

SCOPE OF SERVICE
ORLANDO HEALTH REHABILITATION INSTITUTE
ADULT OUTPATIENT PROGRAM/OHHI
2017-2018

MISSION STATEMENT/PHILOSOPHY

The mission of Orlando Health and Orlando Health Rehabilitation Institute (OHRI) is to improve the health and quality of life of the individuals and communities we serve. Our vision is to be a trusted leader inspiring hope through the advancement of health.

OHRI's Purpose Statement is *"Through interdisciplinary rehabilitation we will relieve, restore and reintegrate."*

SERVICES PROVIDED

Orlando Health Rehabilitation Institute Outpatient Services/OHHI provides rehabilitation care for outpatients 6:30 am to 7 pm, Monday through Thursday and 6:30 am through 4:00 pm on Fridays. Hours may be varied according to patient's individual needs.

Therapists work closely with each patient, and if indicated and consented to by the patient their and their family members, in implementing an individualized plan of care. Foremost in planning is the patient's stated goals. These are established during the evaluation period and are integral to planning and establishing outcomes.

Orlando Health Rehabilitation Institute Outpatient Services/OHHI is located at 1222 S. Orange Ave. on the fifth floor. There is elevator access to the fifth floor, with parking located in an adjacent parking garage. The building can be accessed from the 2nd floor of the parking garage. There are two stairwells on either side of the building for emergency exit.

Patients served range from ages 13 and above who have been diagnosed with musculoskeletal dysfunctions which are orthopedic in nature or related to the treatment of cancer, hand injuries, pelvic pain disorders, incontinence, amputee and prosthetic training. Lymphedema and scar tissue management are also performed at this facility. Younger patients with orthopedic sports medicine related diagnoses and do not have a history of development delay will be accommodated on an individual basis.

The patients must exhibit rehabilitation potential and they must be medically stable. Cognitive, behavioral and psychological status must be at a level to participate with the therapists and treatment prescribed.

Services may be obtained via physician referral or direct access as per the Florida State Physical Therapy Practice Act and the Orlando Health medical staff rules and regulations.

Translation Services are available as needed and provided free of charge to patients and family members who speak a language other than English.

All patients receive an initial evaluation based on the information provided via referral or direct access. Services provided are single service and are based on the assessed and stated needs of each person. After the initial evaluation the therapist will establish a Plan of Care. The patient will be objectively assessed on each visit and a daily progress note will reflect this. Goals will be addressed in an ongoing fashion. The Plan of Care will be updated either at the conclusion of the previous plan of care or if the patients status changes.

The individual therapist is responsible for coordinating the care of the patient; including orientation to start and finish times of treatment sessions, intake of patient goals, cancellation policy and overall

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plan of care. If the patient requires referral to outside sources the therapist is responsible for assisting the patient in obtaining the information needed to facilitate this process.

The therapist reserves the right to refuse treatment if they deem the patient to be impaired due to any reason, to include but not limited to suspected influence of alcohol or medications (prescription drugs or otherwise), where safety would be compromised for that session. With repeat occurrences, the therapist reserves the right to refer the patient back to their physician to reassess the appropriateness of therapy and will require a new prescription for the patient to return to outpatient rehabilitation.

While In The Program

The patient will be scheduled for an initial evaluation to be performed by the appropriate discipline. A formal report, indicating the results of the evaluation will be sent to the physician and other appropriate parties following the evaluation.

The evaluation will include:

1. Review of referral information
2. Request and review of necessary clinical information from previous medical records or hospitalization, including prior rehabilitation
3. Interview with patient and/or family member or significant others.
4. Performance of evaluation as indicated by each discipline's standards of practice.
5. The evaluation/assessment shall contain a statement of patient's functional levels, prior level of function, patient/family goals and an objective assessment of the patient's current status as related to complaint. Goals, plan of care, and frequency, intensity and duration of treatment will be established consistent with the findings of the objective evaluation.
6. The patient and family will be advised of assessment findings and will be allowed to participate in forming an appropriate plan of care.
7. Cultural needs will be addressed on an individual basis.

Plans of Care are based on the findings of the initial evaluation and ongoing assessment of the patient. Plans of Care are updated at a minimum of every 90 days. Progress updates are completed every 10th visit or per requirements of fiscal intermediary. All patients will have a progress report written at the end of their authorization period, when they return to their physician or at the end of their referral period.

Discharge Criteria

Patients and family members are given as much notice as possible before discharge from outpatient services. Patients and families are trained on the use of compensatory strategies and home exercise programs, as applicable, to assist with the transition to life without formal intervention. Prior to the discharge process, the patient may be referred to appropriate community resources (i.e. vocational rehabilitation, YMCA, ~~Orlando Health Wellness Center~~, HS athletic trainer, Westmonte Therapeutic Pool, etc.)

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Patients may be discharged as a result of:

1. Physician decision
2. Patient decision
3. Goals are met
4. Patient is not progressing or meeting goals after 6 to 9 visits
5. Prescription/plan of care has expired (per physician specified order or insurance provider criteria)
6. Patient has been admitted to the hospital
7. Medical complications prevent continuation of treatment
8. Patient does not require skilled therapy
9. Insurance coverage exhausted (patient will have the option of continuing treatment under self-pay status)
10. Lack of patient attendance/compliance (3 unexcused absences from appointments, the individual is unwilling to participate in treatment or treatment attendance has been inconsistent and efforts to address these factors have not been successful.)
11. The individual is transferred or discharged to another location where ongoing service from the current provider is not reasonably available. Efforts will be made to ensure continuation of services in the new locale.
12. Treatment no longer results in measurable benefits. There does not appear to be any reasonable prognosis for improvement with continued treatment. Reevaluation may be considered at a later date to determine whether the patient's status has changed or whether new treatment options have become available.
13. The individual is unable to tolerate treatment because of a serious medical, psychological, or other condition.
14. The individual demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.

