

ADMINISTRATIVE POLICY AND PROCEDURE

Subject: HOME PRACTICE APARTMENT

Policy No.: B827.1

Supersedes: March 31, 2020

Review Date: June 9, 2023

Origin Date: August 1, 2002

Revision Date: June 9, 2023

PURPOSE:

To outline the purpose and use of the Home Practice Apartment in the Jacqueline Perry Institute (JPI) Building.

BACKGROUND:

The Home Practice Apartment is a self-contained unit which simulates a home environment. The apartment was developed for the purpose of assessing the patient's/significant other's readiness for discharge; build confidence to continue recovery at home and decrease fears an anxiety surrounding discharge. This is accomplished by allowing patients and their caregiver(s) an opportunity to put into practice the training they received, in a home-like setting, before discharge.

POLICY:

1. The Occupational Therapy Department is responsible for overseeing the use, maintenance and scheduling of the apartment.
2. The interdisciplinary team (IDT) is responsible for identifying patients who would benefit from use of the apartment.
3. Physician Orders:
 - a. The patient's physician or designee must write an order at least 48 hours prior to the overnight stay in the practice apartment; before the room can be scheduled.
 - b. The patient's attending physician or designee must write an order for an overnight stay in the apartment and include medication prescriptions.
4. Use of the apartment is available to any inpatient at RLANRC, Monday through Friday. Exceptions will be handled on a case-by-case basis.
5. No more than 2 caregivers and the patient will occupy the apartment at any one time. Exceptions will be handled on a case-by-case basis.
6. The procedures outlined below will be strictly followed regarding selection, scheduling of patients, and the use and maintenance of the apartment.
7. Use of the apartment for any other purpose by RLANRC staff is evaluated on a case by case basis.

Revised: 7/06, 10/07, 6/16, 3/20, 6/23

Reviewed: 7/06, 10/07, 6/16, 3/20, 6/23

Approved By:

Subject: HOME PRACTICE APARTMENT**Policy No.:** B827.1**PROCEDURE:****1. Identification of Patient Need:**

- a. Any member of the interdisciplinary team, including the patient and the caregiver, may recommend use of the apartment. Goal(s) to be achieved must be clearly documented on the Therapeutic Pass form and Care Giver / Patient Training and Orientation Contract (Attachment C).
- b. The interdisciplinary team determines the appropriateness of the recommendation during the weekly interdisciplinary rounds. If approved, the team designates a coordinator who may be any of the team members.

KEY NOTE: For patients on air borne isolation, the team will make an effort to replicate a home environment in the patient's room.

2. Scheduling:

- a. All scheduling will be done through the Occupational Therapy Department. In the event that two or more teams wish to schedule the apartment on the same date(s), the Coordinators of the involved teams are responsible for negotiating and determining who should have priority.
- b. The primary Occupational Therapist or the clerk of the second floor Occupational Therapy Treatment Area is responsible for logging in all requests for use of the apartment into the schedule.

KEY NOTE: Coordinator must notify OT clerk or designee of patient's isolation status.

3. Coordinator Responsibilities - See Attachment A, "Home Practice Apartment Checklist".**4. JPI-2 South Nurse Manager/Designee Responsibilities:**

- a. Add the patient name to the nursing assignment sheet on JPI-2 South.
- b. Assign the patient to the care of an RN on JPI 2 South
- c. Attach the Patient Profile (Attachment B) to the assignment sheets.
- d. Receives hand-off communication from the primary nurse assigned to the patient, on the patient's home unit.

KEY NOTE:

1. The patient's medical record is to remain on the patient's home unit.
2. The patient's name is **NOT** to be added to the census of 2 South. It remains on the census of the patient's home unit; the same as if the patient was on pass.

5. Emergency Response

The patient/caregiver activates the emergency call system by pulling the cord in the bedroom or the bathroom. This results in the ringing of a call bell with a special emergency tone on Unit 2 South and the blinking of the red emergency dome light in the hall outside the apartment door.

