CRITERIA FOR INITIATION / TERMINATION OF

SPECIFIC REHABILITATION TREATMENTS

GOALS

1. To offer the finest level of patient care consistent with the overall philosophy of our rehabilitative agency.

2. To provide the optimum in health care services and programs that will contribute to the physical, psychological, and emotional well-being of the persons we serve.

OBJECTIVES

1. To render high quality rehabilitation treatments to persons served in order to prevent deformities and reduce disabilities.

2. To assist in helping each person served reach his maximum performance so he may assume his rightful place in society while learning to live within the limits of his capabilities.

3. To alleviate pain by using, in conformity with the physician’s prescription, physical agents such as heat, light, water, electricity, therapeutic exercises, massage, and various tests and measurements.

4. To hasten convalescence and reduce disability.

5. To contribute to the comfort and well-being of persons served.

6. To extend the activities of daily living of the persons served beyond those required at time of discharge from impatient care centers.

7. To correlate objectives of each respective department with objectives of the referral sources.

8. To provide, maintain, and train qualified personnel who can achieve each department’s goals.

CRITERIA FOR INITIATION / TERMINATION OF

SPECIFIC REHABILITATION TREATMENTS

PRIORITY OF SERVICE

I. Purpose

To establish a definite policy on initiation and priority of rehabilitative treatment services administration and when needed due to restrictions imposed by:

A. Diagnostic indications

B. Time limitations

C. Personnel availability

D. Equipment utilization

E. Emergency situations

This refers to treatments offered by and within the therapies (e.g. cognitive retraining, ambulation training, dysphasia training, etc.)

II. Scope of Practice

A. Priority of service for rehabilitative treatment will be initiated and determined by category of need, greatest to least, and by the written order of the attending physician.

B. Medical Findings: Prior to initiation of treatment, rehabilitation personnel must research all available medical records, those to include physician’s orders when submitted and/or required, also completing a written and verbal interview of the person served as well as a physical evaluation pertaining to symptomatic complaints for which restorative therapy is sought.

Pertinent data will include past history, diagnosis(es) as submitted by physician prescription, (clinical assessment as related to treatment needs), contraindications, if any, patient awareness of prognosis for symptom resolution, and where appropriate, a summary of prior treatment rendered and results achieved for similar symptomatic episodes.

CRITERIA FOR INITIATION / TERMINATION OF

SPECIFIC REHABILITATION TREATMENTS

C. Plan of Care: A written plan of care will be established. Where appropriate, that plan will be developed through consultation with the patient’s attending physician, and will include the type, frequency and duration, as well as the anticipated goals of the rehabilitative services to be administered. The plan of care and results obtained will be reviewed weekly or more often if required.

Changes: Where and when appropriate, the attending physician is promptly notified of any changes in the patient’s condition. If treatment plan changes are needed, such are then noted in the clinical record as approved by the patient’s physician.

D. Exchange of Clinical Records and Reports: When a patient is receiving or has recently received health and medical services from providers, organizations, physicians, or others that are related to, and that may involve the rehabilitation program, the clinician or therapist shall, on a regular basis, exchange documented information which has a bearing on the patient’s health and welfare so as to ensure that services effectively complement one another.

III. Termination of Services

A. Medically ordered rehabilitation treatment programs shall be terminated upon existence of any or all of the following factors:

1. Written or verbal order by the attending physician.

2. Contraindications (adverse effects to the modalities administered or potential for same).

3. Attainment of treatment goals.

4. Achievement of maintenance level benefit, unless otherwise indicated by the physician in consideration of degenerative diagnosis.

CRITERIA FOR INITIATION / TERMINATION OF

SPECIFIC REHABILITATION TREATMENTS

5. Death or deteriorating condition of the person served (physician consultation required for the latter).

6. A four-week lapse in the attendance and/or inconsistent, sporadic attendance at treatment sessions for an unknown reason.

B. A discharge summary note will be entered in the patient record and will include:

1. Assessment of goal achievement levels (complete, incomplete).

2. Plan for long-term maintenance of the rehab program benefits through usage of the treatment techniques which were instructed during the restorative care sessions.

3. Estimate of further potential, if any.

**CODE OF ETHICS**

**Preamble**

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations in all clinical disciplines / professions at Winning Wheels, Inc. This Code of Ethic sets forth the fundamental principles and rules considered essential to this purpose.

Every individual engaged in clinical practice at Winning Wheels shall abide by this Code of Ethics and by any/all specific clinical practice guidelines set forth by its national accrediting professional organization(s) that govern its behavior and outline its scope of practice. Such practice includes, but is not limited to, the use of extenders for therapists.

Any action that violates the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and Rules of Ethics as they relate to responsibility to persons served, to the public, and to the clinical professions of speech-language pathology and audiology, therapeutic recreation, social services, physical and occupational therapy, nursing and cognitive therapy.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals engaged in clinical practices denoted above.

**Principles of Ethics I**

A. Individuals shall provide all services competently.

B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services on the basis of race, sex, age, religion, national origin, sexual orientation, or handicapping condition.

D. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.

E. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.

F. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

G. Individuals shall not evaluate or treat solely by correspondence.

H. Individuals shall maintain adequate records of professional services rendered and products dispensed and shall allow access to these records when appropriately authorized.

I. Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or for he community.

J. Individuals shall not charge for services not rendered, nor shall they misreprensent, in any fashion, services rendered or products dispensed.

K. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

L. Individuals shall withdraw from professional practice when substance abuse or emotional or mental disability may adversely affect the quality of services they render.

**Principles of Ethics II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.

*Rules of Ethics*

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training and experience.

C. Individuals shall continue their professional development throughout their careers.

D. Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process only when a certificate holder provides appropriate supervision.

E. Individuals shall prohibit any of their professional staff from providing services that exceed the staff member’s competence, considering the staff member’s level of education, training and experience.

F. Individuals shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

**Principle of Ethics III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions.

*Rules of Ethics*

A. Individuals shall not misrepresent their credentials, competence, education, training, or experience.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.

D. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

E. Individuals’ statements to the public - advertising, announcing, and marketing their professional services, reporting research results, and promoting products - shall adhere to prevailing professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

*Rules of Ethics*

A. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, or any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

C. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.

D. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

E. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

F. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the appropriate Ethical Practice Board. Such violators may be subject to disciplinary action imposed by the employing organization, as well and will be reported to the proper authorities, as indicated.

G. Individuals shall cooperate fully with the appropriate Ethical Practice Board in its investigation and adjudication of matters related to this Code of Ethics.

TIME FRAMES FOR COMPLETION OF CLINICAL

DOCUMENTATION

It is the policy of S.T.R.I.V.E. that the following time frames should be adhered to for entries into clinical records of each person served, unless notified otherwise by facility administration:

ASSESSMENTS:

Assessments should be completed by each clinical discipline within 7 - 14 days of admission of each person served, and MUST be completed prior to any/all regularly scheduled staffings. Individual department assessments should be completed prior to all initial or semiannual staffings, or more often as necessary. Clinical disciplines that are required to be involved in the assessment completion process include Therapeutic Recreation, Nursing, Social Services / Psychosocial, Speech and Language Pathology, Dietary, Physical and Occupational Therapies and others as deemed necessary.

PROGRESS NOTES

Progress notes must be completed every 30 days (with an eight-day leeway) for nursing, pyschosocial programming, and Social Services. All other disciplines, including occupational and physical therapies, therapeutic recreation and dietary are expected to complete progress notes at least every 90 days.

DISCHARGE SUMMARIES

Discharge summaries must be completed within seven days of discharge of the person served.

REPORTS OF CRITICAL INCIDENTS OR INTERACTIONS

Notations of critical incidents or interactions (i.e. injuries; hospitalizations; abuse) must be made as soon as possible in the clinical record after their occurrence. All such entries must be completed before the clinician recording them goes off duty, unless supervisory approval is obtained.

CONTINUUM OF CARE

It is the policy and practice of Winning Wheels, Inc. to develop and utilize a continuum of care that is responsive to the needs of the persons served. The Winning Wheels, Inc. care continuum consists of a full array of rehabilitation services targeting all levels of acuity. Winning Wheels has expanded its services to include satellite programs in vocational rehabilitation, cognitive therapy and developmental training. An aggressive independent living training program is available on-site using a “model” apartment for training. Winning Wheels has also developed several residential alternatives to meet the needs of the persons served as they progress in their rehabilitation regimen: 1) Winning Wheels, Inc., an 80-bed skilled nursing facility serving individuals with multiple chronic physical disabilities; 2) S.T.R.I.V.E., a 16-bed group home which promotes the development of transitional living skills for developmentally disabled individuals, and 3) Frontier Hollow, an independent living apartment complex specially adapted for individuals with physical disabilities / wheelchair users. Frontier Hollow is also licensed as a C.I.L.A., and is included as the goal of discharge planning for the majority of persons served at both Winning Wheels and S.T.R.I.V.E. The continuum of care is augmented via affiliations / working relationships with Centers for Independent Living throughout the state and nation, the Department of Rehabilitation Services, and through referral arrangements with other such agencies / organizations.

It is the practice of Winning Wheels, Inc. to explain the continuum of care to all persons served and their families at the time of admission and throughout their treatment as necessary, and to all personnel at orientation and via ongoing inservice training and development.

DETERMINATION OF NEED/ASSIGNMENT OF

REHABILITATION PERSONNEL

It is the policy of Winning Wheels, Inc. that the following system has been established for determining the types and number of personnel needed by each discipline involved in the medical rehabilitation program based on the needs of the person served.

This system is based on a full census (80) with a typical case mix of the person served comprised of 49% or less of individuals with spinal cord and/or other chronic physical disabilities and 50% or more of individuals with brain injuries. The design of this system takes into consideration the diversity and case mix of persons served, the scope and type of services typically required to meet the needs of these persons, and the number and types of personnel necessary to provide sufficient and appropriate services to address these needs. The types and numbers of clinical personnel needed are defined below:

Category of Service Number / Type of Personnel

Cognitive Rehabilitation 1 full-time Cognitive Rehabilitation Specialist for every 25 individuals with brain injuries.

Therapeutic Recreation 1 full-time CTRS (or equivalent combination of education / experience) for every 40 clients; 1 full-time (at least 30 hours per week) Therapeutic Recreation assistant for every 80 clients.

