



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

**Rancho Los Amigos National Rehabilitation Center
Occupational Therapy and Recreation Therapy Department
Policy and Procedure**

SUBJECT: STANDARDS OF PATIENT CARE FOR RECREATION THERAPY	Policy No.: Revised: Supersedes: Page:	317 December 2019 December 2015 1 of 3
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PURPOSE

To provide guidelines for Certified Recreation Therapy Specialists (Recreation Therapists) in the delivery of Recreation Therapy (RT) services.

POLICY

Recreation Therapy practitioners will provide treatment according to the following guidelines to assure that patients are receiving services in accordance with the standards of practice of the profession and the requirements of the rehabilitation center.

EVALUATION

1. Each patient on a rehabilitation service with doctor's orders to receive recreation therapy evaluation will be screened within 72 hours of receipt of doctor's orders, according to established program procedures. Screening will focus on the patient's functional status and potential for improvement, related to leisure functioning. Patients who are found not to be appropriate for recreation therapy services due to medical issues, functional deficits, or behavioral issues will be monitored for future potential for involvement. In addition, patients may be placed on a group only program and/or placed on a limited recreation therapy program.
2. Patient and family goals will be explored and documented as related to leisure.
3. Baseline information and initial treatment plan will be documented within 72 hours (3 work days) of receipt of physician orders.
4. Those patients on non-rehabilitation services such as Pressure Ulcer Management and Care Units may be provided with recreation participation programs. Services may be provided at bedside by a recreation therapy assistant if available with indirect supervision from a recreation therapist.
5. Treatment techniques used will be appropriate for the age and diagnosis of the patient receiving treatment. Additional factors such as time since onset, treatment goals, patient tolerance and the patient's premorbid leisure/play interests will be accessed to ensure suitable program plan needs.

TREATMENT PLANNING

1. Goals to be achieved in RT will be established with the patient and/or family when possible. The goals will describe measurable functional outcomes expected at discharge and realistic

SUBJECT: STANDARDS OF PATIENT CARE FOR RECREATION THERAPY	Policy No.: Revised: Supersedes: Page:	317 December 2019 December 2015 2 of 3
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time frame for their accomplishment.

2. Treatment planning will consider:
 - a. The individual's leisure/play interests, assets, problems, and priorities in order of importance to the patient/family.
 - b. The patient's functional status.
 - c. Information from the treating team.
 - d. Discharge destination.
 - e. Other findings as per the Recreation Therapy evaluation.
3. The needs identified will be prioritized based on the patient's medical problems and in collaboration with the patient/family.
4. Discharge planning will begin upon entry into an RT program and will be an integral part of the treatment plan. Planning will involve the patient and family in decision making, providing opportunities for family to observe the patient's current level of function with leisure/play, and educate them on community referral resources.
5. A program to accomplish the goals will be outlined along with short term goals which delineate measurable functional or behavioral changes to be achieved, with the ultimate objective of maintenance or improvement of leisure/play function.

TREATMENT IMPLEMENTATION

1. Treatment will be initiated as soon as needs are identified with the completion of the initial evaluation.
2. The treatment program will be consistent with the goals and the deficits identified.
3. Ongoing involvement and education of the patient and family will occur, following the guidelines of the OT/RT Policy #312, "Patient and Family Education.
4. Ongoing communication and coordination with the treatment team will occur both in formal and informal settings. Recreation therapy staff may conduct co-treatment programs involving other disciplines, depending on the needs of the patient.
5. Comprehensive treatment will be provided in accordance with professional standards of practice and medical center requirements. Continuum of recreation therapy services include but are not limited to treatment-oriented services such as—leisure education, Animal Assisted Therapy, Aquatics Therapy, stress and pain management techniques, creative expressive programming, adaptive physical activities, community-reintegration and recreation/play, which may be provided in a group or 1:1 setting. Determination of services is based on clinical assessment of the individual patient, or based on service/patient population.

SUBJECT: STANDARDS OF PATIENT CARE FOR RECREATION THERAPY	Policy No.: Revised: Supersedes: Page:	317 December 2019 December 2015 3 of 3
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6. All programming on the Adult Brain Injury, Neurorehabilitation, Pediatrics, Pressure Ulcer Management, Spinal Cord Injury and Care Units will facilitate RT groups and co-treatment groups targeting one or more of the following program plans: Community re-integration, special event programming, community resources, aquatic therapy, stress and pain management techniques, creative expressive programming, adapted physical activities, animal assisted therapy, recreation/play and leisure education. No RT services will be provided on ICU.

REASSESSMENT

1. Patient status will be re-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 upon entry into a recreation therapy program.
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 or programs.
 - b. Pre-discharge visit to community program or agency when possible and/or appropriate.
 - c. Exposure to and use of appropriate adaptive equipment for leisure/play.
 - d. Family/Caregiver education to facilitate optimal home and community leisure/play involvement post-discharge.

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, behavioral, 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 recreation therapy, (i.e. refuse, undermine, or disrupt treatment on a consistent basis).

FOLLOW-UP:

Post discharge follow-up plans are documented and entered into the medical record with recommendations which may be followed upon entry into Rancho’s outpatient programs.