Tender Touch
Policy and Procedure

Chapter Three
Patient Care

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Tender Touch
Policy and Procedure

Subject: Patient Scheduling	Number: 3.01

I. Purpose

The patient scheduling policy establishes guidelines for patient scheduling for skilled therapies by rehabilitation staff.

II. Policy

All therapists will schedule patients according to the patient's convenience and based on clinical needs, treatment planning, goals and federal and state guidelines.

III. Procedure

1. Therapists will establish patients' weekly schedules and length of treatment, frequency and duration of sessions along with the patient and members of the interdisciplinary team based on clinical needs, goals and patient tolerance of treatment.
2. The therapist will coordinate the patient's schedule with the patient, nursing department, other members of the team and patient's family if indicated.
3. The patient and nursing staff will be informed of the patients' schedule.
4. In addition, an undated daily schedule of all disciplines should be completed and given to each nursing unit or DON as per facility policy. Any difficulties in scheduling and/or adhering to schedule should be brought to the attention of the Rehab Supervisor, DON and Administrator.
5. The schedule is on the computerized system and printed out daily/weekly.
6. Facilities may choose to have specific scheduling procedures that dictate rehab schedules. Staff is expected to adhere to facility scheduling policies.

Tender Touch
Policy and Procedure

Subject: Patient Admission to Rehab Program	Number: 3.02

I. Purpose

To design a formal standardized process for patient admission into the rehabilitation program.

II. Policy

In accordance with OBRA, state and federal guidelines patients will have access to rehabilitation services based on appropriate clinical need, outcome of the assessment and the ability of the rehabilitation department to provide the needed service and interventions. Patients will not be discriminated against based on their diagnosis, age gender, sexual orientation, payer source or financial or physical psychological status, or cognitive status.

III. Procedure

1. The therapist will screen the resident by reviewing the medical record and admission information to pre-determine the patient's need for rehabilitation services. Hospital records of therapy services and doctors' recommendation are helpful to review.
2. The therapist will screen all new admits, re-admitted patients, referrals and patients annually according to the Tender Touch Screening policy.
3. If an evaluation is indicated, discontinue the screen and request evaluation orders. It is Tender Touch policy not to perform an evaluation without MD orders.
4. Perform the evaluation and request clarification treatment orders when indicated based on patient's clinical needs. Ensure that the MD clarification orders are documented in the resident's chart.
5. Inform nursing of your decision to treat or not treat the resident, and make sure this information is incorporated in their nursing notes care plan, including the reason for the referral and the need for skilled intervention and why.
6. If an evaluation is not appropriate, complete the screen as indicated.
7. Discuss with the patient and/or patient's family and interdisciplinary team the patient's need for skilled rehab intervention and base treatment on patient's clinical needs and goals. Include the patient in goal setting and document if the patient agrees to the goals and to participate in the rehabilitation program.

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Policy and Procedure

Subject: Evaluation Policy	Number: 3.03

I. Purpose

An evaluation is a detailed history and assessment of a resident's functional status and includes both short term (less than 2 weeks) and long-term goals (more than 2 weeks), a plan of care, frequency and duration of treatment. An evaluation is performed to identify patient's functional limitations and needs and identify facilitators and barriers to goal achievement.

II. Policy

It is the policy of Tender Touch to evaluate any resident who requires therapy prior to beginning treatment. Evaluations may be performed by licensed Physical, Occupational and Speech Therapists. Evaluations cannot be performed without MD orders and should be initiated within 24 hours of the order and completed within 48 hours as feasible.

III. Procedure

1. Prior to initiating an evaluation, MD orders for evaluation must be obtained

2. MD evaluation orders must indicate date and therapy discipline, e.g. "5/19 PT Eval"

3. Once evaluation orders are obtained, the therapist should perform the evaluation as soon as possible but no later than 48 hours of the MD orders.

4. The evaluation must be documented on the appropriate evaluation form specific for the discipline and patient's diagnosis.

5. The MD should sign or e-sign the evaluation form as soon as possible, but within no more than 30 days of the date of evaluation.

6. A copy of the form must be filed in the chart within 48 hours of the MD orders, and the original should be filed once MD signature has been obtained. Ensure the same if the facility utilizes a computerized e-document/e-signature platform (i.e. Clinisign). Ensure evaluation is filed in the facility e-platform as well.

7. The patient/patient's caregivers are included in the treatment planning and goal setting and must consent to treatment.

8. The patient has the right to refuse the evaluation and/or treatment. This should be documented clearly in the patient's medical record.

Tender Touch
Policy and Procedure

Subject: Patient Discharge from Rehabilitation Program	Number: 3.04

I. Purpose
This policy provides guidelines for the rehabilitation staff when discharging a patient from the discipline specific rehabilitation program.

II. Policy
A patient discharge will be an interdisciplinary team decision with specific established criteria for discharging the patient. The patient/patient's family is also included in the decision and discharge planning.

III. Procedure

1. The patient will be discharged from the rehab program if he/she meets the following criteria;

    (a) Patient/ family requests immediate discharge
    (b) The patient is discharged from the facility
    (c) The patient has achieved his/her short and long term goals
    (d) The patient has achieved his/her maximum level of function possible, and skilled intervention is no longer warranted
    (e) The rehab and nursing departments agree that the patient requires only skilled nursing intervention or a lesser level of intervention (i.e. restorative only)
    (f) The patient expires
    (g) MD request to discharge patient secondary to medical complications.

