

**OLIVE VIEW-UCLA MEDICAL CENTER  
REHABILITATION SERVICES  
POLICY & PROCEDURE**

**NUMBER: 2889**

**VERSION: 7**

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**POLICY:** The Rehabilitation Services department follows the established provision of care plan when providing care to patients.

**PURPOSE:** To maximize independence, prevent or minimize disability and maintain health for patients with physical, cognitive, mental and behavioral disabilities through an established provision of care plan.

**DEPARTMENTS: REHABILITATION SERVICES**

**DEFINITIONS:**

**PROCEDURE:**

**I. DESCRIPTION OF DEPARTMENT:**

- A.** The Rehabilitation Services Department is comprised of the following services:
1. Occupational Therapy
  2. Physical Therapy
  3. Prosthetics and Orthotics
  4. Recreation Therapy
  5. Speech Therapy
  6. Outpatient Wound Care Clinic
  7. Compression Garment Clinic

**II. DEPARTMENT OBJECTIVES:**

- A.** To provide services to inpatients and outpatients referred for services by any licensed diagnostician from the Olive View network of providers, including public/private partners.
- B.** To provide services to patients of all ages: newborn (birth to 1 month), infant (1 month to 1 year), pediatrics (1-12 years), adolescents (13-17 years), adults (18-61 years), geriatrics (62+ years).
- C.** To provide services to individuals who have experienced a recent functional loss due to a disabling condition, functional loss due to pain, or a chronic disabling condition where there is potential for improvement in function.

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 2**

- D. To provide services where function is not expected to improve but where the equipment will facilitate function, the caregiver requires training to assist the patient or the patient needs pain management.
- E. To provide education about the course/nature of the patient's disease or disability and management of symptoms.

**III. DISCIPLINE SPECIFIC GOALS:**

**A. Occupational Therapy - Physical Disabilities**

1. To regain and/or maintain the highest level of function through the use of purposeful and meaningful goal-directed activities.
2. To provide selected tasks to restore and enhance performance for patients with physical, perceptual, cognitive/behavioral and developmental deficits.
3. To maximize the current and potential developmental level of function of referred patients.
4. To correct hand deformities with orthotics and provide protective splinting post operatively to prevent tendon/nerve rupture, misalignment and pain. Services may include alleviating pain where there may not be an expected achievable outcome for function.
5. To issue ADL/self-care equipment and/or fabricate a protective splint (may require one visit only).
6. To provide ADL's and homemaking activities to maximize independence.

**B. Occupational Therapy-Psychiatry**

1. To increase the ability to follow simple directions, sequence tasks and problem solve with various structured activities.
2. To increase ADLs with various life skills group activities.
3. To promote stress management and cognitive processing with a sensory modulation education group program.
4. To increase endurance, flexibility, mobility and mental alertness with various exercise group programs.
5. To improve self-care and ADLs with individual treatments and/or group programs.
6. To promote vocational and leisure skills interests with various educational group programs.

**C. Recreation Therapy-Psychiatry**

1. To increase community awareness with structured group educational programs

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 3**

2. To promote social skills with musical group activities
3. To promote self-esteem with arts/crafts group activities.
4. To promote general physical fitness with various group exercises and sports activities.
5. To promote cognitive processing through various challenging board game and current event activities.
6. To promote leisure interests and stress management through outdoor horticulture activities.

**D. Physical Therapy**

1. To improve mobility.
2. To improve strength, range of motion, coordination and cardiopulmonary function through exercise.
3. To relieve pain or provide mechanisms for pain control.
4. To provide wound care to patients on an outpatient basis.
5. To improve circulatory status.

**E. Speech Therapy**

1. To provide services to patients who have experienced a recent functional loss in speech, language, voice, communication, swallowing, cognitive processing skills or a chronic disabling condition where there is potential for improvement in function.

**F. Prosthetics/Orthotics**

1. To provide services to individuals who need a custom appliance or over the counter device for the purpose of protecting immobilizing, stabilizing or offloading of a body part.
2. To provide prostheses for amputees.

**IV. ADMINISTRATION AND ORGANIZATION OF THE UNIT:**

**A. Organizational Structure:**

Management of the Rehabilitation Services department is the responsibility of the Physical Therapy Chief I, as the Director of Rehabilitation Services. The Physical Therapy Chief I reports to the Assistant Hospital Administrator assigned to Ancillary services.