Social Services 1 full-time MSW or LSW for every 80 clients; 1 full- time Social Worker for every 80 clients. Cognitive Rehabilitation Specialists meeting OSW qualifications may supplement Social Services personnel by performing such responsibilities for those brain injured individuals on their respective caseloads. Typical caseloads per Social Worker / Cognitive Therapist would be assigned on a 1:20 ratio, subject to current distribution of case mix.

DETERMINATION OF NEED / ASSIGNMENT

OF REHABILITATION PERSONNEL, cont.

OT / PT and Speech and

Language Pathology Licensed therapists provided via contractual arrangement. Rehabilitation aides and/or PTA / COTAS will be provided on a 1:30 ratio, regardless of case mix (should be specific to actual number of OT and PT programs required by those persons served by the medical rehabilitation program).

This system is designed to be responsive to shifts in patient populations and their unique needs. It is the intent of this policy to ensure that person served by the medical rehabilitation program have the benefit of consistently assigned personnel for each of the disciplines appropriate to their needs. This will be achieved by a case management system for all therapists / clinicians to ensure program and treatment continuity to facilitate team-building opportunities, and to prevent confusion for each person served. If reassignment of case management responsibilities becomes necessary, the persons served will be notified of same and be introduced and oriented to the new personnel assigned to care for them.

Is assistive technology used as appropriate to the needs and preferences of the person served?

2. Assistive Technology

Jackie: manual wheelchair with foot straps, bilateral AFO’s, safety belt

Jim: motorized wheelchair, safety belt, communication device

Rani: motorized wheelchair with custom seating, divider plate, dycem, long straw, chest harness, glasses, foley, ted hose

Shelley: long straw, plateguard, dycem, motorized wheelchair with foot straps, AFO right foot, Sara lift

Lisa: dycem, communication board, motorized wheelchair with safety belt

James: AFO’s both feet, external st. cath.

Sean: shoulder straps, safety belt, plateguard, dycem, glasses, foley

Jason: safety belt

Jack: plateguard, dycem, motorized wheelchair, AFO’s both feet, glasses, Sara lift

Madonna: special seating (back rest), AFO’s corrective shoes, glasses

Elyse: long straw, motorized wheelchair with custom seating

Lester: plateguard, dycem, bilateral AFO’s, safety belt, glasses, Sara lift

Joan: long straw, reclining wheelchair with special seating, chest strap, safety belt

Donna: motorized wheelchair with special seating, safety belt, communication device, Sara lift

David: safety belt, glasses

Albert: safety belt, plateguard, dycem, glasses

Connie: safety belt, glasses

Jeff F.: sipper cup, safety belt, custom setting in wheelchair, Sara lift

Shelly: motorized wheelchair with custom seating, safety belt, foley

Julie: long straw, special curved spoon, AFO’s - foot straps, Sara lift

Rebecca: plateguard, dycem, long straw, curved spoon, motorized wheelchair, safety belt, foot straps, Sara lift

Dawn: motorized wheelchair, safety belt

Karen: safety belt

Lorraine: long straw, dycem, motorized wheelchair, safety belt, glasses, trapeze, ted hose

Brian: chest harness, safety belt, long straw, foot straps, plateguard, dycem, external, Sara lift

Bill: safety belt

Bob: foley

Chuck: safety belt

Jeff P: long straw, dycem, plateguard, motorized wheelchair, safety belt, glasses

3. How the organization assists the persons served with proper maintenance and assessment of assistive technology and/or other related equipment:

1. Maintenance staff at Winning Wheels, STRIVE, and Day Treatment does wheelchair repairs within their range of expertise. Other repairs referred to wheelchair repair company by Social Services.

2. Social Services arranges for assessments related to communication devices and specialized wheelchairs and prepares paperwork for Public Aid approval.

3. Physical Therapists evaluate residents at STRIVE semi-annually at IPP review. They evaluate residents at Winning Wheels quarterly at IPP review.

4. Appointments made and transportation provided to Quad City Prosthetics, as necessary.

5. Workshop attended by staff as appropriate to meet client needs. For example, Social Services attended a workshop with a client to learn how to program and use augmented communication devices, as well as where to obtain repairs.

4. List the ongoing opportunities a person served has to engage in decision making:

1. IPPs / Hab Plans / Care Plans:

Client / rep. invited to participate in care plan conferences, and offered a copy of the care plan. Client can indicate goals he / she wants to work on, completes input sheet ahead of time. Copy of care plan sent to resident representative if unable to attend.

2. Schedule for Day Treatment Groups:

Persons served have input into which groups they wish to participate in when concurrent choices are available.

3. Persons served plan special menus for birthdays / special events. Low fat and low cal. choices made by client as appropriate.

4. Release of information form signed by client / guardian to ensure confidentiality.

5. Resident Rap occurs annually at Day Treatment. Day Treatment residents evaluate existing groups and suggest topics for groups and subjects for discussion within existing groups based on their individual needs and preferences.

6. Opportunities for recreational activities as offered by the Therapeutic Recreation Department at Winning Wheels and STRIVE are chosen by clients each month. A schedule of activities is given to each resident to facilitate this decision-making process.

How are these opportunities for decision-making documented?

1. Care Plan letter of invitation and input sheet included with each individual’s Care Plan. Care Plan is signed by resident and/or representative; documentation on care plan cover sheet indicating copy was offered.

