

**CENTER FOR APPLIED REHABILITATION TECHNOLOGY  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**

**POLICIES AND PROCEDURES**

- I. PHILOSOPHY
- II. CRITERIA (Patient and Service)
- III. SERVICE DELIVERY
- IV. DOCUMENTATION
- V. STAFF RESPONSIBILITIES
- VI. ADMINISTRATIVE RESPONSIBILITIES
- VII. APPENDICES

**Effective: 10/90    Reviewed & updated annually (7/18/22)**

**CENTER FOR APPLIED REHABILITATION TECHNOLOGY  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**

**POLICY I**

**SUBJECT: PROGRAM PHILOSOPHY**

**PURPOSE:** The purpose and goal of the Center for Applied Rehabilitation Technology (CART), is to function as a consultative/collaborative service to all departments within Rancho Los Amigos National Rehabilitation Center, (RLANRC). CART works collaboratively with other departments to provide assistive technology (AT) to patients in order to increase and maintain function. AT is often the tool that enables individuals with disabilities to participate more fully in everyday activities at home, school and work. Though the use of AT, inpatients are able to participate in the rehabilitation program.

The CART will serve as a central area within RLANRC for the evaluation, training, and use of assistive technology. The CART staff will serve in a consultative/collaborative capacity by communicating and educating all members of RLANRC interdisciplinary teams as to ongoing advances and uses of assistive technology.

## **POLICY II**

**SUBJECT: CRITERIA (Patient and Services)**

**Populations Served:** Individuals with physical disabilities who could benefit from one or more of the following assistive technology (AT) areas:

1. Augmentative /Alternative Communication
2. Access to computers and mobile devices
3. Electronic Aids to Daily Living (Environmental Control)
4. Low Vision Assistive Devices
5. Seating, Positioning and Mobility
6. Worksite Evaluations

Listed below are procedures that can be performed in the AT areas listed above:

1. Evaluations
2. Recommendations
3. Treatment or instruction
4. Follow-up

The following are circumstances under which care should not be provided to outpatients in need of CART services:

1. Critically ill patients
2. Medically unstable patients

CART staff are neither qualified to, nor do they provide, any emergency medical care. When medical emergency situations arise, RLANRC policy and procedures are followed.

## POLICY III

**SUBJECT:** DELIVERY OF CLINICAL SERVICES

**PURPOSE:** To ensure that comprehensive and quality services are provided to all patients requiring assistive technology.

**PROCEDURES:** The make-up of the CART interdisciplinary team and the referral, evaluation, treatment/training, as well as follow-up processes are as follows:

**A. Team Make-up:** The CART interdisciplinary team serves in a consultative/collaborative capacity specific to a patient's assistive technology needs. To this end, overall responsibility for patient care will be maintained by the primary multidisciplinary team, caregivers, or referral source. Assistive technology services will be provided by the CART interdisciplinary team which consists of an occupational therapist, physical therapist, speech pathologist, and rehabilitation engineer. In addition to these individuals, the patient, family/guardian, primary caregivers and referring sources are also considered integral members of the team.

**B. Referrals:** Referrals for assistive technology services will be accepted from outpatients (Rancho clinics, DHS hospitals and community) and inpatients.

### **Outpatient**

#### **Rancho and DHS facilities and clinics:**

The referring provider enters order(s) in ORCHID. The order is reviewed by the CART clinician for appropriateness. The clinician may request or propose orders for additional disciplines (e.g. OT) depending on patient diagnosis and reason for referral. If upon review, the referral is inappropriate, the clinician will message the provider and/or remove the order from the queue with an explanation/reason. All patients are screened by PFS PAC prior to being seen. Patient Financial Services (PFS PAC) conducts financial screening before the patient is seen for services.