**B. Direction and Responsibilities of the Department:**

1. The Physical Therapy Chief I is responsible for the quality of personnel performance and patient care delivered, through the direction, support and guidance of supervisory staff of the department.

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 4**

2. The Physical Therapy Instructor assumes responsibilities of the department, in the absence of the Physical Therapy Chief I.
3. The Physical Therapy Instructor is responsible for the outpatient Physical Therapy service, the student affiliations, Pre-Physical Therapy students and education of the Rehabilitation staff.
4. The Physical Therapy Supervisor I is responsible for the inpatient Physical Therapy service.
5. The Physical Therapy Chief I is responsible for the Speech Therapy service and the Prosthetics and Orthotics service.
6. The Occupational Therapy Supervisor I is responsible for the Occupational Therapy service and inpatient OT Psychiatric program.
7. The Recreation Therapy Supervisor is responsible for the Recreation Therapy service.
8. The Physical Therapy Chief I is the project manager for the Prosthetics and Orthotics contract.

**C. Committee Meetings:**

1. Each area conducts staff, safety, and performance improvement meetings to facilitate and improve standards of patient care, and to disseminate information. Members of the Rehabilitation staff participate in the meetings. A monthly departmental Rehabilitation staff meeting is held and minutes are documented. Staff members who are unable to attend are required to read and sign the minutes.
2. Discipline or classification specific meetings may be held, as needed, to discuss specific information or issues related to those areas.
3. Selected staff members are designated to participate in hospital-wide committees and councils.
  - a. Collaborative Patient Care Rounds
    - i. Occupational Therapy staff participate in weekly NICU Multidisciplinary Discharge Planning Rounds and case

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 5**

conferences. An alternate Occupational Therapist will be available to participate in the NICU rounds when primary OT is unavailable.

- ii. Rehabilitation staff participate in daily inpatient collaborative care rounds
- iii. Rehabilitation staff participate in weekly ICU rounds
- iv. Psychiatric staff participate in weekly multidisciplinary rounds.

b. Rehabilitation Committee Participation

- i. Daily operational huddles
- ii. Monthly Team II Accreditation Committee
- iii. Monthly Joint Safety and Security Committee
- iv. Monthly Joint Labor and Management Committee
- v. Monthly Quality Assessment and Improvement Committee
- vi. Monthly Stroke Committee
- vii. Rehabilitation Therapy Chiefs Meetings, as scheduled.

**V. HOURS OF OPERATION:**

**A. Occupational Therapy**

- 1. Physical /Pediatric Disability: Monday through Friday 8:00 A.M to 4:30 P.M.
- 2. If immediate care is required after regular working hours, weekends, or on holidays, Administrative Nursing Office will contact an Occupational Therapist by using a Disaster Fan Out list located in their area.

**B. Physical Therapy**

- 1. Outpatient: Hours of operation are 8:00 A.M. to 4:30 P.M. Monday through Friday.
- 2. Inpatient: Hours of operation are 8:00 A.M. to 4:30 P.M. daily, including holidays.
- 3. If immediate care is required after regular working hours, the Administrative Nursing Office will contact a Physical Therapist by using a Disaster Fan Out list located in their area.

**C. Recreation Therapy**

- 1. Monday through Friday 8:00 A.M to 4:30 P.M.
- 2. If immediate care is required after regular working hours, weekends, or on holidays, Administrative

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 6**

Nursing Office will contact a Recreation Therapist by using a Disaster Fan Out list located in their area.

**D. Speech Therapy**

1. Services are available for inpatients and outpatients.
2. Hours of operation are 8:00 A.M. to 4:30 P.M. Monday through Friday.

**E. Prosthetics and Orthotics Clinic**

1. Clinic is held in the Rehabilitation Services department or patients may go to the vendor's office.
2. Services are provided by private contractors and include consultation to Podiatry and Ortho clinics.

**VI. REHABILITATION SERVICES AREAS:**

**A. Outpatient Areas:**

1. 1D120 Patient waiting room
2. 1D121 Wound care room and patient waiting room area
3. 1D122 Rehabilitation services main office
4. 1D123 Outpatient physical therapy gym area
5. 1D124 Physical Therapy charting office
6. 1D125 Physical Therapy Chief's office
7. 1D126 Outpatient occupational therapy pediatric gym
8. 1D127 Outpatient occupational therapy gym
9. 1D128 Physical Therapy Instructor's and Physical Therapy Supervisor's office
10. 1D128A Outpatient speech therapy office and treatment area
11. 1D129 ADL kitchen
12. 1D130 Occupational Therapy Supervisor's office
13. SW1170 Wheelchair storage room
14. SW 1195 Rehabilitation training bathroom
15. One storage room
16. Video Swallow Studies are performed in Radiology
17. 2B-134 Psychiatric Emergency Room ( OT/RT activities)

