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| Subject: Specialized Rehabilitation Services | Effective Date:  Revised Date:  Revised Date:  Revised Date: |
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POLICY:

Specialized rehabilitative services will be provided as indicated for the patient’s plan of care to assist the patients in achieving optimal functioning and to prevent disability. Services shall be available throughout the assessment, treatment, discharge planning and plans will be made for follow-up phases of the program based on needs.

The program may obtain the required services from the hospital therapy department or an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs.

Regardless of who the therapists are employed by (internal or external), the hospital is responsible to ensure proper licensing and provision of a quality program based on federal and state requirement.

Specialized rehabilitative services consisting of one or all of the following: physical therapy (PT), occupational therapy (OT) and speech & language pathology (SLP) require a physician order and oversight.

PROCEDURE:

# Therapy discipline assessment are provided upon written order of physician, dated, and signed.

# Each discipline therapy treatment plans or clarification orders will be signed by the physician caring for the patient.

# Assessments are provided by a registered PT and/or OT and/or SLP. The PT and OT rehab treatment sessions may be provided by either a PT or licensed physical assistant (PTA), an OT or occupational therapy assistant (COTA) under the supervision of physical or occupational therapists.

# Rehab techs may be employed but never to provide billable rehab therapy. Rehab techs, and nursing can be used for PT, OT or SLP maintenance programs when the activity is no longer considered a skill need. This may occur while the patient is still being treated by licensed therapists for other skill needs or after the patient no longer requires therapy skill needs but can benefit from a maintenance program to prevent regression while continuing to receive medical treatments.

# Individual therapy assessments (as per order) will be completed as soon as possible post-request but no less than 24 hrs. unless otherwise directed and a plan of care with frequency of service and modalities will be documented based on rehab diagnosis and patient needs.

# The Interdisciplinary care plan will reflect the therapy treatment schedule and specific dos & don’ts for nursing to follow as applicable.

# Treatments will be initiated as early as possible based on patients’ needs and level of tolerance.

# An interdisciplinary meeting will be scheduled within a few days of each patient admission to confer with team members to develop an interdisciplinary treatment plan for the patient. Findings from the team member's initial evaluation will provide the basis for the discussion.

# Therapist(s) shall attend subsequent weekly Interdisciplinary Team meetings to discuss patient progress and update the interdisciplinary treatment plan, as necessary.

# Services will be provided in the patient room and/or unit-based therapy space and/or hospital physical therapy department as indicated by specific treatment.

# Treatment notes will be maintained in the medical record including dates, amount of therapy, modalities used and tolerance/outcome for every session offered.

# A weekly assessment of progress will be documented on the weekly interdisciplinary documentation form.

# Variances in the amount of therapy received as per plan of care will be documented along with reason for omission and attempts to decrease such will be made to ensure successful program.

# The plan of care will be re-evaluated weekly or more frequently as needed and changed, as necessary.

# Therapy will notify care management and the IDT of plans to stop all therapy treatments as soon as possible to ensure sufficient time to determine the need to continue with nursing skill needs or to notify the patient/family of imminent discharge plan.

# The therapists will be involved in the families’ teaching and training as necessary to ensure safe and timely discharge.

# Therapists will work with care management to ensure that the patient will have the durable medical equipment necessary for a safe return home or other placement upon discharge.

# Final discharge assessment with further recommendation for sustainability will be documented.