The nursing staff on 2 South will respond to the emergency call. If necessary, specific patient care issues will be referred to the nurse on the patient's home unit.

Subject: HOME PRACTICE APARTMENT**Policy No.:** B827.1**6. Meals**

- a. The patient's hospital tray will be delivered to the practice apartment by the unit staff.
- b. Caregiver(s) will be instructed to bring supplies for their meal preparation or bring in a prepared meal for themselves.
- c. Basic cooking utensils are available in the kitchen. The patient and/or caregiver(s) will be responsible for cleaning up after any meal preparation activities.
- d. If meal preparation is an identified goal or training need; coordinator will facilitate communication with dietary.
- e. Sharp utensils are not routinely stored in the kitchen area.

7. Equipment and Maintenance

- a. An inventory of the equipment will be maintained by the JPI 2nd floor Occupational Therapy Treatment Area Clerk who will check the apartment weekly for cleanliness and repair needs, and re-inventory at intervals determined by Inpatient O.T. Clinical Manager.
- b. Under no circumstance will equipment be removed from the apartment unless it is for repair by Facilities Management or Biomedical Engineering. In such instance, an Equipment Location Change Notice (form R206) must be completed. All equipment will have a current safety check sticker.
- c. The patient and/or caregiver(s) are responsible for assuring that the apartment is left clean and orderly following their use. The Coordinator is responsible for checking and ensuring that this is completed.
- d. The Environmental Services Department is responsible for cleaning the apartment at regular intervals. The apartment must be available for cleaning between the hours of 9-12 noon.
- e. Environmental Services is responsible for cleaning the furniture, appliances, countertops, bathtub, and bed, replace bed linens, empty dirty linen hamper, and remove the dirty food tray.

8. Security:

- a. The JPI 2nd floor Occupational Therapy Clerk, 2 North and 2 South Charge Nurse or designee are responsible for maintaining the keys to the apartment. The Coordinator will return the key to the 2nd floor OT Treatment Area Clerk after checking in the patient and or the family member/s into the Practice Apartment.
- b. Occupants of the apartment must, at all times, use the sign on the door to indicate if the room is in use.
- c. The apartment will be kept locked at all times when not in use.
- d. The rehabilitation center staff is **NOT** to use the apartment for personal breaks, meetings or other uses.

Subject: HOME PRACTICE APARTMENT

Policy No.: B827.1

ATTACHMENTS

Attachment A: Coordinator Check List

Attachment B: Patient Profile

Attachment C: Patient / Care Giver Training and Orientation Contract [English and Spanish]

Subject: HOME PRACTICE APARTMENT**Policy No.:** B827.1

Attachment A

Home Practice Apartment

Coordinator Check List**72 hours prior:**

- _____ Confirm that the PM&R physician or designee order is in medical chart
- _____ Confirm scheduling arrangements have been made, including notifying the 2nd floor OT Treatment Area clerk if patient is in isolation. For patients on droplet or airborne isolation, check with Infection Control regarding the patient's current isolation status to determine the scheduling of the stay in the apartment.
- _____ Communicate with primary interdisciplinary team, including nurse manager and respiratory therapist, that apartment has been reserved and that the discipline specific training is/will be completed at least 24 hours prior to checking in.
- _____ Check with the appropriate staff that patient/caregivers have achieved competency with all skills to be practiced in the apartment and that any equipment necessary for optimizing the patient's safety and function is clean and in good working condition.
- _____ If food is going to be prepared by the patient, communicate meal plan with Dietary at least three (3) days in advance of the date needed. (b) Bring in knives and store them in the locked drawer.