**B. Outdoor Areas**

1. Mental Health outdoor recreation yard (Occupational Therapy/ Recreational Therapy services for Psychiatric patients)
2. Healing Garden outside the TB Unit
3. Outdoor patio area

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 7**

**C. Inpatient**

1. 4B136—4th floor charting and treatment area
2. 5B146—5th floor charting and treatment area
3. Inpatient services (other than Psych Occupational Therapy/Recreational Therapy) are provided in the nursing units at bedside most frequently with the option to take patients to the appropriate treatment area if equipment is needed
4. 6A Inpatient psychiatry day room ( OT/RT group activities)
5. 6D135 Inpatient psychiatry arts and crafts room
6. 6D101 Inpatient psychiatry OT/RT charting office

**VII. SCOPE OF CARE FOR REHABILITATION SERVICES**

**A. Referral for Services:**

1. A referral, written by an Olive View network diagnostician, with a rehabilitation diagnosis, is required to initiate therapy for Physical Therapy, Occupational Therapy, and Speech Therapy. Standing orders are present for all Mental Health inpatients for therapeutic activities.
  - a. Patient must have an approved financial plan in order to receive services.
2. Referrals to Rehabilitation Services should emphasize the loss of function and the need to return or obtain a higher level of function than the patient's current functional level.
3. Durable medical equipment (DME) requires a referral signed by a licensed Physician. Other insurance forms and specific documentation in the patient's medical record may be required in order to complete the order. Orders for DME are not accepted from Nurse Practitioners or Physician Assistants.

**B. Scheduling of Patients**

1. All patients referred for therapy services are triaged by a licensed therapist and scheduled, are asked to come in as a walk-in or placed on a waiting list according to urgency, if treatment cannot be implemented immediately. All attempts to contact the patient by either phone or mail are documented in the patient's medical record.
2. When there is overlapping of function between disciplines the patient will be seen by the therapy discipline with the shortest

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 8**

waiting time, if appropriate.

3. Inpatients are seen within seventy-two hours of referral. On weekends and holidays, priority is given to patients being discharged home and those being transferred to an Acute Rehabilitation facility.
  - a. Patients discharged from the hospital before therapy could be provided, are referred to the outpatient department.
4. Any outpatient referred for an urgent condition such as sprains, fractures, post-operative tendon/nerve repair requiring a customized splint and gait training, are seen the same day the referral is received.
5. Acute wounds are scheduled according to the need of next dressing change. For long standing wounds, the next available wound assessment appointment is given.
6. Pediatric patients with CCS coverage are referred to the Medical Therapy Unit (MTU), if they are already being followed for Therapy Services, in order to avoid duplication in services. Patients with CCS, not covered under the MTU, will have their care coordinated through a CCS case manager who may refer the patient to Olive View for services or another paneled provider for services.
7. Patients referred for Prosthetics/Orthotics are seen as follows:
  - a. Patients requiring appliances for inpatient treatment or for discharge are seen within 24 hours of the referral.
  - b. Patients referred as inpatients for follow-up appliances or outpatients are scheduled in the Prosthetic/Orthotics clinic when financially cleared and when medically ready for appliance. Insurance requirements (clinic notes with proper documentation, signed insurance forms, etc.) must be completed prior to fabrication of equipment.
  - c. Patients who exceed established frequency limits are responsible to pay for any additional equipment above the allowance.
  - d. Consultation for the patient can be arranged as necessary prior to surgical decisions (i.e. amputation)
  - e. In limited cases the patient may be required to go to the Prosthetist/Orthotist's office when complex equipment assessment or measurements are needed for fitting the



**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 9**

- patient with the appliance.
- f. If the provider feels that the services are urgent, they may ask to speak to a Therapist or a Supervisor during normal business hours.
- g. If the need for services is outside of regular business hours, the physician should contact the orthotist on call directly by obtaining the phone number from the hospital operator.

**C. ASSESSMENT**

Patients will be assessed by the appropriate discipline (Occupational Therapy, Physical Therapy and/or Speech.)

