

Organization	OT/PT in Wheelchair Clinic?	If both, do they see patient together?	ATP or SMS Certification ?	Wheelchair Vendors at Appointments ?	Length of Visit?	Information in Advance?	Inpatient and Outpatient?	How Well is it Working?
ORG A	Just PT	N/A	Yes, SMS. One also has ATP	Vendors see all patients in seating clinic along with PT	90 Minutes	PTs review the chart before appt. Patient may have been seen for consult by the Seating PT while inpatient	Both. Inpt fluctuates. Would like dedicated block of time for inpt. PTs see inpt during cancel or no-show of outpatient.	There are so many variables between inpatient/outpatient mix, as well as vendor & equipment variables. Vendors are in constant contact with our scheduler, which helps a lot. Very dynamic process by nature of the patient flow and time for custom equipment production from multiple vendors. Flexibility of all parties makes it work.
ORG B	Two PTs	N/A	No	Vendor present and sees patients with PT	90 minutes. PT gets 30 minutes to document per patient for LMN	PT calls to get demographic info, current equipment and problems, age of equipment, referral source, transportation	Outpatients seen in clinic. Inpatients seen with treating PT and vendor in the hospital	Structure works well. Rotate clinic between 5 outpatient sites to improve patient access. Scheduling at specific sites is challenging. Would like to market to school based therapists to

						, insurance info		improve timeliness for ordering equipment.
ORG C	Yes, PT and OT	No. Scheduled with OT or PT based on type of equipment requested/needed	1 does, the other 2 do not	Vendor attends, family choice. Sees patients for eval and fitting	1 – 2.5 hrs, depending on equipment needed. Average 2 hours	PMH, goals of equipment, family/client priorities, current equipment info, transportation, home/school environment. With written consent, we reach out to school therapists. Invite any member of the patients team to attend with parent consent	Only outpatients	Works well. Happy to share more details.
ORG D	No formal clinic. Trained therapists see pts for equipment needs throughout the week.	Separate, depending on the needs of the patient	No, but continuing education and monitoring	Vendor attends appt with therapist. Intake coordinator discusses vendors with family to determine which vendor	60-90 minutes for manual chair. 120 minutes for power/complex, switch access.	Yes. Equipment needs, vendor choice, etc.	Inpatient therapist sees inpatients. If complex, OP DME specialist assists, or recommend return to OP DME appt after discharge	Main points are volume of paperwork and challenges working with so many insurers who have different requirements and policies.
ORG E	Just PT now, previously PT and OT	Separate	No	Vendor attends, sees patient with	90 minutes	Name of vendor	Just outpatients in clinic.	It's OK. We are working through a QI project for the

				PT. Vendor selected by patient prior to appt.			Inpt managed by acute care/rehab unit therapy team, PT most often	entire process, from referral to scheduling to documentation to equipment delivery and follow up. Would appreciate knowing what works well and does not work well for others.
ORG F	Currently just PT with OT input if needed		Not at this time but possibly pursuing in future	Yes. Usually at least 2 vendors on a particular case. They see the patient with the therapist	Scheduled 60 minutes, but usually goes over, sometimes up to 2 hours	Try to get as much as possible on the patient, previous equipment, medical issues, etc	Outpatient evals for our clinic. Inpatient evals done by inpatient therapist along with vendor	It is working well, but if anything we probably could expand the days we do wheelchair clinic due to demand.
ORG G	Have an OT with their ATP but she primarily evaluates for home and workspace modifications , accessibility, switches, vision needs.	OT will assist when needed	Yes	We have a list of over 5 vendor companies that rotate through seating clinic. Therapist and vendor work with the patient together	2 hours for eval, 1 hour for follow up	Diagnosis, current equipment, current vendor, vendor preference, current wounds, equipment needs	Just Outpatient	Overall, clinic runs well. Documentation is excessive. Getting paperwork from doctors is challenging. Appeals are becoming more common and affect productivity.
ORG H	PT leads clinic. OT consulted with complex switch placement or if UE mobility and	N/A	No	We schedule different vendors on different days. Vendor and therapist always see patients	90 Minutes	No. Most patients are from within Children's so most have an extensive medical record	Typically OP, few exceptions. Inpatient when done is both inpatient primary	The process works well. Long wait getting into clinic but clinic is time consuming for both patients face time and writing letters. We use 4 therapists

	positioning sides are needed.			together for evals and PT determines if delivery is OK for home or needs to be completed in clinic with PT and vendor.		to review prior to the visit	therapist and clinic therapist.	to distribute the workload. I'd like to use a form prior to clinic to gather information electronically to then get directly into the letter of medical necessity.
ORG I	Yes, both	Either OT or PT, not both	One has ATP, with a second one working on it.	Yes, vendors come to clinic – whoever the family has chosen – and they work directly with the therapists and physicians	Scheduled 90 minutes, sometimes it runs longer	We inquire about current needs. If they are getting a wheelchair or medical stroller for the first time, we require they go to the vendor to see these items prior to their appt.	Only outpatients	The structure works fairly well. We would ideally be able to provide more appts per week, currently we have a multiple month wait.
ORG J	At ORG J, we do not have a wheelchair clinic, but we do allow vendors to come to some of our clinics and outpatient locations and assess equipment needs for our patients along with the therapists. I would love to hear more about your wheelchair clinic and how it functions.							
ORG K	Not yet. Just PT, but will be adding OT	They will see separately	No	Yes, more than one, sees patient with therapist	2 hours	Vendor preference, insurance information	OP only. Working on a process for inpatient wheelchair evals.	Adding OT will help us! They would like to expand clinic, however, it is so time intensive, we limit it to 1 day weekly (so about 4 patients/week). We do see patients outside of “clinic” for wheelchair fittings as needed.

ORG L	Primary OT, with PT backup	No, only 1 clinician completes eval	ATP	Yes, different vendors assigned different days and we plug patients into those spots based on needs/specs. Yes, both see together with patient	45 minutes – 1 hour	Yes, if inpatient the treating PT completes a request form with information related to sitting balance, trunk control, etc. If outpatient, I am not sure what all they have besides inpatient records in some instances.	We have 2 inpatient spots each morning blocked and the afternoon spots are for outpatients . This maximizes the productivity of the staff. All appts are scheduled in advance, but we can work in inpatients as needed if we exceed the blocked times.	We've recently adjusted this to arrive at the process I've described and it works well. The paperwork and insurance hassle adds unproductive time so it's hard to keep the standard the same with this clinic. The clinic adds 'value' but does not cover its cost in terms of finances, so that is a challenge. Also, it relies on us retaining the very few staff we have with this competency since we've not trained our entire team. If we had a resignation it would leave a gap here.
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