2. When the above criteria are met it should be discussed with the patient, patient's family and interdisciplinary team.
3. If all parties agree to discharge the patient from the rehab program a date is set for discharge.
4. Rehab/Nursing/Patient/Patient's family discusses a rehab discharge program including exercises, restorative nursing care, outpatient treatment or equipment needs as indicated, and a Discharge Packet is prepared as indicated.
5. Therapy will in-service the appropriate caregivers i.e. family nursing etc. regarding the discharge program. The plan is documented for the patient/caregiver in layman's terms and documented in the medical record.
6. All equipment needs and the home program should be completed the day before discharge and is provided to personnel responsible for ordering equipment.
7. A discharge order is obtained from the physician if the patient will remain in the facility after rehab discharge.
8. A discharge summary is completed and placed in the medical record or e-record for physician signature.
9. A discharge summary should include reason for discharge, discharge status and caregiver recommendations.

10. If the patient will remain in the long term facility, consider treating the patient on the unit prior to discharge in order to familiarize the nursing aides with the patients discharge program. A specific training in-service to nursing before discharge may be warranted.
11. Social Services should be provided with a weekly discharge list so notices of non-coverage can be submitted timely.

PATIENT EDUCATION AND DISCHARGE PACKET

Tender Touch

REHAB SERVICES

Table of Contents

Recommendations

Follow-up Appointments

When to Call your Doctor

Supply/Equipment List

Functional Status

Outcomes

Recommended Exercises

Questions & Answers

Special Diet

Safety Instructions and Precautions

Medication

Home Assessment Checklist

Recommendations

When you are discharged, we recommend you receive the following services:

- ☐ Doctor
- ☐ Physical Therapist
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Visiting Nurse
- ☐ Home Health Aide
- ☐ Social Services
- ☐ Meals on Wheels
- ☐ Home Health Services
- ☐ Out Patient Services

For your safety, we recommend you use the following equipment:

- ____ Wheelchair _____
- ____ Bedside Commode _____
- ____ Hi John/Toilet Frame _____
- ____ Shower Chair _____
- ____ Bath Bench _____
- ____ Walker _____
- ____ Rolling Walker _____
- ____ Quad Cane _____
- ____ Straight Cane _____
- ____ O2 _____

Adaptive Equipment:

1. _____
2. _____

Tender Touch
REHAB SERVICES

Recommendations

PHYSICAL THERAPY

1._____
2._____
3._____

OCCUPATIONAL THERAPY

1._____
2._____
3._____

SPEECH THERAPY

1._____
2._____
3._____

Follow Up

FOLLOW UP APPOINTMENTS:

☐ **PRIMARY DOCTOR** **TELEPHONE #** _____

DATE _____

LOCATION _____

REASON FOR VISIT _____

☐ **SPECIALTY PHYSICIAN** **TELEPHONE #** _____

DATE _____

LOCATION _____

REASON FOR VISIT _____

☐ **MEDICAL TEST** **TELEPHONE #** _____

DATE _____

LOCATION _____

REASON FOR VISIT _____

☐ **SERVICES** _____

OUTPATIENT THERAPY _____

HOME HEALTH AGENCY _____

_____

☐ **ASK WHAT FORMS NEED TO BE FILLED OUT**

☐ **ASK WHAT TO BRING TO YOUR APPOINTMENT**

Tender Touch
REHAB SERVICES

Follow Up

WHEN TO CALL YOUR DOCTOR

- □ If your symptoms become worse
- □ If you have a fever, intense pain or shortness of breath
- □ If you notice increased difficulty in doing daily tasks (not able to take a bath or walk as far as you could before)
- □ You see signs of increased swelling or infection

WHEN TO CALL 911

- □ A condition is life threatening
- □ When a family member is unable to move the individual without causing further injury
- □ When an individual needs the skills and equipment of paramedics or Emergency Medical Technicians
- □ Sudden weakness, numbness of body parts, trouble speaking, severe headache
- □ Unexplained dizziness, unsteadiness, sudden fall
- □ Chest pain, squeezing in center of chest, lightheadedness
- □ Bleeding that does not stop
- □ Severe and persistent vomiting

Supply/Equipment

Supply/Equipment List

To ensure a safe discharge, the following equipment/supplies have been ordered or arranged for you:

Type of Equipment	Expected Delivery Date	Vendor	Telephone	Covered by Insurance

Tender Touch
REHAB SERVICES

Functional Status

Activity	Level of Assistance Needed	Caregiver Training Completed (Y/N)	Equipment Needs
Walking			
Stairs			
Eating			
Washing			
Dressing			
Toileting			
Transfers			
Bed Mobility			
Cooking			
Cleaning			
Shopping			
Car Transfers			
Driving			

Outcomes

Tender Touch
REHAB SERVICES

Recommended Exercises

Complete the exercises on the following pages as instructed by your therapist.

These exercises will help you maintain the progress you made during your stay with us.

If you have any questions, please feel free to call your therapist _____ at _____ for further instructions or questions.

Exercises

Q & A

Why do I need to follow this exercise program?

It is important to follow your physician's and therapist's instructions regarding exercises. Failure to follow these instructions may prolong your recovery or worsen your condition, necessitating a readmission to the hospital or skilled nursing facility. Patients who receive and follow discharge instructions are less likely to be readmitted to the hospital.

What can happen if I do not follow this program?