1. Assessment will include:
  - a. Rehabilitation diagnosis
  - b. Functional limitations
  - c. Therapy problem list
  - d. Therapy treatment recommended
  - e. Patient goals
  - f. Plan of treatment, including frequency and duration
  - g. Prognosis for achieving goals
  - h. Pain will be assessed each patient visit
  - i. Patient education provided
2. The following staff may perform assessments:
  - a. Licensed Occupational Therapist
  - b. Licensed Physical Therapist
  - c. Licensed Speech Pathologist
  - d. Certified Recreation Therapist
  - e. Certified Orthotist/Prosthetist
  - f. Student interns may assess the patient under the supervision of a licensed Therapist of the same discipline.
  - g. License applicants may assess patients under the supervision of a licensed therapist of the same discipline.
  - h. Clinical Fellow Speech Pathologist under the supervision of a Speech Pathologist.
3. After the therapist completes their assessment of the patient, the therapy treatment plan, along with frequency and duration of treatments, will be developed and forwarded to the ordering clinician. The ordering clinician shall indicate approval of the plans by affixing their signature and legibly printed name to the last page of the evaluation form and returning the form to

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 10**

Rehabilitation Services.

4. The following assessments are performed by the specific discipline:
  - a. **Occupational Therapy:** Assessment focuses on developing, improving, or restoring functional daily living skills and preventing dysfunction in the areas of:
    - Neurological conditions
    - Arthritis, or other serious chronic conditions (restoration of joint function & scar remodeling).
    - Specific hand/wrist finger injuries/deformities (orthopedic & soft tissue).
    - Dependence in self-care/ ADL & homemaking.
    - Cumulative trauma disorders and congenital anomalies of the upper extremities
    - Pain in forearms and hands
    - Specialized pre- and post-operative programs for the upper extremities.
    - Musculoskeletal/neurological pain that affects daily life skills.
    - Burns to the wrist, hand and fingers that require ROM and splinting.
    - Dysphagia and feeding problems, oral motor disorders, feeding skills, cleft palate and lip disorders.
    - Visual/perceptual and cognitive problems that effect daily life skills.
    - Limitations with fine/gross motor activities and upper extremity ROM and strength.
    - Limitations in functional ambulation as part of self-care, functional daily living skills and home management activities.
    - Developmental delay caused by orthopedic disorders, neurological disorders or drug withdrawal.
    - Sensory processing problems.
    - Failure to thrive.
    - Low birth weight and/or less than 34 weeks gestation.
    - Apgars of 6 or less with post-asphyxia syndrome.

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 11**

- Special training in order to return to school.
- Behavior and learning problems

**b. Occupational Therapy-Psychiatry:**

Assessment focuses on:

- Self-care
- ADL's
- Home management
- Emotional and cognitive processing
- Habits, roles and routines
- Interpersonal and social skills
- Leisure interests
- Mobility
- Occupational performance in paid and unpaid employment (volunteer opportunities)
- Skills needed in the community

**c. Physical Therapy:** Assessment focuses on developing, improving, preventing or restoring function in the areas of:

- Musculoskeletal disorders
- Post-operative rehabilitation
- Neurological disorders
- Loss of limbs
- Pain
- Impaired mobility
- Range of motion
- Endurance
- Developmental delay
- Cardiopulmonary disorders
- Compromised endurance
- Wound care and skin disorders
- Edema management
- Durable medical equipment
- Scar tissue management
- Rheumatological conditions
- Circulatory disorders
- Ankle Brachial Index (non-diagnostic)

**d. Recreation Therapy-Psychiatry :**

Assessment focuses on:

- Leisure education

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 12**

- Social skills
- Recreational sports
- Creative expression
- Current events
- Physical fitness
- Community awareness
- Adaptive activities
- Divisional activities/games

e. **Speech Therapy:**

Assessment focuses on:

- Oral motor disorders
- Voice disorders
- Comprehension
- Receptive and expressive language
- Cognitive processing
- Swallowing disorders

f. **Prosthetics/Orthotics:**

Assessment focuses on:

- Amputees who are good candidates for use of a prosthesis
- Footwear and supports for patients with history of ulcerations/amputations and/or are at high risk for ulceration
- Neurological or nerve injury patients requiring orthoses for support
- Pediatric patients requiring correction of deformity or protection of the extremity
- Spinal orthotics (Scoliosis, post-op patients, fractures)
- Inguinal hernia and abdominal hernia trusses/supports
- Mastectomy bras and breast prostheses

**D. TREATMENT**

1. Treatment of the patient may be performed by the licensed therapist who did the assessment, or may be delegated to support staff. Please refer to Policy on “SUPERVISION OF SUPPORT

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 13**

STAFF”.