2. List of people attending Care Plan is included on the Care Plan cover sheet.

3. Clients’ individual schedules are included in the front of each individual’s file. Choices are checked in pencil so changes can be made.

4. Birthday menu changes are indicated on posted notes. Special meal changes are approved by the dietician.

5. Release of information can be found in individual client files.

5. Do the persons served exercise informed choice? How is the informed choice documented / demonstrated?

a. Choice of daytime activities: Persons are given a choice of groups at Day Treatment. Many of the groups were suggested by persons served.

b. Meals: Substitutions are offered for many items on the menu. Persons served may select subs and this is documented.

c. Home visits approved by STRIVE and Winning Wheels.

d. Therapeutic Recreation department holds monthly Leisure Interest

Groups to solicit input from / promote choices by persons for community outings and group / individualized leisure activities.

e. Informed choices of where to live: Day Treatment presents independent living options on an ongoing basis. Independent living Group explores options throughout the United States.

6. Do Community Support Services provide opportunities for the person served to learn new skills?

a. See individual Care Plans.

b. See Standard 1 listing the opportunities for training.

c. Care Plans are attended by the Interdisciplinary team and the client so new skills are fostered throughout the day by a variety of disciplines.

How is this monitored?

Progress notes are written monthly by the QMRP at the Day Treatment program. Attendance is taken daily. Daily communication occurs between staff at Day Treatment and Winning Wheels and STRIVE. Data collection taken as indicated in the HAB plan. The interdisciplinary team includes staff from STRIVE and Winning Wheels and Day Treatment.

7. Do the services and supports assist the persons served to maintain or increase their self-sufficiency? List some examples:

1. Monthly progress notes by QMRP.

2. Changes in Care Plan goals as necessary to reflect increased self- sufficiency or a reduction in problem behavior or an increase in appropriate behavior.

3. Goals take into consideration medical diagnosis which may indicate a declining physical condition such as Freidrichs Ataxia or Muscular Dystrophy.

If self-sufficiency is not maintained or increased over a period of time, what action does the organization take?

1. Consider medical diagnosis. Does this person have a progressive disease? If so, revision in the plan may be necessary.

2. Consider adaptive equipment, seek Public Aid prior approval, if necessary.

3. Referral to services such as Sinnissippi Mental Health Services or other specialized medical consultants.

4. Consider other living options.

5. Revise the individual’s plan as appropriate.

8. Do the persons served have meaningful relationships with others?

1. Peer-level friendships encouraged but not limited to peers at STRIVE, Winning Wheels and Frontier Hollow.

2. Community relationships occur through church and community integration such as ceramic classes, church-related activities, participation in community functions and fundraising activities.

3. Positive relationships occur with staff at Day Treatment within the guidelines of the Socialization Policy and as dictated by standards of professionalism. Relationships are based on shared interests, respect for values held by individuals and an interest in the daily activities and future of the person.

4. Day Treatment groups enhance the quality and appropriateness of relationships as a result of groups which foster interpersonal skills (Survival Skills) and Sexuality group.

5. Day Treatment staff facilitate problem solving, contingency planning and decision making as relationships evolve for persons served.

10. When a potential health or safety risk exists for a person served, what is the process for making a decision?

a. Human Rights Committee meets quarterly; Day Treatment is represented.

b. Individuals are counseled by the QMRP’s and IDT about recommended medical procedures.

c. Medication classes at Day Treatment review dosage, frequency and possible side effects by medications.

d. Guardianship is respected. When an individual has a legal guardian the guardian is consulted on a variety of issues including medical, Care Plan changes and any changes in living options.

e. When the individual is his/her own guardian then the individual makes informed decisions about medical procedures and living options.

f. Wheelchair safety classes are held at Winning Wheels and STRIVE which determine level of independence in regard to travel in the community in their wheelchair.

11. How does the organization demonstrate/document that positive changes in the lives of the persons served are taking place?

a. Goal-oriented progress notes are completed monthly by the QMRP at Day Treatment.

b. Changes in goals in Care Plan show progress and growth outcomes.

c. Annual Resident Rap. Clients are facilitated in constructive problem identification resolving in issues affecting all aspects of their lives, including Day Treatment.

d. Rap Group held daily at Day Treatment offers clients the opportunity to explore problems or concerns, celebrate progress, and to participate in

group problem-solving exercises.

12. Natural proportions are utilized in the Therapeutic Recreation Department when planning community outings. Clients choose outings according to their interests. Day Treatment has gone in small groups (4 to 5) when working at the Craft Fair at the mall. When we go to the County Fair, we move through the fair grounds in groups of two to four, according to individual interests.

13. Outings into the community are coordinated in conjunction with Therapeutic Recreation Department. Day Treatment and Therapeutic Recreation work together to provide time for community outings. At Day Treatment, our clients have given talks to the Head Start class. Some of our clients have visited the Head Start class to socialize. The children have shared songs and activities with the Day Treatment program. At present, Day Treatment clients visit the Day Care program once weekly to get acquainted with the children.

Day Treatment clients have visited area schools to talk to students when they are studying disabilities. These students also visited the Day Treatment program.

Day Treatment clients participate in Self-Defense classes. Members of the community are taking computer classes with disabled clients.