Day of:

- _____ Check that the apartment has been cleaned and prepared to meet the individual needs of the patient/caregiver. (i.e. isolation supplies as indicated)
- _____ Provide linens and towels.
- _____ Notify the JPI Security Substation of the names of all persons authorized to stay in the apartment.
- _____ Complete the Patient Profile (Attachment B) and fax a copy to the Administrative Nursing Supervisor in the Nursing Resource Office, Fax 385-6138, and Respiratory Therapy Supervisor, if patient has a ventilator or is in need of respiratory equipment.)- Fax- 385-7583
- _____ Deliver the patient Profile to the Nurse Manager or designee on 2 North and 2 South.
- _____ Place sign on apartment door and store the key to the apartment in the 2 North Caregiver Station.

Patient / Care Giver Training and Orientation

- _____ Provide explanation of the Waiver of Liability form (See Attachment D), witness signature by patient / significant other, provide them with a copy and place original in the medical chart.
- _____ Review goals of the stay with patient/care giver - Attachment C

Subject: HOME PRACTICE APARTMENT**Policy No.:** B827.1**Check specific training needs:**

Medication management
Ventilator use and care
Tracheostomy care/suctioning
Bowel and bladder program (including IC if required)
Assistive device(s) use and care
Blood pressure monitoring
Method(s) to direct one's own care
Bed positioning and turning schedule
Wheelchair use in a home environment
Wheelchair maintenance (including recharging batteries)
Splint/Brace application, use and care
Dressing techniques and expectations
Toileting
Environmental stimulation tolerated by patient
Psychological preparation for physical relationship
Psychological preparation for how much care is required

Dysreflexia
Skin checks
Dietary restrictions
Dressing changes
Fall prevention strategies
Blood glucose monitoring
Ambulating safely
Transfers
Range of motion exercises
Bathing safely
Cooking safety

_____ Explain rules and check-out procedures (as outlined in Training Contract)

_____ Have patient/caregiver sign off on the Caregiver/Patient Orientation and Training Contract. Give a copy to the care giver/patient and place the original contract in the medical chart.

_____ Instruct patient/caregiver on how to contact nursing station on their home unit by telephone (for non-emergency, routine questions). Explain to patient/caregiver to plan on ensuring they have enough needed items prior to going to practice apt, to avoid unnecessary calls to the nursing station.

_____ Instruct on the use of call light for emergencies only. Check that the emergency call light is working.

After the Stay:

_____ Review with the patient/caregiver whether goals were met or new problems identified and checks that all food is removed and that the dishes, utensils and cookware have been cleaned.

_____ Notify the 2nd floor OT Treatment Area clerk when the practice apartment has been vacated; at which time he/she will request Environmental Services and bed washer prepare the apartment for the next patient.

_____ Document the outcome of the practice apartment training in the medical record.

_____ Report outcome in interdisciplinary rounds (if applicable – patient is often discharged close to time of apartment use).

Subject: HOME PRACTICE APARTMENT

Policy No.: B827.1

Attachment B

Home Practice Apartment
Patient Profile

Name of Patient:	_____	Date:	_____
RLANRC #	_____	Unit:	_____
Diagnosis:	_____	Isolation Status:	_____

Medications:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Priority Care Needs:

Equipment:

_____ Ventilator	_____ Suction Machine
_____ Tracheostomy	_____ O2 Tank
_____ Suction	_____ Emergency Bag
_____ Oxygen	_____ B/P Monitor
_____ Intermittent Catheterization	_____ Feeding Pump
_____ Fall Precaution	_____ Mobility Equipment
	_____ Isolation Supplies

Additional Concerns:

Names of care givers staying with patient in the apartment tonight:

Coordinator Signature: _____

Completed Form to be sent to: Nurse Manager/Designee of JPI-2 North and 2 South, and
Faxed to: Administrative Nursing Supervisor, Nursing Resource Office, Fax: (562) 385-6138
Respiratory Therapy, Fax- (562) 385-7583

Subject: HOME PRACTICE APARTMENT

Policy No.: B827.1

Attachment C

Home Practice Apartment
Patient / Care Giver Training and Orientation Contract

Patient Name: _____ **Rancho #:** _____

This will be an opportunity for you to practice the training that you have received in a home like setting. You will be providing all of the appropriate care during your stay in the apartment.