2. Inpatient services are provided at the patient’s bedside, in one of the satellite rooms or within the outpatient areas.
3. Outpatients are treated in the outpatient area.
4. Treatment by a Rehabilitation Therapist will be initiated if the patient has a need for skilled therapy. The following examples are not considered skilled therapy:
  - a. Routine ambulation, where gait training or training in the use of an assistive device is not necessary
  - b. Daily transfers out of bed or transfers to cardiac chair or gurney. The key is the need to train the patient on transfers, not the need to be out of bed that determines the skilled need.
  - c. Daily range of motion, unless the patient has a contracture or joint stiffness that require stretching.
  - d. Transfer to the wheelchair so the patient may go outside and smoke.
  - e. Transfers to the toilet or commode so the patient may use the restroom

**E. CONSULTATION**

1. A therapist can be called by any clinic for a consultation on an as needed basis. The preference is to see the patient in the therapy areas, where tools and equipment are available to work with the patient.
2. A therapist may be consulted to participate in discharge planning of an inpatient.
3. A therapist may be consulted to participate in an ethics meeting.
4. A therapist may be consulted to coordinate ongoing care after the patient is discharged from the hospital that may need continued therapy.

**F. DOCUMENTATION**

1. All patient assessments, re-assessments, treatments, progress reports and discharge summaries are documented in the patient’s medical record according to our department’s established guidelines.

**G. DISCHARGE OF PATIENTS**

1. Patients are discharged from therapy for the following reasons:
  - a. The patient has met goals, plateaued in their progress or received maximal benefit from therapy.
  - b. The patient has missed two consecutive appointments without calling

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 14**

- c. The patient misses too many appointments.
- d. The patient no longer desires therapy or stops coming.
- e. The patient is non-compliant with their therapy program
- f. Patient has shown no benefits or the condition worsens from the therapy program
- g. The patient develops a medical condition that warrants further physician assessment

**VIII. GOVERNING RULES OF THE SERVICE:**

**A. GENERAL SAFETY:**

**1. Orientation to the Work Area:**

- a. All staff receive an initial orientation to their work area, prior to starting their assignment.
- b. Staff competencies are assessed before patient treatment is initiated.
- c. Ongoing inservices, re-orientation and training is provided on an annual or more frequent basis.

**2. Visitor Traffic Control:**

- a. Only the patient and their caregiver or guardian is permitted in the therapy treatment area.
- b. All other persons must wait in the waiting room or lobby, while the patient receives therapy.

**3. Students:**

- a. Students are assigned to a clinical instructor
- b. The clinical instructor is responsible for supervising the student.
- c. The established affiliation agreement is followed
- d. All documentation written by the student must be cosigned by the clinical instructor.
- e. Quality of the student program is monitored through annual contract monitoring.

**4. Pre-Physical or Occupational Therapy Students**

- a. Do not perform direct patient care
- b. Assists with maintenance of the department, clerical duties or with patient tasks.

**5. Electrical Safety and Maintenance:**

- a. Refer to the policy "GENERAL MAINTENANCE OF THE REHABILITATION SERVICES DEPARTMENT".
- b. The departmental safety officer attends monthly safety

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 15**

meetings and presents the information during monthly staff meetings.

6. Infection Control:

The Rehabilitation staff adhere to infection control measures outlined in the "INFECTION CONTROL PLAN FOR REHABILITATION SERVICES" policy.

7. Patient Confidentiality and Bill of Rights:

- a. Staff receive HIPPA training
- b. Refer to HIPPA policy

8. Fire and Disaster Plan:

- a. All Rehabilitation staff receive fire, life and safety training during their initial orientation to the unit, as well as ongoing annual training.
- b. Staff also attend a L.A. City Fire class every four years.

**IX. REQUIREMENTS FOR STAFF**

**A.** Services and staff functions are developed and implemented in a manner consistent with applicable regulatory and advisory agency standards. Regulatory agencies:

1. Board of Medical Examiners for respective therapies
2. American Occupational Therapy Association
3. American Physical Therapy Association
4. Speech-Language Pathology and Audiology Board
5. American Speech, Language and Hearing Association
6. American Board of Certification for Prosthetics/Orthotics
7. California Board of Parks and Recreation
8. National Council for Therapeutic Recreation
9. JCAHO
10. Title 22
11. Department of Health Services

**B.** The California Board of Occupational Therapy has adopted regulations for Occupational Therapists practicing in hand therapy, physical agent modalities and swallowing. Therapists must meet requirements for each area of practice prior to performing these modalities. Staff in the process of achieving education, training and competency requirements may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the Board. There must be a written agreement between the supervisor and the therapist outlining the plan

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 16**

of supervision and training in the advanced practice area according to the rules and regulations of the Board. For each competency, therapists that became certified by Hand Therapy Certification Commission (HTCC) before December 31, 2003 will automatically qualify for advanced practice certification in hand therapy and physical agent modalities.

