

LOS ANGELES GENERAL MEDICAL CENTER Rehabilitation Services Plan for Patient Care 2023- 2024

Purpose

Physical Therapy, Occupational Therapy, Speech Pathology, Audiology, Recreation Therapy and Psychiatric Occupational Therapy together are referred to as “Rehabilitation Services”. The Department of Rehabilitation Services is under the Administrative Direction of the Los Angeles General Medical Center CEO. Rehabilitation Services facilitates the delivery of appropriate, effective care, and services for patients at Los Angeles General Medical Center as well as referred patients with rehabilitation needs from the Comprehensive Health Centers, Health Clinics and Community Partner Clinics. These services are available to both inpatients and outpatients, including those in the Emergency Department, observation units, day surgery, intensive care units and those inpatients requiring physical therapy at the Augustus Hawkins Mental Health Center near Martin Luther King, Jr. Outpatient Center, if the MLK PT staff is unavailable. The Behavioral Rehab service group provides ongoing psychiatric occupational therapy and recreation therapy at Augustus F. Hawkins and recreation therapy services to patients on the 2E Adult Outpatient Psychiatric Clinic (AOPC), the Psychiatric ED and inpatient Med/Surg patients on LPS hold.

Care is ongoing and encompasses the continuum of care from the Emergency Department through outpatient services. The goals of the service are to provide appropriate, supportive, and rehabilitative services to minimize morbidity, maximize function, and improve quality of life.

Type & Ages of Patients Served

An individualized plan of care is developed to meet each patient’s particular rehabilitation need. A patient is accepted by Rehabilitation Services provided that a referral is received via ORCHID or eConsult and the patient and/or caregiver are willing and able to participate in the treatment plan.

A major consideration for the acceptance of a patient will include an evaluation of the patient’s immediate functional status and his/her potential to return to and/or achieve a higher functional level.

All persons accepted for care by Rehabilitation Services will be under the care of a physician, podiatrist, dentist, or independent practitioner who is credentialed and, on

the staff or approved by the Los Angeles General Medical Center (DHS for community partner clinics). In accordance with Title 22, there must be a plan of treatment prescribed or signed by a physician or an authorized provider.

Rehabilitation Services offers a full range of evaluative, rehabilitative, and consultative services for neonates, infants, children, adolescents, adults and geriatric patients who have or who are suspected of having functional disorders. Services are provided at bedside for inpatients; in the outpatient adult and pediatric occupational and physical therapy treatment areas on the second floor; on the Burn Unit on the fifth floor in the Inpatient Tower, in the outpatient Audiology and Speech Pathology area on the second floor of the Clinic Tower; in the various Orthopedic Clinics, Burn Clinic and Hansen's Disease Clinic in the Clinic Tower; the Emergency and Day Surgery Rooms in the D&T and Augustus Hawkins Mental Health Center at the MLK Health Center Campus. Therapists provide evaluations, individual treatment, and group/class experiences in person. Telehealth evaluations or follow-up treatment sessions may be indicated (may be appropriate or will be permitted) for some patient diagnoses. Current DHS and CDC Covid-19 recommendations for patient care have been implemented during in-person visits. The patient and/or family, as appropriate, are involved in planning and implementing all aspects of care from evaluation to discharge to ensure that they understand these abilities, disabilities, prognosis, and follow-up recommendations.

Method Used to Assess Patient Needs

An interdisciplinary approach to patient care management is used to assist the patient in making an educated decision about his/her care. Rehabilitation staff act collaboratively with the nursing and the house staff to develop and plan an appropriate plan of care with the patient and family. Additional collaboration exists among occupational therapists, physical therapists, speech pathologists, social workers, dietitians, orthotists, and prosthetists. Referrals to rehabilitation services are accepted from sources both within the Medical Center and outside, such as the Comprehensive Health Centers and the Community Partner clinics. The reason for the referral must be related to a suspected new functional impairment, which can be appropriately assessed by the therapist or audiologist. A referral/order is sent for all patients via the ORCHID system within the Medical Center and the Comprehensive Health Centers. The referrals are sent directly to the appropriate inpatient or outpatient service for processing. eConsults are now accepted from our Community Partners and are managed by therapy specialty reviewers for appropriateness of therapy requests and clarification, if needed.