#### **Community:**

At the time of a **community outpatient** (i.e. nonDHS) referral, a *Referral Intake Form* is typically completed. The form may be completed over the phone by the CART Office Manager or the referring agency may download the form from the

Rancho's website ([www.rancho.org/cart](http://www.rancho.org/cart)). The referring agency will complete the *Outpatient Therapy Referral Form Community* [http://file.lacounty.gov/SDSInter/dhs/1029327\\_CommunityReferral-ConsolidatedOutpatientTherapyReferral.pdf](http://file.lacounty.gov/SDSInter/dhs/1029327_CommunityReferral-ConsolidatedOutpatientTherapyReferral.pdf)). Copies of insurance cards are also requested at the time of the referral. Upon return receipt of these documents, the chart will be reviewed by a CART team member for appropriateness of referral as well as medical stability. If the outpatient is new to Rancho or the patient has not been seen at Rancho within the past year, PFS is contacted to financially clear the patient (refer to *Outpatient Referral Cover Sheet* for procedures and documents related to PFS clearance). Once cleared, the patient is scheduled for an evaluation. All appropriate documents (e.g. referral form, authorization) will be sent to HIM for scanning.

Primary referring team members will be encouraged to participate in all evaluations and/or interventions.

CART adheres to similar policies as OP when patients “no show” for initial evaluations. No shows for CART evaluations are rare. Typically, after the first no show, patients are contacted to reschedule; after 2 consecutive no shows patients are not automatically contacted to reschedule. If patients contact CART for an appointment a new order may be required. The content of the telephone script utilized by OP Clerks when scheduling initial evaluations (which includes the no show policy is reviewed with patient) is similar to that used by the CART clerk.

**Inpatients:** The CART team consults with inpatients at Rancho only (no other DHS facilities). For inpatients who are on a rehabilitation program with physician orders (for Speech, OT and PT) a phone call or email from the treating therapist to a CART team member is all that is required to initiate a referral. The CART team member will schedule the consult in coordination with the primary therapists. All efforts will be made to provide consultation within 48 hours. The primary therapist will remain responsible for the patient's therapy plan. The CART may loan equipment and provide support to the primary therapist as needed. For DHS inpatients who require continue services by CART at discharge the inpatient team/primary physician will enter an order in ORCHID. The CART may also consult with patients on medical services after the inpatient therapist assigned to that unit has conducted an initial consultation.

**Evaluations:** All evaluations will be conducted by the necessary CART interdisciplinary team members as well as the primary referring team members. Every effort will be made to minimize the duplication of services. In cases where the evaluation is not completed in the initial visit follow-up appointments will be scheduled.

**Treatment/training:** The implementation of any recommendations will be the responsibility of the primary referring team members under the guidance of the CART team. This includes specific patient treatment programming as well as equipment training. In instances where the primary team is unable to provide the necessary services or requests otherwise, the CART team will assume the responsibility for implementing recommendations to ensure continuity of care.

**Follow-up:** Follow-up services (e.g. equipment maintenance, additional training, telephone support) is available to patients as needed. Upon completion of the evaluation and equipment training patients, caregivers & primary team members are instructed to contact CART as need arises.

**CART Orientation Checklist:** Therapists newly assigned to CART receive training from their respective disciplines. All staff receive a general orientation to the CART (See CART Orientation Checklist). Speech language pathologists (SLPs) newly assigned to CART complete an initial **Competency Assessment Checklist** with the CART Director or senior CART SLP. On annual basis, competency in AAC devices, is part of CDD's Annual Competency Assessment Checklist.

## POLICY IV

**SUBJECT:** DOCUMENTATION

**PURPOSE:** To outline procedures for patient documentation

**PROCEDURES: Electronic Health Record:** Documentation will be completed in ORCHID, the patient's official medical record. Some documents required by the supplier, manufacturer or insurance carrier may be completed "outside" of ORCHID (e.g. prescription template) and then as appropriate, sent to Health Information Management (HIM) for scanning.

For community referrals, the evaluation report is printed from ORCHID and mailed or faxed to the provider for signature. Upon receipt of the signed report, the report is sent to HIM for scanning.

In cases, where the community physician does not return the signed evaluation report, the CART staff follows the same procedures as Outpatient Services. If physician does not return the signed documentation within 3-4 weeks, the therapist discharges the patient (completes an ad hoc discharge evaluation) indicating the signed report was not received and therefore discharge is required. The staff make several attempts to obtain the signed report (e.g. phone calls, faxes) before discharging the patient. After completing a discharge evaluation, the treating therapist discharges the FIN.