**C. Staff Competencies, Orientation and Trainings**

1. All staff's competencies are assessed according to the Office of Nursing Affairs established policies, initially and on an annual basis.
2. All new staff, or existing staff assigned to a new work area are oriented to their work area prior to starting their assignment.
3. An orientation check-off list is signed by the trainer and kept in the employee's file.
4. Ongoing training, inservices and re-orientation is provided annually or more frequently as needed.
5. Staff that are assigned to a new work area, may be assigned a mentor to work with until they are competent to work alone.
6. Staff are not permitted to perform any treatment they are not competent or authorized to perform.
7. Staff are responsible to be familiar with applicable regulations and laws, and what their scope of practice entails.
8. Staff are responsible to notify their supervisor if there is an area they are unfamiliar with or are not competent to work in.
9. All Rehabilitation staff must have a current BLS CPR card.

**D. CCS Paneled Therapists**

1. Any therapist that works with CCS patients must be CCS paneled, or supervised by a CCS paneled therapist.
  - a. Any therapist not CCS paneled must have their treatment notes co-signed by a CCS paneled Therapist.
  - b. An experienced CCS therapist shall provide one-on-one training until competencies can be determined in the area of pediatrics.
2. CCS paneled therapists assist in the care and coordination of patients being discharged.
3. OT/PT shall participate in weekly NICU multidisciplinary discharge planning rounds as necessary
4. The minimum requirement to work in the NICU is one year of



**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 17**

NICU experience or until competencies are determined by an experienced CCS paneled therapist.

**E. Physical Therapy Chief I**

1. Graduation from a physical therapy curriculum acceptable to the commission on Accreditation in Education of the American Physical Therapy Association and approved by the California State Board of Medical Quality Assurance; or successful completion in a physical therapy school of a resident course of professional instruction equivalent to the educational standards approved by the California State Board of Medical Quality Assurance.
2. A license to practice as a physical therapist issued by the California State Board of Medical Quality Assurance.
3. Five years of physical therapy experience, two of which must be at level of Supervisor I or higher.

**F. Physical Therapy Instructor**

1. Graduation from a physical therapy curriculum acceptable to the commission on Accreditation in Education of the American Physical Therapy Association and approved by the California State Board of Medical Quality Assurance; or successful completion in a physical therapy school of a resident course of professional instruction equivalent to the educational standards approved by the California State Board of Medical Quality Assurance.
2. A license to practice as a Physical Therapist issued by the California State Board of Medical Quality Assurance.
3. Three years physical therapy experience, one year in supervision or teaching.

**G. Occupational Therapy Supervisor I**

1. Graduation from an occupational therapy curriculum accredited by the American Occupational Therapy Association and accepted by the Accreditation Council for Occupational Therapy Education.
2. A current license issued by the California Board of Occupational Therapy as an Occupational Therapist.
3. Three years of experience in the practice of

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 18**

occupational therapy

**H. Recreation Therapy Supervisor**

1. Graduation from a college or university with specialization in recreation therapy.
2. A current certification to practice as a Recreation Therapist issued by the California Board of Parks and Recreation or current certification to practice as a Therapeutic Recreation Specialist issued by the national Council for Therapeutic Recreation Certification.
3. Three years physical therapy experience, one year in supervision or teaching.

**I. Physical Therapy Supervisor I**

1. Graduation from a physical therapy curriculum acceptable to the commission on Accreditation in Education of the American Physical Therapy Association and approved by the California State Board of Medical Quality Assurance; or successful completion in a physical therapy school of a resident course of professional instruction equivalent to the educational standards approved by the California State Board of Medical Quality Assurance.
2. A license to practice as a Physical Therapist issued by the California State Board of Medical Quality Assurance.
3. Three years experience in the practice of physical therapy. A Masters degree in Physical Therapy or a related field may be substituted for one year of experience.