As stated before, your recovery may be delayed or your condition may worsen. Also, failing to follow your discharge instructions may cause you to have decreased strength and increased difficulty performing everyday activities (bathing, toileting, etc.).

For how long do I need to do these exercises?

These instructions are in effect until your next doctor appointment, at which time you should bring these instructions with you and ask your doctor if he/she would like to make any changes or if you should continue to do the same regimen.

This information is intended to be educational and should not be substituted for medical evaluation or treatment advice.

Safety Instructions / Precautions

Special Safety Instructions / Precautions

1.

2.

3.

WEIGHT BEARING STATUS	
Non weight bearing (NWB) ☐	No weight is to be put on the injured foot ☐
Toe touch weight bearing (TTWB) ☐	Lightly rest the toe/foot of the injured leg on the ground to balance. No significant pressure should be put on injured leg ☐
Partial weight bearing (PWB) ☐	Up to ½ body weight can be placed on injured leg ☐
Weight bearing as tolerated (WBAT) ☐	Put as much weight on the injured leg that you can tolerate ☐
Full weight bearing (FWB) ☐	Able to put full weight on injured leg ☐
Full weight bearing with brace ☐	Able to put full weight on injured leg while using crutches or brace ☐

Medication

Start date/ End date

NAME OF MEDICATION	REASON/ GOAL	DOSE	HOW TO TAKE MEDICATION	PRESCRIBING MD GOAL

Name of Pharmacy: _____
Telephone #: _____
Location: _____

Side Effects to look out for:

1. _____
2. _____
3. _____
4. _____
5. _____

Home Assessment Checklist

	Yes	No
EXTERIOR		
Are outside surfaces and steps non-slip?	☐	☐
Are steps and surface edges well-marked and in good repair?	☐	☐
Do steps have well-secured handrails?	☐	☐
It exterior well-lit?	☐	☐
Are walkways clear without obstacles, shrubbery, potted plants, etc.?	☐	☐
Are curbs and driveway well-marked?	☐	☐
INTERIOR - GENERAL		
Is lighting bright enough in rooms?	☐	☐
Are glare situations minimized?	☐	☐
Are there curtains/drapes/blinds to minimize glare?	☐	☐
Are doorways wide enough?	☐	☐
Are rugs and carpets secured safely?	☐	☐
Is furniture secured enough to support weight if needed?	☐	☐
Are protrusions of walls or floors clearly marked?	☐	☐
Are stairways adequately lit?	☐	☐
Are handrails placed on both sides?	☐	☐
Are handrails fastened to walls securely on staircases?	☐	☐
Are rooms uncluttered?	☐	☐
Are chairs throughout home secure enough for patient transfers?	☐	☐
Is there low-lying, small furniture or objects present that can create a fall hazard?	☐	☐
KITCHEN		
Can patient access storage areas easily?	☐	☐
Are floors slippery, waxed, etc.?	☐	☐
Is there a non-skid mat by sink?	☐	☐
Are edges of non-skid mat by sink secured?	☐	☐

Tender Touch
REHAB SERVICES

Home Assessment Checklist

	Yes	No
BATHROOM		
Is lighting sufficient?	☐	☐
Are doors wide enough?	☐	☐
Are thresholds flat to gain entrance into doorway?	☐	☐
Are floors slippery when wet?	☐	☐
Are there bath mats in shower/bath?	☐	☐
Are there non-skid mats in shower/bath?	☐	☐
Are there grab bars for safety?	☐	☐
Are grab bars fastened to walls?	☐	☐
Does patient need to use the bathroom in the middle of the night?	☐	☐
BEDROOM		
Are doors wide enough?	☐	☐
Does bedroom have wood floors?	☐	☐
Does bedroom have carpet?	☐	☐
Are thresholds flat?	☐	☐
Is there accessible and adequate lighting?	☐	☐
Are items accessible in closet/drawers/nightstand?	☐	☐
Are there any obstacles in the room?	☐	☐
Is furniture secure?	☐	☐
Is the bed on wheels?	☐	☐
Can patient reach items while in bed?	☐	☐

Prevention of Falls at Home

	Yes	No
CLOTHING		
Make sure shoes fit properly with non-skid soles.	☐	☐
Use only non-skid slippers/socks.	☐	☐
Make sure pant legs, nightgowns, robes, etc. are not too long to cause you to trip.	☐	☐
If pants are big, wear belts to prevent causing a fall.	☐	☐
BATHROOM		
Keep pathways clear.	☐	☐
Is lighting sufficient?	☐	☐
Do not leave patient unattended in bathroom.	☐	☐
Use bathroom equipment as prescribed.	☐	☐
Use safety grab bars as prescribed.	☐	☐
Avoid waxing floors.	☐	☐
Is lighting sufficient?	☐	☐
Are doors wide enough?	☐	☐
Are thresholds flat to gain entrance into doorway?	☐	☐
Are floors slippery when wet?	☐	☐
Are there bath mats in shower/bath?	☐	☐
Are there non-skid mats in shower/bath?	☐	☐
Are there grab bars for safety?	☐	☐
Are grab bars fastened to walls?	☐	☐
Does patient need to use the bathroom in the middle of the night?	☐	☐
BEDROOM		
Keep door open.	☐	☐
Do not wax floor.	☐	☐
Items in closets/drawers should be accessible.	☐	☐
Keep pathways and doorways clear, and keep items out of the way of the patient.	☐	☐
Keep room well lit and at night use appropriate night lights.	☐	☐
Are doors wide enough?	☐	☐
Does bedroom have wood floors?	☐	☐
Does bedroom have carpet?	☐	☐
Are thresholds flat?	☐	☐
Is there accessible and adequate lighting?	☐	☐
Are items accessible in closet/drawers/nightstand?	☐	☐
Are there any obstacles in the room?	☐	☐
Is furniture secure?	☐	☐
Is the bed on wheels?	☐	☐
Can patient reach items while in bed?	☐	☐

Prevention of Falls at Home

TO PREVENT FALLS FROM BED

Place floor mats for frequent fallers.

