



# RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

RANCHO LOS AMIGOS  
NATIONAL REHABILITATION CENTER

Occupational Therapy and Recreation Therapy Department

## POLICY AND PROCEDURE

<b>SUBJECT: STANDARDS OF PATIENT CARE FOR OCCUPATIONAL AND RECREATION THERAPY</b>	<b>Policy No.: 304</b> <b>Revised: June 2016</b> <b>Supersedes: May 2013</b> <b>Page: 1 of 4</b>
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### **PURPOSE:**

To provide guidelines for the occupational and recreation therapy practitioners in the delivery of services.

### **POLICY:**

Occupational and recreation therapy practitioners will provide treatment according to the following minimum guidelines to assure that patients are receiving services in accordance with the standards of practice of the professions and the requirements of the rehabilitation center.

### **EVALUATION**

1. Each patient admitted to a rehabilitation service will be screened within 24 hours of receipt of admission or from date of physician order. Consultation requests from physicians for patients admitted to med/surg services not covered by occupational and recreation therapy will be screened as follows: within 24 hours for an Urgent request and within 48 hours for a Routine request. Screening will focus on the patient's functional status and potential for improvement.
2. Patients who require occupational or recreation therapy services will be evaluated further with recommendations to follow for physician approval.
3. Patient and family goals will be explored and documented.
4. Baseline information and initial treatment plan will be documented within three (3) days of admission or sooner, if required by the program.

### **TREATMENT PLANNING**

1. Goals to be achieved in occupational or recreation therapy will be established with the patient and/or family. The goals will describe measurable functional outcomes expected at discharge and realistic time frame for their accomplishment.

2. Treatment planning will consider:
  - a. The individual's interests, assets, problems, and priorities (what is most important to the patient and/or family).
  - b. Information from the treating team.
  - c. Discharge destination.
  - d. Other findings from the evaluation.
3. Major barriers to achieving the goals will be identified.
4. The needs identified will be prioritized based on the patient's medical problems and in collaboration with the patient and the family.
5. Discharge planning will begin on admission and be an integral part of the treatment plan. It will involve the patient and family in decision making, coordination of care and education and training.
6. A program to accomplish the goals will be outlined along with short term goals which delineate measurable functional or behavioral changes to be achieved.

### **TREATMENT IMPLEMENTATION**

1. Treatment will be initiated as soon as needs are identified, as appropriate, and before the completion of the full evaluation.
2. The treatment program will be consistent with the goals and the major problems identified.
3. Ongoing involvement and education of the patient and family will occur, following the guidelines of the rehabilitation center policy.
4. Ongoing communication and coordination with the treating team will occur both in formal and informal settings.
5. Treatment techniques used will be appropriate for the condition being treated, time since onset, treatment goals and the individual.

## **REASSESSMENT**

1.     Patient status will be evaluated on an ongoing basis.
2.     Goals and/or program will be modified in accordance with patient's response to treatment.

## **DISCHARGE PLANNING**

1.     Discharge planning will be initiated on admission.
2.     A plan will be developed prior to discharge to improve or maintain the highest functional level post-discharge. It may include, but not be limited to the following:
  - a.     Referral to community agencies.
  - b.     Follow-up in outpatient medical clinic.
  - c.     Outpatient therapy.
  - d.     Occupational Therapy Home, community, school, or work site evaluation.

## **TERMINATION OF TREATMENT**

1.     Treatment will be discontinued when long term goals are achieved, or
2.     The patient has received maximum benefit from the program, or
3.     Intervening medical or psychological problems preclude the patient from benefiting from continued intensive rehabilitation, or
4.     The patient and/or family are no longer willing to be active participants in occupational or recreation therapy.

## **FOLLOW-UP**

1.     Post-discharge follow-up plans will be implemented or, if not carried out, reason will be documented.
2.     Plan will be readjusted as status changes or new needs are identified.

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## **DOCUMENTATION**

1. For documentation standards refer to Departmental Policy and Procedure on Medical Documentation.

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Director, Occupational Therapy and Recreation Therapy Department