**J. Occupational Therapist II**

1. Graduation from an occupational therapy curriculum accredited by the American Occupational Therapy Association and accepted by the Accreditation Council for Occupational Therapy Education.
2. A current license issued by the California Board of Occupational therapy as an Occupational Therapist.
3. Two years of experience in the practice of occupational therapy.

**K. Physical Therapist II**

1. Graduation from a physical therapy curriculum acceptable to the

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 19**

commission on Accreditation in Education of the American Physical Therapy Association and approved by the California State Board of Medical Quality Assurance; or successful completion in a physical therapy school of a resident course of professional instruction equivalent to the educational standards approved by the Physical Therapy Examining Committee, Department of Consumers Affairs of the State of California.

2. A license to practice as a Physical Therapist issued by the California State Board of Medical Quality Assurance.
3. Two years experience at the Physical Therapist I level. A Masters degree may be substituted for 1 year of experience.

**L. Recreation Therapist II**

1. Graduation from a college or university with specialization in recreation therapy
2. A current certification to practice as a Recreation Therapist issued by the California Board of Parks and Recreation or current certification to practice as a Therapeutic Recreation Specialist issued by the National Council for Therapeutic Recreation Certification.
3. Two years of experience in the practice of recreation therapy at the level of Recreation Therapist I.

**M. Speech Pathologist II**

1. A Masters degree from an accredited college or university with specialization in Speech Pathology, Language Pathology, or Communication Disorders.
2. Two years post-masters speech pathology experience in a recognized clinic or educational institution OR a doctoral degree from an accredited college or university with specialization in Speech Pathology, Language Pathology, or Communication Disorders.
3. Licensure by the California State Board of Medical Examiners to practice Speech Pathology.
4. Current certification of Clinical Competency as a Speech Pathologist issued by the American Speech-Language Association.

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 20**

**N. Occupational Therapist I**

1. Graduation from an occupational therapy curriculum accredited by the American Occupational Therapy Association and accepted by the Accreditation Council for Occupational Therapy Education.
2. A current license issued by the California Board of Occupational Therapy as an Occupational Therapist

**O. Physical Therapist I**

1. Graduation from a physical therapy curriculum acceptable to the commission on Accreditation in Education of the American Physical Therapy Association and approved by the California State Board of Medical Quality Assurance; or successful completion in a physical therapy school of a resident course of professional instruction equivalent to the educational standards approved by the Physical Therapy Examining Committee, Department of Consumers Affairs of the State of California.
2. Current license to practice as a Physical Therapist issued by the California State Medical Quality Assurance Board.

**P. Recreation Therapist I**

1. Graduation from a college or university with specialization in recreation therapy.
2. A current certification to practice as a Recreation Therapist issued by the California Board of Parks and Recreation or current certification to practice as a Therapeutic Recreation Specialist issued by the national Council for Therapeutic Recreation Certification.

**Q. Physical Therapist Assistant**

1. Successful completion of a Physical Therapy Assistant program in a school recognized by the Commission of Accreditation in Education of the American Physical Therapy Association and approved by the California State Board of Medical Quality Assurance.
2. Current license or application for licensure as a Physical Therapy Assistant by the Physical Therapy Board of California, Physical Therapy Examining committee.

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 21**

**R. Prosthetist/Orthotist**

1. Graduate of accredited program in Prosthetic/Orthotics.
2. Certified through either ABC or BOC process.

**S. Rehabilitation Therapy Technician**

1. Must have at least one year experience in a medical care setting involving direct patient care or at least one year experience as a classroom aide in a handicapped children's setting or completion of two years of college or completion of an aide technician training course and 6 months voluntary or paid experience.

**T. Senior Typist Clerk**

1. Three years office clerical experience involving typewriting, one year of which must have been in a specialized or supervisory capacity.
2. Keyboarding skill: Ability to type at the rate of 40 net strokes per minute.

**U. Intermediate Typist Clerk**

1. Six months office clerical experience involving typewriting in the County service or in districts under the jurisdiction of the County or one year's office clerical experience involving typewriting outside the County service or a certificate or Associate in Arts degree in clerical procedures or office administration from an accredited college.
3. Keyboarding skill: Ability to type at the rate of 40 net strokes per minute.

**U. Mastectomy Fitter**

1. Certificate of training for mastectomy fitting.
2. Certified through either ABC or BOC process.

**X. STAFFING PLAN**

- A. Staffing needs are based on monthly statistics, number of referrals, number of patient visits, number of treatments provided and number of new patients referred for Therapy services. This is looked at in terms of Inpatients and Outpatients. Staff is hired for the department and not for an individual area. Staff may be assigned to a variety of areas in

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 22**

order to meet the needs of the department. Productivity of the individual staff member is evaluated through number of patient visits and treatments provided, as well as other assignments performed and the scope of service for the department.