An initial assessment is conducted by the therapist to identify the patient's strengths, deficits, functional abilities, equipment needs, and appropriate rehabilitation service needs. Whenever possible, an interdisciplinary treatment plan is developed with the referring provider, the therapist, patient and family, and other professionals involved in the case. The responsible professional involved in the management of the patient must be sensitive to the familial and intervention strategies. The treatment plans include measurable functional goals, patient and family education, and discharge planning.

Examples of Services Provided

- Assessments, including but not limited to:
 - Initial evaluation of the patient prior to the provision of therapy
 - Evaluation of functional abilities, activities of daily living, pain, musculoskeletal dysfunction; range, strength, sensation, gait, locomotion, mobility, balance, developmental delay, and equipment needs
 - Development of functional goals and treatment plans that are consistent with the diagnosis, prognosis, and needs of the patient; with the treatment program targeting the prevention or reduction of disability or pain and restoration of function
 - Activities of daily living (ADL) performance and appropriate adaptive equipment needs to facilitate independence and/or safe discharge home
 - Assessment and training for the development, improvement, or restoration of sensorimotor, oral-motor, swallowing, speech, voice, hearing, vestibular functioning, perceptual or neuromuscular functioning or the emotional, motivational, cognitive, or psychosocial components in performance
 - Patients' needs for durable medical equipment such as various types and sizes of manual wheelchairs, bedside commodes, and hospital beds
 - Recommendation of appropriate orthoses, prostheses, functional and protective splints, pressure garments, communication devices and hearing aids
 - Rehabilitation potential and assistance in discharge planning based on the patient's functional abilities and the family's ability to assist in the patient's care
- Therapeutic interventions, including but not limited to:
 - Posture, locomotion, strength, endurance, cardiopulmonary function, lymphedema management, feeding, swallowing, speech, voice, cognition, balance, coordination, joint mobility, flexibility, pain, and activities of daily living skills
 - Application of modalities and procedures that include, but need not be limited to heat, cold, light, sound, electricity, massage, mobilization, and bronchopulmonary hygiene
 - Therapeutic exercise with or without equipment
 - Life Skills to include, stress/anger management, symptom management for depression and anxiety
 - Leisure and social skills development including but not limited to: relaxation, creative expression, team building, etc.
 - Community reintegration
- Consultations, including but not limited to:
 - Participate in discharge planning rounds and huddles to report patient's functional status, and with consideration of factors such as psychosocial issues, make recommendations about placement and/or follow-up therapeutic interventions
 - Recommend referrals to outside agencies, such as California Children's Services, Regional Centers, and home care services for continued pediatric rehabilitation services

- In selected outpatient clinics, liaison between clinic staff and therapy treatment units or outpatient therapy areas, such as Sports Medicine, Burn, Hansen's Disease, Hand, Otolaryngology Clinic, High Risk Infant, Cardiopulmonary, and Orthopedic Clinics
- Education and Research, including but not limited to:
 - Patient and/or family education to improve knowledge about their illness, treatment needs; teach skills and behaviors to promote, recover, improve function, and to maintain health and well-being
 - Teach adequate swallowing strategies, use of Passy Muir Speaking Valves, and/or alternative communication systems;
 - Instruct nursing and/or other ancillary services in proper body mechanics during patient transfers and mobilization
 - Educate staff about office ergonomics
 - Participate in the clinical education and training of student interns in Occupational and Physical Therapy, and Speech Pathology; Occupational and Physical Therapy Assistant students/interns and Recreation Therapy students/interns.
 - Participate in programs at the Medical Center and in the community to orient staff and to educate the public about Occupational and Physical Therapy, Speech Pathology, Audiology services and Recreation Therapy services.
 - Participate in research studies as able
 - Perform Contract Monitoring of contracted therapy services for the Occupational and Physical Therapy, Recreation Therapy, Audiology and Speech Pathology Departments.