Public service workers are used at Day Treatment.

Day Treatment clients sponsor a booth at the annual craft show at a local mall. They make and sell their own crafts. Other booths are utilized by crafters from many surrounding communities.

Members of the community, including former staff members, family members, friends from church and foreign guests have been invited as guests at Day Treatment lunch.

Guest speakers often visit the program to speak on various topics of interest.

14. What types of community supports and services are the person served using?

a. NICIL (Northern Illinois Center for Independent Living) and a Program Assistant from the Family Nutrition Program of the Cooperative Extension Service have presented a series of workshops to our clients.

b. Clients utilize the services of our computer program, coordinated in conjunction with the local community college.

c. Participation in community-based Disability Support Group

d. Church activities in the community

e. Volunteer work in the community

f. Local service projects (e.g., “You Make A My Weekend”, Children’s Fun Fest)

g. Fundraisers

How has the organization developed and/or facilitated access to these supports and services? (see above)

20. Are the persons served aware of basic entitlements?

a. Clients are enrolled in Day Treatment as soon as they arrive at STRIVE or Winning Wheels.

b. Rap Group and Independent Living Group have explored Public Housing Options, Section 8 Housing allowance, food stamps, medical card, and services from DORS and NICIL.

c. A unit was also taught about employment and its effects on Social Security. These issues are explored further by Social Services and Vocational Rehabilitation staff.

21. Does the organization provide vocational opportunities?

Competitive and Supported Employment Programs, Employee Development Service, Transitional Skills Training, Pre-Voc Group at Day Treatment.

Personal, Social and Community Support Services

Winning Wheels, Inc. Dvelopmental Training Program

1. List the types and supports and/or training provided.

**a. Basic Academics**

Resource: Literacy of Lifeskills - Computer skills and lab work, beginning reading skills, functional literacy and task behavior enhancement, letter-writing to family, math skills including addition and subtraction and numerical sequencing.

**b. Functional Skills**

Daily Living Prep - Folding laundry.

Independent Living - Check writing, balancing a checkbook.

**c. Daily Living Tasks**

Refer to HAB Plan / IPP included for each person served. ADL Retraining Goals on HAB plan address eating, mobility, toileting, dressing, grooming and use of adaptive equipment where applicable.

**d. Communication Skills**

Refer to individual goals/approaches and the speech goals on each IPP of persons served.

Survival Skills Group (see protocol)

Motivational Speaking Group (see protocol)

**e. Consumer Affairs and Rights**

Independent Living - guest speakers from community service agencies, such as NICIL.

Rap Group - consumer affairs

Survival Skills - topics include Social Security, and consumer skills (including warranties and guarantees).

**f. Contingency Planning - Problem Solving and Decision Making**

Survival Skills and Independent Living Groups focus on contingency planning

Issues Group - problem solving

Current Events - decision making

**g. Developing socially and age-appropriate behaviors**

Rap Group - discussion of current events and issues such as sports, Olympics, movies, political issues, voting

Current Events Group - to facilitate appropriate interests, global awareness

Independent Living Group - vocational / educational opportunities, time management skills, productive use of time.

Sexuality Group

Survival Skills - interpersonal skills development, contingency planning

Crafts / Book Group - age appropriate leisure education

Environmental Issues - behavior that impacts our earth

**h. Financial Management**

Independent Living Group - banking, check writing, budgeting, use of credit cards and repayment of debt

Survival Skills Group - purchasing techniques

**i. Health Maintenance**

Head to Toe Group - holistic health and wellness

Wheelchair Aerobics - fitness; exercise

Nutrition Awareness - how nutrition impacts health maintenance

Self-Medication Class - physical and cognitive self-administration, knowledge of dosage and possible side effects

Rap Group - seasonal health issues / risks

**j. Housekeeping and Home Maintenance**

Independent Living Group - cleaning schedule, products to use, methods of cleaning, maintenance schedule for major appliances and household repairs

Daily Living Prep - folding laundry and wrapping silverware; food preparation

**k. Human Sexuality**

Sexuality Group

Rap Group - problems with relationships as initiated by persons served

**l. Interpersonal Relationships**

Survival Skills Group

Rap Group - persons served discuss concerns, develop peer support network

Semi-annual family events (e.g. Thanksgiving dinner, summer picnic)

Family Council

**m. Life Issues and Transitions**

Transition Group - held when STRIVE opened

Independent Living Group - death decisions including medical power of attorney and living will, family transitions, relationship transitions, parental conflict

Book Group - disability awareness

**n. Management of Personal and Legal Affairs**

Independent Living - management of personal care attendants, ADA, disability awareness

**o. Menu Planning and Meal Preparation**

Daily Living Skills - use of kitchen equipment, preparation of menu items from menu

Independent Living Group - menu planning, recipes for living independently, grocery shopping, basic commodities

Nutrition Awareness - menu planning for special events

**p. Mobility and Community Transportation Skills**

Wheelchair “driver” testing and review of rules of the road.

Daily practice using lift on bus.

Use of gym to practice wheelchair mobility when getting new electric wheelchair, continued practice as needed.

Wheelchair travel safety issues.