Place bed against wall to prevent falls out of bed.

Place commode or urinal near bed to discourage patient from going to bathroom.

Keep personal items on nightstand or in reach at all times.

TO PREVENT FALLS FROM WHEELCHAIR

Check brakes for safety.

Use cushion as prescribed.

Monitor leg rests and utilize as appropriate.

MEDICATION

Is the patient on any medication that makes them more at risk for a fall?

Do they have any medical conditions (i.e. vertigo) that make them more at risk for a fall?

Facility Contacts

Administrator: _____**Telephone:**_____

Director of Nursing: _____ **Telephone:**_____

Admissions: _____ **Telephone:**_____

Director of Rehab: _____ **Telephone:**_____

Medical Records: _____ **Telephone:**_____

Front Desk: _____ **Telephone:**_____

Tender Touch
REHAB SERVICES

Community Resource List

(Transportation equipment, respite, home care volunteers, food services, clergy)

Include:

Home Care Agencies

Hospice

Lifeline

Meals on Wheels

Transport Services

Churches

Temples

Resources

Alzheimer's Association
www.alz.org

American Cancer Society
www.cancer.org

American Diabetes Association
www.diabetes.org

Arthritis Foundation
www.arthritis.org

Elder Care Locator
www.eldercare.gov

National Kidney Foundation
www.kidney.org

National Parkinson Foundation
www.parkinson.org

American Heart Association
www.heart.org

National Stroke Association
www.stroke.org

Lifeline
1-800-543-3546 ext. 3050

Tender Touch
Policy and Procedure

Subject: Screening Policy: Speech Therapy	Number: 3.05

I. Purpose

To ensure that all residents have access to appropriate ST care and are screened to identify their needs and what services and interventions will be provided to meet these needs,

II. Policy

It is the policy of Tender Touch for all SLPs to screen:

a. all admits as indicated
b. all patients with G tubes annually
c. all patients on thickened liquids annually
d. all patients receiving diet changes as referred by nursing
e. all patients exhibiting weight loss as referred by nursing
f. any resident demonstrating a functional decline or swallowing difficulties as referred by nursing
g. all referrals

III. Procedure

1. Screens are non-billable procedures.
2. Screens include but are not limited to chart review, communication with nursing, observation and verbal cueing and/or interview of the patient.
3. When performing a screen, the therapist is asked not to touch the patient as there is no order to treat from the physician, therefore if assessment requires touching a patient an evaluation order from the physician is requested
4. If an evaluation is necessary, immediately request MD evaluation orders
5. If an evaluation is not indicated, complete the screening form with recommendations to the interdisciplinary team/nursing staff. Information should be communicated both in writing and verbally to the nursing supervisor. Discontinue MD orders for ST evaluation and treatment.
6. When screening the resident, consider if s/he may be an appropriate candidate for another discipline and refer accordingly.
7. The screen is to be included in the patient's medical record with a copy placed in the appropriate screening book, or computer file in a confidential area of the therapy department/staff area.

Tender Touch
Policy and Procedure

Subject: Home Assessment Policy	Number: 3.06

I. Description

A home assessment may be performed by a Physical, Occupational or Speech Therapist to assess the patient's home environment and determine the intervention needed to plan a safe discharge home. The home assessment may be performed by a visit to the patient's home, a home assessment questionnaire or a virtual home (tour) assessment.

II. Purpose

The therapist will assess the patient's home for architectural barriers, safety issues, equipment needs and suggestions for home modification and/or adaptation in preparation for a patient's discharge home. All recommendations will be in writing to the patient/patient's family and made available to the interdisciplinary team as indicated. Therapist will obtain MD order for assistive devices and equipment needed for patient prior to discharge.

III. Indications

1. Patient is expected to return home upon discharge from therapy.

IV. Contraindications

1. The patient should never be transported /driven by the therapist. A family member should accompany the patient to the home assessment.

V. Equipment

1. Home Assessment Evaluation form
2. Tape Measure
3. Adaptive/DME equipment as needed
4. Or Ipad/TV screen if performing virtual home assessment.

VI. Procedure

1. Discuss with team patients discharge plans
2. Discuss need for home assessment with physician and obtain an order
3. Schedule home assessment with the patient/patient's family
4. Inform nursing about patient's scheduling for home assessment and have patient/family complete necessary paperwork as indicated.
5. Therapist assesses both inside and outside of the patient's home using the home assessment form
6. Therapist discusses with the patient and family recommendations for modifications if feasible, safety issues, equipment needs and realistic prognosis for the patients ability to function in the home. Recommendations will be given to the patient /patient's family, MD and a copy will be included in the patient's medical record.

7. Therapist discusses findings with the interdisciplinary team and documents home assessment findings in the medical record.
8. A virtual home assessment can be completed via Skype, if all parties are in agreement. Recommendations should be given to family/patient. Only Tender Touch ipads should be used. Personal lphones/ipads or laptops are not permitted to be used by therapy staff to conduct evaluations.