PATIENT SPECIFIC TRAINING NEEDS:	Staff Responsible:	Date Completed:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

____ Received Therapeutic Pass Form ____ Reviewed fall precaution strategies

LINEN:

Clean linen will be provided for you when you check in to the practice apartment. Dirty linen (bed sheets, pillow sheets, towel and bed spread) must be placed in the laundry hamper, after use.

TELEPHONE:

You can call out to the patient unit by dialing the 5-digit extension _____. Calls to the community must be made on the public phones. To receive calls from outside of the hospital, instruct callers to dial (562) 385-7111 and request x54090, the phone extension of the Home Practice Apartment.

KITCHEN/BATHROOM:

The patient tray will be delivered to the apartment. Care givers should bring supplies to cook or bring a pre-prepared meal for themselves. You will be responsible for safe preparation of the food, including the safe use of knives. Knives are to be kept in the locked drawer when not in use. You will also be responsible for cleaning the kitchen and the bathroom after use.

APARTMENT RULES:

- No pets.
- No smoking, drugs or alcohol.
- Maximum occupancy is five persons.
- No extra guests allowed.
- You must inform the nursing staff on 2 South when you leave the room.
- The patient is not to be left alone in the apartment unless specifically approved by the team.
- The patient is not to leave the hospital grounds.
- Check-out time is by 9:00 am

I agree that the above training has been done, and the above rules have been explained to me. I understand I am accountable for any damage or missing articles belonging in the apartment.

____ Received signed copy of Waiver Liability Form

Patient/Caregiver Signature: _____ Date: _____

Coordinator's signature: _____ Date: _____

Subject: HOME PRACTICE APARTMENT

Policy No.: B827.1

Enlace C

**Práctica en Casa Apartamento
Contrato de Entrenamiento y Orientación al proveedor de cuidados / paciente**

Nombre del Paciente: _____ **Rancho #:** _____

Esta será una oportunidad para usted de practicar el entrenamiento que ha recibido en el ambiente de su casa. Se le proveerá todo el cuidado apropiado durante la permanencia en el apartamento.

<u>NECESIDADES ESPECÍFICAS DE ENTRENAMIENTO:</u>	<u>PERSONA RESPONSABLE:</u>	<u>TERMINADO:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ROPA DE CAMA:

Se le proveerá. La ropa sucia (sábanas, fundas de almohadas, toallas y cubrecamas) deberán ser puestas en el canasto de la lavandería.

TELÉFONO:

Usted puede llamar a la unidad de pacientes marcando la extensión de 5 dígitos _____. Las llamadas a la comunidad deben ser hechas desde un teléfono público. Para recibir llamadas de afuera hacia el hospital, debe instruir a los que llaman para marcar él (562) 385-7111 y pedir el anexo 54090, que es el número de la extensión del apartamento de práctica.

COCINA/BAÑO:

La comida será provista para todos los ocupantes, una comida solamente. Usted será responsable de la preparación de la comida. Y también será responsable de la limpieza de la cocina y del baño después que han sido usados.

REGLAS EN EL APARTAMENTO:

- No se admiten animales, mascotas.
- No se permite fumar, drogas o alcohol.
- Solo se permiten 5 personas como ocupantes.
- No se permiten invitados extras.
- Usted debe informar al personal de Enfermeras en el 2 South si usted sale del cuarto.
- El paciente no será dejado solo en el apartamento a menos que específicamente sea aprobado por el equipo.
- El paciente no debe salir del área del hospital.
- La hora de salida es a los 09:00 AM.

Yo estoy de acuerdo en el entrenamiento descrito arriba, y las reglas me las han explicado. Yo entiendo que seré responsable por cualquier daño o pérdida de los artículos que pertenecen al apartamento.

_____ Copia firmada recibida del Formulario de Responsabilidad de Exención

Paciente: _____
Firma del proveedor de cuidados: _____
Firma del Coordinador: _____

Fecha: _____
Fecha: _____
Fecha: _____