Recognized Standards

Care is provided consistent with applicable regulatory and professional standards including the Codes of Ethics and Standards of Practice as set forth by the American Physical Therapy Association, American Occupational Therapy Association; American Speech-Language-Hearing Association, American Academy of Audiology, California Board of Occupational Therapy, California Board of Physical Therapy, California Speech-Language and Audiology Board, California Board of Recreation Therapy Certification, National Council for Therapeutic Recreation Certification, California Business and Professions Code Title 16, and Title 22, the Joint Commission, Cal OSHA and OSHA.

Availability of Necessary Staff

- Hours of operation: daily between 7:00 am to 4:30 pm for inpatient services; Monday-Friday from 7:30-4:00 for outpatient services. Rehabilitation Services are not provided on Thanksgiving, Christmas, and New Year's Day.
- Levels of Staff:
All members of the professional staff of Physical Therapy are required to hold a minimum of a bachelor's degree with a certificate in Physical Therapy from an educational program recognized by the Commission on Accreditation in Education of the American Physical Therapy Association and hold a California State license to practice. As of January 2016, all entry-level physical therapist education is at the

doctorate level. Physical Therapy License Applicants can be hired and work under the supervision of a licensed physical therapist until licensed.

In addition, Physical Therapists can obtain board-certification in specialty areas of physical therapy: Orthopedics, Neurology, Cardiovascular and Pulmonary, Oncology, Geriatrics, Pediatrics, Sports, and Women's Health.

Physical Therapist Assistants must complete an education program recognized by the Commission on Accreditation in Education of the American Physical Therapy Association, hold an associate degree and a California State license to practice as a physical therapist assistant. Physical Therapist Assistants work under the supervision of the Licensed Physical Therapist.

All members of the professional staff of Occupational Therapy are required to hold a minimum of a bachelor's degree in Occupational Therapy from an educational program recognized by the Accreditation Council for Occupational Therapy (ACOTE) of the American Occupational Therapy Association and must hold a California State license to practice. As of January 2007, all entry-level occupational therapist education is at the master's level. Occupational Therapists wishing to practice in the areas of Hand Therapy, Physical Agent Modalities and Swallowing Assessment, Evaluation, or Intervention must first meet the necessary education and training requirements as established by the California Board of Occupational Therapy and receive Advanced Practice Certification of such.

Occupational Therapy Assistants must complete an education program recognized by the Accreditation Council for Occupational Therapy, hold an associate degree and a California State license to practice as an occupational therapy assistant. Occupational Therapy Assistants work under the supervision of the Licensed Occupational Therapist.

Speech Pathologists and Audiologists must hold a minimum of a master's degree in Speech Pathology or Audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA). All Speech Pathologists and Audiologists must hold a California State License to practice. All Speech Pathologists must also hold a current Certificate of Clinical Competence as a Speech Pathologist issued by the American Speech-Language Hearing Association.

Recreation Therapists must hold a minimum of a bachelor's degree in Recreation Therapy or a bachelor's degree in Recreation/Leisure Studies with a specialization/option in Therapeutic Recreation and must hold current California Board of Recreation Therapy Certification and/or by the National Council for Therapeutic Recreation Certification to practice.

Rehabilitation Therapy Technicians are trained on-the-job utilizing didactic as well as hands-on training. They work under the direct supervision of an Occupational or Physical Therapist.

Staff competency is assessed during clinical interview, orientation and annually, during the County-Wide Competency Assessments for Rehab Services and through performance appraisals. In addition, the program is evaluated through patient satisfaction surveys when conducted by the facility or the department.

Competencies are also assessed when staff rotates to another service area. They are assessed during monthly peer reviews and by observation by the area Supervisor and/or Instructors or level II clinician.

Staffing patterns and the availability of an adequate number of appropriately skilled individuals are reviewed on an ongoing basis in an effort to ensure appropriate levels of service delivery. When necessary, registry occupational and physical therapists, recreation therapists, speech pathologists, audiologists, occupational and physical therapist assistants and therapy technicians are utilized to support staffing needs.