**q. Recreational and Leisure Time Activities**

Book Club

Crafts

Self Defense

Nature / Science Group

**r. Safety Practices**

Van and bus safety - use of tie downs and seat belts daily

Head to Toe Group - diabetic precautions, pressure sore prevention, first aid

Rap Group - seasonal risks

Routine safety drills - evacuation, fire drills, disaster drills, review of fire safety, and tornado precautions.

**s. Self-Advocacy and Assertiveness Training**

Independent Living - NICIL workshops on assertiveness and ADA

Survival Skills - units on assertiveness and aggression

Rap Group - awareness of independent living options, articles about people with disabilities

People Group - how specific individuals have dealt with disabilities and obstacles

Motivational Speaking - assertiveness training techniques

**t. Use of the Telephone**

Survival Skills - telephone manners, use of telephone directory including yellow pages

Literacy for Lifeskills - use of yellow pages, white pages, cross referencing

**u. Utilization of Community Services and Resources**

Survival Skills - accessing government services such as Social Security, DORS, Job Service, housing authority

Field trips have included the library, county fair, restaurants, shopping malls and stores

Guest speakers from the community on a variety of topics

Participation in the Public Service Worker program through Whiteside County

**v. Work Attitudes and Skills Exploration**

Pre-Voc Group - Labeling for supplies used at Winning Wheels

Survival Skills - test taking, resume writing, job seeking skills

Computer class at Lyndon Progress Center

Classes at Sauk Valley Community College

See individual Hab Plans / IPP for interpersonal skills training that relates to work attitudes, such as attention to task, interrupting, attention-seeking behaviors, communication skills, assertiveness skills.

SURVIVAL SKILLS

Purpose: To develop skills necessary to live more independently.

Topics Covered:

Interpersonal relationships and Communication Skills

Unit taught on Making Friends - a guide to getting along with people,

Roles of family members, role expectation, family conflicts

Changing relationships,

Following directions

Contingency planning - role play situations, solve “what if” situations

Socially and age-appropriate behaviors - discuss daily living situations, are they age-appropriate, how does person served encourage or discourage being treated in an age-appropriate manner.

Consumer skills

Units taught on consumer techniques including reading labels, reading nutrition labeling, guarantees, warranties, repair manuals, owner manuals, ordering by phone or mail order using the classified ads, unit pricing.

Financial management

Purchasing techniques, credit card applications, credit card repayment, cost of credit, application for a loan, reading bank statements

Menu planning and meal preparation

Units on meal preparation (Resource: Discovering Food) includes kitchen equipment and appliances, measuring methods, cooking methods, cooking terms, skills pertaining to preparing meats, milk products, soups, fruits, vegetables, salads, grain products, and baking.

Menu planning (Resource: Discovering Nutrition) explores various nutrients, how body uses nutrients, personal nutrition, weight control, buying food, storing food, portion control and kitchen sanitation.

Housekeeping and home maintenance

Safe ways to use, clean and fix appliances, care of curtains and carpets, reading repair manuals and owners manuals.

Mobility and community transportation skills

Reading road and safety symbols.

Reading train and bus timetables.

Safety practices

Reading medical labels, following doctor’s orders.

Self-advocacy and assertiveness training

Resources: Assertiveness Option Effective Communication and Problem Solving; role play a variety of situations outlined in book, related to personal experiences.

Use of the telephone

Telephone manners, use of the yellow pages and white pages of the telephone directory, locating help and repair persons using the telephone directory, using the telephone directory in an emergency.

Utilization of community services and resources

Unit taught on accessing government services including local government, state employment office, federal government, getting legal help, voting and other topics.

Work attitude and skills exploration

Test taking skills, resume writing, job seeking skills.

RAP GROUP

Purpose: Coming together of persons served to share timely information to heighten their awareness of consumer affairs and empower them to make more informed choices in their daily planning.

Topics Covered:

Consumer affairs and rights

Use of local newspapers to give information on scams, new stores and special sales.

Contingency planning and problem solving

Persons served can vent problems and seek peer support or share solutions and formulate contingency plans. Articles from periodicals like “Accent on Living” give information on person with disabilities and relate how they have approached or solved problems.

Socially and age-appropriate behaviors

Peers discuss sports, Olympics, movies of interest, political issues and voting, upcoming TV shows, and plan special events.

Interpersonal relationships

Bring up concerns, seek peer support, share news, vent frustrations, celebrate accomplishments.

Menu choices

Persons served can choose from menu or sub menu, also make low calorie or low fat choices.

Mobility and community transportation skills

Discuss wheelchair safety issues, travel in the community in response to special events and weather-related issues, review rules of the road.

Safety practices

Discuss seasonal risks such as heat stroke, heat exposure, skin cancer, frost bite and dehydration.

Seek advocacy and assertiveness training

Awareness of independent living options; articles about people with disabilities. Motivational time uses stories or articles from: Bus 9 to Paradise by Leo Buscaglia, Quiet Strength by Rosa Parks, Wit and Wisdom of the Delaney Sisters, Chicken Soup for the Soul by Canfield and Hansen.

DAILY LIVING PREP

(a.k.a. “FOOD PREP”, “MEAL PREP”)

Purpose: Develop food preparation skills, learn housekeeping skills, prepare items needed for noon meal, learn nutritious ways to prepare food, maintain or increase ROM and functional use of upper extremities, learn to use adaptive equipment, encourage socialization and raise self-esteem through “hands-on” accomplishments.

