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| CRITERIA FOR INITIATION / TERMINATION OF SPECIFIC  REHABILITATION TREATMENTS | | | | NO. 90 | |
| 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 their maximum performance so they may assume their rightful place in society while learning to live within the limits of their 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. | | | | | |
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| PRIORITY OF SERVICE  1. 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.)  11. 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 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, patient awareness of prognosis for symptom resolution, and where appropriate, a summary of prior treatment rendered and results achieved for similar symptomatic episodes. | | | | | |
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| 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 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.  111. Termination of Services  A. Medically ordered rehabilitation treatment programs shall be terminated upon existence 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. | | | | | |
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| 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. | | | | | |
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