ortho, burn, other high priority patients).

15. Staff consistently on Sundays, we would prioritize evaluations and those needed to be seen to maintain compliance otherwise scheduled

16. This is a very timely question. We will be looking closely at our inpatient coverage plans in 2018 as we find our staff are more consistently on-site (PT & OT work the majority of Sundays, Feeding Specialists occasionally and Speech rarely)

We do not have an inpatient rehab unit. Currently, our staff are considered to be on-call on Sunday from 8 – 12. However, we find that by Friday, we already know that we will have patients who need to be seen .

We will see all new evaluations (with the exception of our NICU babies), orthopedic patients, neuro-rehab patients. When setting the frequency for therapy within the POC, the inpatient providers identify if a patient is BID, Daily, Daily (Monday – Friday) .

BID patients are seen once each day on the weekends, Daily patients are seen once over the weekend(usually alternating days between OT & PT). We are continuing to look at how we determine our POC to improve/assure consistency amongst providers. We are also working to outline what is a skilled intervention that needs to be provided by a therapist vs an important activity that can be provided by another healthcare provider.

We will be looking at moving from an on-call type weekend program to a staffing schedule that considers a 7 day-week inpatient schedule.

17. We cover Sundays with PRN staff and some permanent weekend staff. We see new evaluations and high priority patients ( post surgical for ortho and feeding/swallowing for the Speech Path)

18. We cover inpatient acute every Sunday for discharge dependent orders. If time, they see patients who were lacked during the week and are considered a high priority.

19. For acute care (not rehab): we have PT and OT on call from 8:00 am – 12:00 pm. They come in to see any patients who are considered priority.

Priority includes: requires therapy for discharge (typically ortho) or to change or develop a feeding plan.

20. We have staff on-call for new orders, and also to meet set acuities as needed.

21. The only discipline that works on Sunday is PT. They see Rehab patients, and any considered priority (such as pectus and scoli). We have a pool of therapists who work on the weekend (based on seniority), so it's a consistent pool, but they only work about every 6 weeks.

22. Currently, we do not provide scheduled coverage on Sundays. Treatment is on an on call or as needed basis where we would pull in per diem staff or block time for salaried staff.

23. We provide PT services only on Sunday. We triage and see the patients on the acute care service that are high needs and can't go a day without therapy. We also see patients that may be discharging on Sunday such as Orthopedic patients for PT services only.