Home Assessment-Patient Competency

- ❑ **Physical Therapy**
- ❑ **Occupational Therapy**
- ❑ **Speech Language Pathology**

Home Assessment	**Apartment Private Dwelling Other**
Home Address Other persons in the home	
Entrance to the Home	**Mobility Skills Outside the Home**
Can pt. manage stairs safely? Y N Are railings safe - can pt. use? Y N Can pt. manage safely on surface? Y N Can pt. manage distance to: mailbox Y N street Y N driveway Y N parking lot Y N Can pt. reach mailbox? Y N Can pt. open/close, lock/unlock door? Y N Can pt. reach elevator floor & emergency buttons? Y N	
Hallways	**Assessment/Equipment/Recommendations/Comments**
Can pt. maneuver the hallway? Y N Can pt. enter rooms from hallway? Y N Is the floor surface safe? Y N	

Professional Signature:	**Date:**
Professional Signature:	**Date:**
Professional Signature:	**Date:**

Patient Name:	**Room #:**

Home Assessment-Patient Competency

☐ **Physical Therapy**
☐ **Occupational Therapy**
☐ **Speech Language Pathology**

Bathroom	**Assessment/Equipment/Recommendations/Comments**
Is bathroom accessible? **Toilet -** Can pt. reach toilet paper holder? Y N Is there room for transfer? Y N Is pt. safe with toileting? Y N **Tub -** Can pt. transfer safely to tub? Y N Can pt. reach faucets? Y N Can pt. control water temperature? Y N **Showers -** Can pt. manage curtain/sliding glass doors? Y N Can pt. reach faucet? Y N How will pt. transfer from/to shower/tub? **Sink -** Can pt. reach faucets? Y N Can pt. control water temperature? Y N Can pt. reach medicine cabinet? N Y Can pt. reach hamper? Y N Can pt. reach waste basket? N Y Overview of bathroom safety awareness?	
Bedrooms - Sleeping Room	**Assessment/Equipment/Recommendations/Comments**
Can pt. open/close door? Y N Can w/c be maneuvered in room? Y N Can pt. transfer to bed? Y N Is transfer equipment required? Y N If yes, list in space provided. Can pt. open/close closet door? Y N Can pt. open/close drawer? Y N	

Professional Signature:	**Date:**
Professional Signature:	**Date:**
Professional Signature:	**Date:**

Patient Name:	**Room #:**

Home Assessment-Patient Competency

☐ **Physical Therapy**
☐ **Occupational Therapy**
☐ **Speech Language Pathology**

Kitchen/Dining Area	**Assessment/Equipment/Recommendations/Comments**
Can w/c be maneuvered in room? Y N Can pt. open/close door? Y N Can pt. access (sit) at table? Y N Can pt. reach sink? Y N Does pt. have access to all cabinets? Y N Can pt. use sink safely? Y N Can pt. use oven? Y N Can pt. manage the stove controls? Y N Can pt. open/close refrigerator? Y N Can pt. access refrigerator contents? Y N Can pt. open/close dishwasher? Y N Can pt. (un)load dishwasher? Y N Identify other appliances pt. must use.	
Communication	**Assessment/Equipment/Recommendations/Comments**
Can pt. reach telephones? Y N Can pt. dial telephone (911)? Y N Can pt. communicate emergency? Y N Can pt. make functional needs known? Y N Can pt. hear emergency alarms? Y N Without hearing aides can pt. hear alarms, doorbell and phone? Y N	
Living Room	**Assessment/Equipment/Recommendations/Comments**
Can w/c be maneuvered in room? Y N Can pt. access room? Y N Can pt. open/close windows? Y N Can pt. reach light switches? Y N Can pt. reach lamps? Y N	

Professional Signature:	**Date:**
Professional Signature:	**Date:**
Professional Signature:	**Date:**

Patient Name:	**Room #:**

Home Assessment-Patient Competency

☐ **Physical Therapy**
☐ **Occupational Therapy**
☐ **Speech Language Pathology**

Miscellaneous Information	**Home or Family Situation**
Laundry needs? Ironing needs? Shopping needs? House cleaning needs? Neighbors, family member available for assistance? Children/other dependents to care for? Access to heat/air conditioning controls? Access to TV and radio?	

Recommendations/Family Instruction

Professional Signature:	**Date:**
Professional Signature:	**Date:**
Professional Signature:	**Date:**

Patient Name:	**Room #:**

Tender Touch
Policy and Procedure

Subject: Care Planning	Number: 3.07

I. Purpose
The goal of care planning is to provide individualized care in the sub acute and long term care settings responsive to specific resident needs and to ensure that treatment is based on an interdisciplinary approach.

II. Policy
Tender Touch staff is part of the interdisciplinary team and is responsible to document the patients individualized rehab care plan, provide the care as designed/planned, monitor the patient's response to care and modify the planned care as indicated. The care plan meeting is scheduled by the facility and interdisciplinary team. Each facility may have their own systems/processes for care planning that staff will be expected to adhere.