1. Clerical Staff—one senior typist clerk, three intermediate typist clerks
  2. Rehabilitation Technicians—Five with two assigned to Psych, one to inpatient, one wound care, and one to outpatient treatment areas. With the exception of the techs assigned to Psych, the three techs are able to cover all areas as the need arises and act as back up for the clerical staff.
  3. The Physical Therapy Department has a staggered day shift schedule. Staffing includes one Physical Therapy Chief, one Physical Therapy Instructor, one Physical Therapy Supervisor, two Physical Therapist II, twelve Physical Therapist I, three Physical Therapist Assistants, and three Rehabilitation Technicians. In addition, Pre-Physical Therapy Students are utilized to enhance the services offered.
  4. The Occupational Therapy Department staffing includes Occupational Therapy supervisor, Physical Disabilities has one Occupational therapist II, four Occupational Therapist I items. The psychiatry area has one Occupational Therapist II.
  5. The Recreation Therapy Department staffing includes a Recreation Therapy Supervisor, one Recreation Therapist II, one two Recreation Therapist I, and two Rehabilitation Therapy Technicians
  6. Speech Therapy has one Speech Pathologist II and one Speech Pathologist I.
  7. Prosthetics and Orthotics has one regularly scheduled Certified Prosthetist/Orthotist and one mastectomy fitter assisting with mastectomy patients. The company has other Prosthetists/Orthotists who have been cleared by Human Resources that act as back-up for absences.
- C. Plan for Staff Variance -- Patient load is prioritized by acuity, severity of the patient's safety and timing of discharge. During staff absences, discharging inpatients and same day surgery patients have highest priority. Additionally, as many patients as possible are absorbed by other staff during staff absences. However less urgent patients may be rescheduled when the therapist returns to work. Every effort is made to minimize cancellations of appointments. Direct patient treatment has higher priority than indirect tasks, i.e. ordering supplies, filing, etc. In the absence of the receptionist, the other staff members

**SUBJECT/TITLE: PLAN FOR PROVISION OF CARE FOR REHABILITATION SERVICES  
DEPARTMENT**

**Policy Number: 2889**

**Page Number: 23**

take turns covering the area as their caseload allows. Rehabilitation Services utilizes registry personnel, as available, to accommodate for long term increases in the workload or vacancies.

- D. Prosthetist/Orthotist is provided through County contracts with private companies. Currently staffed through Valley Institute of Prosthetics and Orthotics. The contract company is responsible for providing an alternate Prosthetist/Orthotist in the absence of the primary.

**XI. SUPPLIES, EQUIPMENT AND SPACE**

- A. Departmental supplies are ordered through Supply Chain Operations. Staff monitor supply levels and order prior to running out to ensure adequate stock of supplies on hand.
- B. Equipment— Rehabilitation Services has equipment suitable to the clientele it serves, including age appropriate from newborn to geriatric. The equipment is checked and maintained by Olive View’s Facilities Department. Faulty equipment is taken out of service immediately until Facilities can complete repairs.
- C. Space—Staff schedules may be modified (staggered schedules) and space is shared among the disciplines in order to minimize crowding.

References:	
Approved by: OVEC-2018 October, Celia Pena (), Joann York (Physical Therapy Chief I)	Date: 1-21-87, 09/20/2016
Review Date: 5-1-93, 6-6-94, 2-10-95, 3-4-96, 1-18-97, 1-22-98, 2-5-99, 1-6-00, 1-23-01, 5-6-01, 9-27-01, 1-21-02, 3-18-03, 1-03-03,3-5-04, 7-6-04, 4-6-05, 6-1-06, 12-31-07, 02/17/2020	Revision Date: 5-1-93, 6-6-94, 2-10-95, 3-4-96, 1-18-97, 1-22-98, 2-5-99, 1-6-00,1-23-01, 5-6-01, 9-27-01, 1-21-02, 1-25-02, 4-8-02, 2-3-05, 2-20-06, 1-17-07, 5-8-17 Consolidated disciplines: 4-11-07,2/22/08, 7-18-08, 6-16-09, 7-14-09, 6-1-10,
Distribution: Rehabilitation Services	
Original Date: 09/20/2016	