Per hospital policy, HIM is the department responsible for sending all documents to nonDHS providers, suppliers etc. However, in CART, the office manager sends these documents because typically multiple signed documents need to be obtained (e.g. evaluation report, prescription, face to face medical summary) in timely manner and submitted as a "funding packet" in order for equipment to be funded. A log, documenting date and type of document, is maintained in the patient's working file (for patients on a therapy program) or in a separate secure file for up to 3 years (per requirement). This information may also be documented in ORCHID.

**CART record (Working File):** Working files are maintained for new referrals and outpatients on program. For new referrals, insurance authorization may take 3-4 months, therefore these files with other pertinent patient documentation, e.g. intake form, are maintained for 3-4 months. For patients on program, the length of program is variable, and may be up to 1 year in length depending upon the patient's equipment needs. The file contains working notes, phone #s etc.; information needed to provide safe and quality patient care. Copies of referrals and insurance cards may be maintained as appropriate.

These files are in file cabinets, in an office that can be locked and is located within the center. The files are only accessible to members of the CART team or appropriate RLANRC personnel. The working file is shredded when a patient is discharged and the therapist does not anticipate any future follow-up. For those patients who are discharged but who may need services in the future, the relevant contents of the working file are sent to Health Information Management for scanning. To prepare for scanning – a printed patient label is placed on each page to scan.



## **POLICY V**

**SUBJECT:** STAFF RESPONSIBILITIES

**PURPOSE:** To ensure that the principal duties and responsibilities of the CART staff, minimum levels of preparation and training, as well as reporting relationships are clearly identified.

**PROCEDURES:** All clinical staff are assigned to the CART by their respective departments. Clinical staff are responsible for adhering to the policies and procedures of their respective departments. Performance evaluations & clinical competencies are conducted in accordance with the guidelines set forth by each department. The above mentioned areas are covered in the job descriptions as determined by each discipline but elaborated upon for the following CART staff:

Occupational Therapist

Physical Therapist

Program Director

Rehabilitation Engineer/Technology Specialist

Speech-language Pathologist

## **POLICY VI**

**SUBJECT:** ADMINISTRATIVE RESPONSIBILITIES

**PURPOSE:** To ensure that all CART employees are informed of daily operations, safety policies and emergency policies and procedures.

**PROCEDURES:** All employees through their respective departments (OT, PT, CDD) participate in monthly safety inservices, attend annual fire training, complete competencies etc. as per department and Rancho policy.

The following is additional information specific to the CART. Some information pertains to patient care, use of equipment, including infection control etc.

1. CART's Office Manager acts as the BEC and is responsible for updating staff on policies, running safety drills as directed by Safety Officer, as well as reporting casualties to Administration etc.
2. Electronic Data Safety sheets for items used in CART are posted on line and updated annually or as needed.
3. To ensure safety in the use of power tools, the following guidelines are to be followed:
  - a. Prior to use, all equipment is safety checked BioMed.
  - b. Prior to use, the CART staff notifies CART's Rehabilitation Engineer that a specific tool will be used. This will ensure that the equipment is operational and safety checked, if appropriate.
5. Staff adhere to all hospital and/or departmental policies regarding infection control, including hand hygiene and proper cleaning/disinfecting of patient care equipment. CART maintains written procedures from the manufacturer for disinfecting speech generating devices and accessories. For devices (e.g. switches, mounts) where manufacturers do not provide specific written recommendations, staff adhere to hospital policy for proper disinfecting.
6. Referring and CART staff will ensure that patients will come to the center with their proper suctioning equipment & ambubag. Suctioning equipment will be maintained in the CART. Per hospital & department policy select CART staff will be trained in proper suctioning procedures (based on clinical privileging - competency assessment).
7. Quality/Performance Improvement (QI): The staff are familiar with targets established by the hospital. Staff may participate in department PI projects. Specific to CART, problems or needs are addressed in weekly team meetings.