III. Procedure
1. The rehabilitation staff will integrate the rehab assessment findings into the interdisciplinary care plan with attention to patient needs and will identify services and interventions to meet the patients goals.
2. The rehab employee will either document the care plan in the medical record or care plan form or communicate the plan of care with the care plan team as indicated by the facility and Tender Touch.
3. The rehab care plan includes but is not limited to: the patient's needs, facilitators and barriers to goal achievement, short term goals (2 weeks), long term goals (more than 2 weeks), plan of care, regular reassessment with objective measurements, and progress toward goals.
4. The rehab supervisor and therapists are responsible to monitor the care plan, and update/revise the plan as indicated.
5. The rehab staff will deliver the care as planned.
6. The rehab dept., supervisor or designee may attend the care plan meetings as deemed necessary by the facility and Tender Touch.
7. The rehab staff will involve the resident/family in care planning and provide patient/family education as indicated.

Tender Touch
Policy and Procedure

Subject: Team Meeting/Utilization Review Meeting	Number: 3.08

I. Purpose

This policy encourages communication and agreement between rehabilitation, nursing, facility department heads and administration regarding Medicare A residents and their treatment planning, RUG categories, utilization and reconciliation with facility information as well as appropriate discharge planning.

II. Policy

The Rehab Supervisor or delegate is assigned to attend UR meetings on a consistent basis and share information with the interdisciplinary team as indicated.

III. Procedure

1. Rehab staff shares patient information with the rehab delegate prior to the meeting.
2. Rehab Supervisor or delegate attends UR meeting weekly and is prepared for each meeting. The rehab delegate should bring Medicare tracking logs and any other appropriate documentation and reports to the utilization review meeting.
3. Rehab obtains /shares patient information regarding RUGs category, treatment rendered, pending discharge from rehab program, treatment planning, goals, family meeting etc.
4. Rehab Supervisor or delegate should utilize this meeting to reconcile MDS has the necessary information to ensure rehab and administration are to the patient's RUGs category based on clinical need and the need for skilled services.
5. Rehab Supervisor or delegate share information gained at UR meeting with rehab staff weekly.

Tender Touch
Policy and Procedure

Subject: Rehab Meeting Policy	Number: 3.09

I. Purpose
The rehabilitation staff meets a minimum of monthly to discuss issues, program development, upcoming events and share patient facility information and/or have continuing education in-servicing.

II. Policy
The Rehabilitation Supervisor will establish a day and time for the rehab weekly meetings. All staff is expected to attend unless excused by the supervisor.

III. Procedure
1. The rehabilitation staff will meet promptly on_____ at _____
2. All rehabilitation staff will attend
3. Meeting minutes will be kept and included in the CQI manual/Inservice Manual
4. The Rehab Supervisor will come to the meeting prepared with a written agenda
5. The Rehab Supervisor will check the minutes weekly to ensure follow up on issues
6. In the Rehab Supervisors absence the meeting will be canceled or the Supervisor will assign the lead therapist the responsibility to conduct the meeting
7. The department supervisor will share meeting minutes and/or any issues with the regional manager.

Tender Touch Rehab Services **Facility Name: _____ Date: _____**

Rehab Staff Meeting Minutes **Rehab Director: _____**

Attendee Sign In:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Agenda Items:

1.

2.

3.

4.

5.

6.

7.

8.

Issue Discussed	Action Plan/Follow Up to be Implemented	Person Responsible for Action Plan and Follow up	Target Date

Tender Touch
Policy and Procedure

Subject: Interdisciplinary Team Statement	Number: 3.10

Rehabilitation professionals employed by Tender Touch will act as a member of the interdisciplinary team in the facility to which they have been assigned. All Tender Touch employees will plan, act and make decisions on behalf of their patients with the patient and interdisciplinary team. Tender Touch rehab professionals will assist the interdisciplinary team with providing education and information about the rehabilitation process and discipline specific guidelines, regulations and treatment modalities as needed. Tender Touch professionals will work in conjunction with and for the benefit of the patient and the facility interdisciplinary team.

Tender Touch
Policy and Procedure

Subject: Rehabilitation Department Hours of Operation	Number: 3.11

I. Purpose

This policy establishes the days and hours of operation for the rehabilitation department that will be maintained to meet the facility's and patient needs.

II. Policy

The rehabilitation staff /department supervisor will ensure that the hours of operation established by the regional manager and the facility will be adhered to. **Changes in regular hours of operation due to holidays or other circumstances must be pre approved by the Regional Manager.**

III. Procedure

1. The rehab department will be staffed and open for patient treatment or facility needs as follows:

Physical Therapy: _____ through _____
Day Day

_____ through _____
Hour Hour

Occupational Therapy: _____ through _____
Day Day

_____ through _____
Hour Hour

Speech Therapy: _____ through _____
Day Day

_____ through _____
Hour Hour

Rehab Tech: _____ through _____
Day Day

_____ through _____
Hour Hour

Overseen by Physiatrist: _____ _____
Signature Hours

Tender Touch
Policy and Procedure

Subject: Facility Meeting Policy	Number: 3.12

I. Purpose

The rehabilitation department Supervisor and Regional Manager in conjunction with the facility administration establish which meetings are mandatory for the rehabilitation staff to attend weekly, monthly or quarterly.

II. Policy

The rehabilitation staff will attend all meetings established as mandatory by the above persons on a consistent basis. Any non-compliance will be reported to the Regional Manager.

III. Procedure

1. The following is a list of facility meetings, days and times that the rehabilitation staff or delegate is expected to attend;

Meeting	Day	Time

Tender Touch
Policy and Procedure

Subject: MDS policy	Number: 3.13

I. Purpose

The MDS policy ensures that rehabilitation services rendered to Medicare A patients who qualify for the Medicare reimbursement system are billed accurately and receive treatment in accordance with the federal criteria and standards.