Procedure: Daily living prep. occurs in the kitchen area. Persons served prepare part of the menu. They may peel and dice fruits and vegetables, crush crackers, tear bread, open cans or mix desserts and casseroles. Some persons fold laundry including bibs, towels and washcloths. Other persons may wrap silverware in napkins. Containers that hold sugar, sugar-twin and creamer are also refilled. Adaptive equipment is used as needed by the persons served. All persons use a sanitizing gel before touching food or eating utensils.

NUTRITION AWARENESS

Purpose: Learn importance of nutrition and the part it plays in health, with emphasis on decubiti prevention. Plan menus for special events, health maintenance and daily meal requirements.

Resources: Use publications such as “University of California at Berkeley Wellness Letter”, “Tufts University Diet and Nutrition Letter”, “Cooking Light”, and other periodicals with nutrition articles.

Articles of a general nature are best. Too much emphasis on particular brands is not wise since most clients do not choose the “brand” of food they eat. Some of our clients avoid fruits and vegetables. Articles that discuss the advantages and importance of fruits and vegetable (complex carbohydrates) are relevant. Also, emphasize the importance of a wide variety of foods in contributing to balanced nutrition.

Independent Living

Purpose: Prepare persons served to live in a less restrictive setting.

Topics covered:

Functional skills - balancing a checkbook is part of a unit on Check Writing

Consumer affairs and rights - guest speakers form community service agencies such as NICIL.

Contingency planning - this is a part of every topic discussed. We take a general topic and apply it to personal situations faced by the persons served. Individuals give examples from their experiences.

Developing socially and age appropriate behaviors and vocational educational opportunities.

Financial management - how checks work, how to use a checking account, budgeting, keeping a notebook and balance of cash on hand, credit card and repayment of debt.

Housekeeping and maintenance skills - keeping a house clean, schedule of cleaning jobs, choice of cleaning products.

Life issues and transitions - death decisions including medical power of attorney and living will, family transitions including relationship transitions and parental conflict. Discussion of the pros and cons of parenting with emphasis on the disabled adult.

Management of personal and legal affairs - management of personal care attendants, ADA, disability awareness.

Menu planning and meal preparation - menu planning, meal preparation, recipes for living independently, grocery shopping, basic commodities, use of newspaper ads to determine shopping list.

Self-advocacy and assertiveness training - NICIL workshop on assertiveness, also workshop on the ADA.

Head to Toe

Purpose: Learn about health issues, importance of prevention of health problems, safe and effective use of over-the-counter medications, when to call the doctor.

Topics covered:

Problem-solving - How to prevent health problems, sources of information about a particular problem, information so person served can determine a course of action to solve problem.

Health maintenance - Personal hygiene, infection control, control of diabetes, use of medicines and medical services, diabetic prevention, holistic approach to wellness.

Life issues and choices - abuse of medications, substance abuse.

Safety practices - Basic first aid, pressure sore prevention, determination of seriousness of situation or life-threatening nature of problem.

Use of the telephone - How to tell medical personnel about a medical problem, when to call for help, list of important health-related phone numbers.

Human Sexuality

Purpose: Prepare persons served to experience their sexuality in a responsible manner, develop socially and age-appropriate behaviors, understand responsibilities and expectations of a relationship, discuss health issues relevant to sexual encounters, open communication among peers with staff leadership, role play situations and help persons problem-solve, and provide information needed in the transition from the home site to group living site to the possibility of a less restrictive living situation.

Topics:

1. Male and female anatomy

2. Attitudes about sexuality

3. Developing social skills and responsibility

4. Friendship, dating and marriage

5. Sexual orientation

6. Special sexual behaviors

7. Prevention of sexually transmitted diseases

8. Birth control

9. Sexual abuse

Pre-Voc.

Purpose: Accomplish meaningful tasks, simulate a work situation, practice job skills and attitude. The job task usually is labeling supplies that are used at Winning Wheels.

Tasks:

Problem-solving - Is there another way to do a task? What change do I need to make in order to accomplish a task? What help do I need in order to finish the assignment?

Interpersonal relationships - How can I work as a team to accomplish a job assignment?

Assertiveness training - How do I make changes so I can do the job? What do I do when the job is completed?

Work attitude - Learn to follow directions, follow sequence, stay on-task, take pride in a job well done.

Functional skills - Enhance functional use of upper extremities and ROM.

Lunch

Purpose: Eat the noon meal as independently as possible with family style service.

Areas of concentration:

Family style serving for a portion of the meal.

Practice eating using adaptive equipment as needed to increase independence.

Promote socialization between persons served and staff and person served.

Health maintenance - persons can make menu selections and lo-cal and lo-fat choices as available. Persons can make choices according to special diets.

Motivational Speaking

Purpose: To communicate effectively, to be persuasive, to improve interpersonal relationships and self-esteem.

Topics Covered:

Communication skills - How to win people to you way of thinking.

Interpersonal relationships - Six ways to make people like you.

Self-advocacy and assertiveness training - Be a leader; How to change people without giving offense or arousing resentment.

Developing socially and age-appropriate behaviors - Effective communication is an indication of a mature person.

Problem-solving - Problems are solved through effective communication.

