



RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Occupational Therapy and Recreation Therapy Department

POLICY AND PROCEDURE

SUBJECT: COORDINATION OF PATIENT CARE	Policy No.: 311 Revised: January 2016 Supersedes: November 2009 Page: 1 of 2
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PURPOSE:

To delineate ways in which staff coordinate patient care with other disciplines as well with patients and their families.

POLICY:

As integral members of the core treating team, staff will contribute to discharge planning and carrying out of integrated programs for individual patients and groups through participation in interdisciplinary rounds, conferences, and meetings.

FREQUENT MODES OF COORDINATION:

1. Individual Communication with patient and family members should occur as often as needed to assure collaboration on treatment goals and treatment plan design and follow-through.
2. Patient Centered Rounds (PCR): The weekly rounds focus on updating the team of the patients' current status, barriers to discharge needing to be addressed and current week's action plants. PCR will generally involve the patient and family/care giver and clinical personnel from the following: medicine, nursing, occupational and physical therapy, patient care navigator, case management and social work and as indicated personnel from speech and recreation therapy, psychology, liaison nurse, and nurse practitioner are among other disciplines that may participate.
3. Patient Centered Conferences: The focus of conferences vary from those for new admissions, pre-surgical planning, team communication with the patient and the family to discharge planning. The frequency varies from weekly (as in the case of new patient and pre-surgical conferences) to as needed (as in the case of family centered conferences). Participating are representatives from but not limited to: medicine, nursing, occupational and physical therapy, social work and, as appropriate, psychology, speech therapy, recreation therapy and case management.
4. Team Meetings: Generally involves but not limited to: nursing, occupational and physical therapy, social work, psychology, and medicine and focuses on review of all patients on a given unit.

5. Team Staff Meetings: Frequency of team meetings range from monthly or more often to quarterly meetings. The purpose of these meetings is generally: 1) team program evaluation and development, 2) team building and/or 3) interdisciplinary staff training related to the primary diagnosis treated by the team 4) communication pertinent to all staff.
6. Manager/Supervisor Meetings: These meetings generally occur monthly, or as needed, on patient unit between the first line supervisors in nursing, occupational and physical therapy and, in some cases, social work and speech or recreation therapy.
7. Service Council Meetings: Generally occur monthly, or as needed, which focus on the overall coordination of services provided for their respective diagnostic group.
8. Patient Education: Group meetings may be held for both patients and families where information needs to be shared with more than one patient and/or family.

INFORMAL COMMUNICATION:

1. Occupational therapists, certified occupational therapy assistants, O.T. rehabilitation therapy technicians, recreation therapists, and recreation therapy assistants coordinate patient care through informal communication with nursing personnel, physical therapists, speech therapists, orthotists, prosthetists, psychologists, school teachers, physicians, case managers, patient care navigators and others involved in the care of the individual patients.
2. In addition to in-house coordination, occupational therapists communicate with the members of the Allied Health professionals from referring hospitals and agencies and with those who will be involved in the post-discharge care of individual patients.

Director, Occupational Therapy and Recreation Therapy Department

Signature(s) On File