II. Policy

Each therapist/Rehab Supervisor is expected to plan, render and record treatment to categorize RUGS level accurately and/or for recording purposes in complete compliance with patient needs and Federal guidelines. The Rehab Supervisor or department designee conveys this information both verbally at the UR meetings and in writing on the MDS or a worksheet to the MDS coordinator.

III. Procedure

1. The patient is admitted to the rehabilitation program.
2. An evaluation is conducted and a plan of treatment is designed based on the patient's clinical needs, goals and the need for skilled services.
3. The evaluating therapist will complete all sections of the MDS as is required by the facility. The treating therapist conveys evaluation findings and treatment plan to the Rehab Supervisor and other members of the rehabilitation team and a rehab plan is based on the evaluating therapist's recommendation and patient's clinical status. The evaluating therapist will complete all sections of the MDS as is required by the facility.
4. The assessment type and assessment reference date is set by the Rehab Supervisor in conjunction with the MDS Coordinator.
5. Daily treatment minutes are recorded by all disciplines in the computerized system and when services are rendered.
6. The Rehab Supervisor provides the MDS coordinator with the days/minutes of rehab treatment on an MDS worksheet or computerized reports.
7. The Rehab Supervisor will ensure that Rehab information is conveyed in a timely manner for residents on program.
8. At least once a week the Rehab Supervisor will meet with the MDS coordinator to ensure appropriate patient information to the MDS.
9. The MDS coordinator in conjunction with the rehab Supervisor will establish a schedule for providing MDS information.

Revised February 2020

Tender Touch
Policy and Procedure

Subject: RUG/CMG	Number: 3.14

I. Purpose

A RUG/CMG verification policy assists as a compliance mechanism to ensure that RUG/CMG categories provided correlate with the category requirements indicated by the PPS and/or PDPM systems.

II. Policy

The supervisor will review all patient RUGS/CMG categories prior to transmission and billing to ensure accuracy.

III. Procedure

a. The MDS Coordinator will enter data into computer and obtain RUG/CMG categories.
b. The Rehab Supervisor will review the patient's RUGS/CMG categories prior to transmission of data and alert the MDS Coordinator to any discrepancies.
c. The Rehab Supervisor will recheck the RUGS/CMG at month's end to ensure accuracy.
d. Only those RUGS/CMG that are correct will be shared with the MDS Coordinator.

Tender Touch
Policy and Procedure

Subject: Resident and Family Education	Number: 3.15

I. Purpose

The resident and resident family members are considered members of the health care team, and education by the rehabilitation staff can improve the resident's health outcomes, promote healthy behavior and involve the resident /family in health care planning.

II. Policy

Tender Touch Rehabilitation staff assesses the resident's needs and provides the resident/family with information regarding treatment planning and equipment needs. The rehab staff also assesses barriers to learning and involves the patient/family in decisions regarding the patient's health status.

III. Procedure

1. When indicated, the rehab staff will provide the patient/family with education on an ongoing basis to facilitate communication between residents and rehab providers. This will facilitate patient/family understanding of patient's health status and increase the potential for resident/family to follow the therapeutic plan.
2. All education (verbally or written) will be provided in layman's terms
3. Education may be provided from rehab in the following areas; self care, safe and effective use of equipment, nutrition and modified diets, pain and pain management, discharge instructions, rehab techniques to promote greater independence and access to community resources.
4. All therapists will document resident/family or caregiver training.
5. Therapists will utilize the VH1 exercise kit or other home exercise software available on Tender Touch network to ensure establishment of home exercise program.

Tender Touch
Policy and Procedure

Subject: Reassessment Policy	Number: 3.16

I. Purpose

A reassessment is a re evaluation of a patient's functional status, progress toward goals, update of the treatment program, short and long term goals and re establishment of the treatment frequency and duration.

II. Policy

Tender Touch rehab staff will reassess residents according to the time frames dictated by the facility, accrediting bodies, and in accordance with state and federal guidelines.

III. Procedure

1. For sub acute JCAHO accredited facilities a reassessment/progress note is done every 2 weeks for the first quarter, every month for the second quarter and quarterly thereafter are still completed monthly.
2. For Long Term care facilities reassessment/progress notes as per indicated per Federal and/or State regulations and per Tender Touch policy.
3. All reassessments will define progress toward patient's goals, objective measurements as indicated, cognitive and emotional adaptability to disability, discharge planning activities and patient/family education provided.
4. Also included in the reassessment is identification of deficits, plan of treatment, interdisciplinary treatment planning and communication with discharge planner.
5. Typical scope of a reassessment for the rehab disciplines include, but are not limited to the following:

   Physical Therapy- ROM, posture, locomotion, strength, endurance, balance, Coordination joint mobility, pain, need for orthotics/prosthetics, need for patient/family education

   Occupational Therapy- ADLs, sensation, cognition, need for orthotic/prosthetics positioning, wheelchair management, muscle strength, ROM, hand function, coordination, visual /perception

   Speech Therapy- articulation, voice, fluency, language, swallowing, cognitive communication, aural rehab, hearing screens

6. Reassessment is ongoing to assist the resident in achieving the optimal level of function and minimize symptoms of chronic illness, impairments and disability.

Tender Touch
Policy and Procedure

Subject: Resident Advance Directives	Number: 3.17

I. Purpose

This policy assures that resident's advance directives are respected if an emergency occurs in the rehab gym or during rehabilitation treatment.