Work attitudes - Importance of clear communication, communication with supervisor and co-workers.

Resource: How to Win Friends and Influence People by Dale Carnegie

Environmental Issues

Purpose: Educate persons served about environmental issues and its importance to and impact on daily living.

Tasks:

Communication skills - Group discussion, respect for the opinions of others.

Consumer affairs and rights - How environmental regulations effect the consumer. How to be an environmentally responsible consumer.

Problem-solving - Persons served plan how they can be more environmentally conscious at their home living site. What new practices can make them more responsible as part of the global community.

Nature / Science

Purpose: Increase understanding of the work around us, enhance leisure interests.

Tasks:

Encourage group discussion and individual responses.

Respond to desire of persons served to know more about nature/science.

Enhance leisure interest, promote educational programming on TV such as the Discovery channel.

Crafts

Purpose: Enhance leisure skills that are socially and age-appropriate, foster functional use of upper extremities and range of motion, develop educational skills such as on-task behavior, frustration tolerance, and following directions. Self-esteem is improved through creative expression and accomplishment of projects.

Procedure:

1. Craft project is planned, materials are obtained.

2. Needs, interests and abilities of persons served are taken into consideration when planning specific crafts.

3. Each person is encouraged to work on the project independently, assistance is given as needed.

4. Adaptive equipment is used as needed. This may include: Equipment to hold markers, brushes or crayons, masking tape and dycem to prevent objects from slipping, and “C” clamps to hold projects in place.

Self Defense

Purpose: Learn techniques of self-defense, improve range of motion, develop age-appropriate and leisure time activity, and socialize with peers.

Procedure: This group occurs at Winning Wheels. Persons served progress through a series of learned Kadas from one belt color to another. Transportation is provided by Day Treatment from the home site to Winning Wheels and back to Day Treatment one time weekly. Persons served choose to attend this group. This group is tailored to the special needs of individuals who use wheelchairs.

Issues

Purpose: Enhance global awareness, explore pros and cons of questions, determine the difference between the sensational media and issues which influence our nation and the world.

Topics covered:

Problem-solving and decision-making - Persons served understand that most issues are not “black and white” but involve many gray areas. Curse and effect can be more difficult to determine when we explore a topic in greater depth. (See the interconnectedness of one issue and another as one issue builds on another.)

Socially and age-appropriate behavior - Discuss topics covered by Nightline on TV, or “Newsweek” and “Time” magazines. Connect news programs to in-depth discussions. Share peer views and values.

Interpersonal relationships - Present various points of view, encourage respect for views of peers, learn appropriate responses to conflicting points of view.

Literacy for Lifeskills

Purpose: Meet the basic academic skills needs of persons served, enhance independent living skills, improve written communication skills.

Topics:

1. Beginning reading skills, sound recognition

2. Functional literacy task behavior enhancement including reading common signs, use of telephone directory, locating services in yellow pages, white pages, cross-referencing

3. Computer skills, lab work

4. Letter writing to family

5. Improve cursive writing through practice

6. Math - sequence of numbers, addition and subtraction

7. Telling time, use of a clock

Wheelchair Aerobics

Purpose: Maintain or increase ROM, give leadership opportunities to persons served, weight control, health maintenance, prevent decubiti, encourage a healthy lifestyle.

Routine: Leader or clients choose exercises and the group follows. This is done to music from the radio. Also used once weekly: VCR tape of Richard Simmons Reach for Fitness: A Fitness Program for the Physically Challenged.

People and How They Got There

Purpose: Explore lives of people, determine who they overcame obstacles, what motivated them, what steps did they take to reach their goal, what got in the way of their goal.

Topics: One person may be studied for one to three sessions. Information may come from television biographies, newspaper and magazine articles, or biography collections found in books. Persons served may suggest people to study or group leader may choose a biography of particular merit.

Current Events

Purpose: Review events of the past week using the filmstrip format, encourage TV news coverage, enhance global awareness, stimulate peer discussion, and give opportunity for decision-making.

Topics: Day Treatment subscribes to News Currents which is a weekly filmstrip that covers events of the past week in addition to three to four topics of news-worthy interest. The filmstrip format allows ample time for group discussion. Each week the filmstrip presents a question, gives background, presents pro and con opinions and asks the viewer to vote on the question.

Self-Medication Class

Purpose: To prepare/teach self-administering of all medications to clients accurately and efficiently according to doctors orders. To properly teach mentally and physically capable residents to self-administer their own medications.

Topics covered:

Functional skills - How to take medication from the container, determine need for adaptive equipment.

Health maintenance - Name of medication, correct dosage, reason for taking medication, possible side effects, reason to call doctor about medication.

Safety practices - How to store medication safely, possible interaction with other drugs, special directions pertaining to particular medication.

Book Group

Purpose: Encourage use of leisure time by reading, develop age-appropriate behaviors, encourage a sense of community through share experience. Enhance knowledge of disabilities as persons served share life stories about people with disabilities, how they copes, what motivated them, how the experiences of persons with disabilities changed over time.

Objectives:

1. Acquire share experiences.

2. Stay on task.

3. Practice communication skills, share views with peers, predict outcome, recall information.

4. Reinforce self-advocacy through experiences of others.

5. Problem-solving as we related to the biographies and stories that are read.