II. Policy

All rehab staff will read and/or be informed by nursing about the resident's advance directives. The rehab staff will report such to the team if an emergency occurs during rehabilitation treatment.

III. Procedure

1. All rehab staff should determine during the initial chart review whether the patient has an advance directive (will, durable power of attorney, DNR status, foregoing life support).
2. All rehab staff will be oriented to the facility policy on advance directives (Policy 9.15).
3. If an emergency occurs in the rehab area the treating therapist will follow all emergency procedures and communicate if necessary to the emergency team the patient's advance directives.

Revised February 2020

Tender Touch
Policy and Procedure

Subject: Rehab Department Complaint Policy	Number: 3.18

I. Purpose

The rehab complaint policy provides a mechanism for patients, patient's families, facility staff members, and rehab staff members to discuss and resolve a complaint, issue or conflict involving the rehab department.

II. Policy

All staff, facility personnel and patients will be informed on the rehab complaint policy and assured action planning toward resolution of their complaint without retaliatory behavior by staff, management or the department involved.

III. Procedure

1. All facility issues should be directed to the Rehab Supervisors attention.
2. The Rehab Supervisor will respond in writing and/or verbally to each complaint, issue lodged to the appropriate facility personnel.
3. Issues involving rehab staff will follow the Tender Touch Rehab Disciplinary Policy if indicated.
4. Issues that cannot be resolved by the Rehab Supervisor should be brought to the attention of the Regional Manager.
5. The Regional Manager is responsible to resolve the issue. If the regional manager cannot resolve the issue, contact Tender Touch Regional Director/Administration.
6. Issues involving HIPAA compliance should be directed immediately to the Privacy Officer at 732-740-1166.
7. Compliance issues may be anonymously directed to the Compliance Officer or Compliance Hotline at 732-740-1166, or 1-800-REHAB911, 1-800-734-2291.
8. Tender Touch will not tolerate retaliatory behavior toward the person lodging a complaint under any circumstances.

Tender Touch
Policy and Procedure

Subject: HIPAA	Number: 3.19

I. Purpose

In 1996 the Health Insurance Portability and Accountability Act was first issued. Covered entities were expected to comply with the final rule by Feb 26, 2003. The general rule is as follows; "A covered entity may not use or disclose protected health information (PHI), except as permitted or required". A covered entity includes: health plans, health care clearing houses, and health care providers that transmit health information in electronic form in connection with standardized health care information. A "health care provider" furnishes bills or is paid for health care (SNF, hospitals, home health agencies). Protected health information is defined as individually identifiable health information, past, present or future physical or mental health or conditions of the individual, or the past, present or future payment for the provisions of health care provisions of health care to the individual (written, electronic or verbal).

II. Policy

Tender Touch rehab staff may not use or disclose any patient's protected health information except permitted by rule. As stated by the HIPAA Act Tender Touch or the facilities it serves will request permission from the patient by agreement, consent or authorization for use of PHI. Exceptions may exist as permitted by this ruling (to family members, government agencies etc.). Tender Touch if considered a "Business Associate" rather than a "Covered entity" will still comply to use safeguards to prevent use or disclosure of PHI other than as provided by the facilities we serve as mandated in HIPAA, HITECH and HIPAA Omnibus Rule.

III. Procedure

1. Patient's rights concerning protected Health information will be respected. They are as follows:

    a. Tender Touch will provide patients with information on their PHI policy and an authorization form.
    b. Tender Touch will respect the patient's right to request restriction
    c. Tender Touch will respect the patient's right to confidential communication
    d. Tender Touch will respect the patient's right to access PHI
    e. Tender Touch will respect the patient's right to amend PHI that is inaccurate or incomplete
    f. Tender Touch will respect (with some exceptions) the patient's right to an accounting of disclosure
    g. Tender Touch has a reporting of incidents complaint policy in that each patient has the right to complain to the Tender Touch administration
    h. All Tender Touch employees will be oriented to this policy during their orientation upon new hire
    i. Tender Touch designates staff, students, management and administrative office staff to have access to PHI

Tender Touch
Policy and Procedure

Subject: HIPAA	Number: 3.19

2. All employees will be oriented and knowledgeable to HIPAA regulations.
3. All employers will abide by HIPAA regulations.
4. Tender Touch will build organizational awareness through ongoing in-servicing and orientation training.
5. Tender Touch Administration has adopted and will follow the standard code sets to be used in all health care transactions as stated in the electronic Health Transaction Standards of HIPAA.
6. Tender Touch Administration will utilize the unique identifiers for providers, employees, health plans and patients as stated in the HIPAA regulations.
7. Tender Touch has adopted standard mandated safeguards for physical storage, maintenance transmissions and access to individual health information as stated in the security of Health Information and Electronic Signature Standards of HIPAA.
8. Tender Touch will adhere to the Privacy Standards of HIPAA by:
    a. Limiting the non-consensual use of and release of private health information.
    b. Give patients rights to access their medical records and to know who of/and else has access to their protected health information.
    c. Restrict disclosure of protected health information to the minimum needed for the intended purpose.
    d. Establish sanctions for improper use and disclosure by employees and business associates.
    e. Tender Touch will adhere to the consumer control, boundaries, accountability, public responsibility and security defined by the HIPAA regulation.
    f. Tender Touch staff will make every effort to respect the patient's privacy, right to confidentiality and safeguard protected health information.
9. For more specific information regarding the Privacy, Electronic and Security Rule please refer to Tender Touch's HIPAA manual.