Fiscal Responsibility/ Financial Accessibility

- Monthly financial statements and monthly operation review systems are used to evaluate trends and assist in the budgeting process.
- Outpatient services do not discriminate based on socioeconomic status, race, religion, or disability.
- We accept a variety of funding sources, including private insurance, self-pay, and state programs. Our fees will vary depending on the services actually received during the admission. The charges and fees are specific to payor source and are available upon request. As rates are negotiated with payors on a global basis for Orlando Health and patient's needs are unique to

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each admission, this is provided on a case by case basis. For those not using a third party payor, we will provide our self-pay policy and access to our patient business representatives for assistance.

- Discharge support/community benefits for those who qualify.
 - Discharge support is an OH administered program in which patients are pre-approved for financial assistances prior to being discharged from the hospital.
 - Patients may be approved for ~~Community Benefits~~ financial assistance on a case by case basis ~~after submitting a financial statement. Income should never exceed 400% of the federal poverty guidelines for a family of 4.~~ as per Orlando Health's Financial Assistance Program (FAP).
 - Patients will be seen who have previously been approved for uncompensated care by OH.
- Patient financial records are audited quarterly for financial integrity. 10% of the total new admissions are reviewed to insure that the bills accurately reflect the services that were provided.

DEPARTMENT ORGANIZATION AND REPORTING PATHS

The Manager of Orlando Health Rehabilitation Institute oversees the daily operational activities at Orlando Health Rehabilitation Outpatient Services, including staff supervision, scheduling, budgeting of resources, maintenance of a safe, therapeutic environment, and compiling and distributing pertinent information to the department's stakeholders and is assisted by the site supervisor. Orlando Health Rehabilitation Institute's management reports to the Administrator of Allied Health and Support Services at ORMCThe Orlando Health Rehabilitation Institute Medical Director is responsible for directing the medical and rehabilitation management of the programs outpatients, and reviewing performance improvement initiatives for all programs in the outpatient setting.

Performance Improvement

All staff participates in identifying performance improvement initiatives and in ongoing monitoring of quality initiatives in accordance with the Corporate Performance Improvement Plan. Specific performance improvement initiatives are developed for outpatient services based on needs identified through Outcomes Management, Patient Satisfaction Surveys and other stakeholder input. Performance Improvement and Outcomes Management Information indicators and focus studies are compiled by Orlando Health Rehabilitation Institute management or designees and reported to the Quality Leadership Council, community stakeholders, and the quarterly Outcomes Advisory Committee. Performance Improvement and outcome information is provided to staff at staff meetings and is posted in designated areas. Outcomes are shared with various stakeholders semiannually via multiple means of communication.

Staff meetings are held monthly and more frequently if required.

Compliance

The manager and the supervisor of Orlando Health Rehabilitation Institute participate in a Therapeutic Council. It is the purpose of this council to ensure the coordination of the delivery of

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rehabilitation services, maintenance of the highest quality of care and compliance with Standards of Practice and Policies and Procedures. The Therapeutic Council meets monthly, more frequently if needed. The Orlando Health Rehabilitation Institute Leadership Committee meets monthly to review financial performance, efficiency and effectiveness of the program, access, customer service, outcome studies and patient satisfaction. Financial statements and monthly operation review systems are used to evaluate trends and assist in the budgeting process.

Staffing

Therapy staffing is determined by outpatient census. Staffing deficits are addressed by using pool therapy staff, deploying therapy staff from other Orlando Health, Inc. facilities, or authorizing overtime. Staffing overage is addressed by canceling pool staff, floating core staff to another Orlando Health, Inc. facility or unit, or allowing use of paid time off (PTO). Staffing standards will allow for participation in in-services, committees, meetings, and educational opportunities.

STAFF ORIENTATION, EDUCATION AND COMPETENCIES

Orientation is individualized in time allocated and according to employee's experience and specific needs.

Staff Education is provided on an ongoing basis to include new equipment, new policies and procedures and other topics according to periodic needs assessments. Licensed therapy staff and nurses are granted educational reimbursements based on the specific needs of the department. Information provided on an ongoing basis includes:

- Annual Mandatory Education:
 - Patient's Rights
 - Fire Safety
 - Patient, employee and guest security
 - Infection Control
 - Occupational Safety and Health Administration (O.S.H.A.) In-service
 - Risk Management
 - Cardiopulmonary Resuscitation (CPR) Certification; bi-annually
 - HIPPA standards
 - IT security
 - Bloodborne Pathogen online training
- In-services to include products, equipment, procedures, patient care issues, hospital policies and procedures

Staff Competency

Staff members are required to maintain competencies specific to the level of practice required at Orlando Health Rehabilitation Institute as part of Orlando Health, Inc. policy as demonstrated by current licenses and/or certifications, and competency assessments. All therapists are required to pass an annual clinical review with an 84% grade which assesses their skills. Coaching plans are completed semi-annually with team members to allow for professional growth and performance reviews to evaluate competencies. A summary of recent continuing education, presentations, in-services, and certifications is maintained within the department for each team member.

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TYPE AND SKILL MIX OF STAFF

The staff or team members employed by the outpatient rehabilitation department are competent, qualified, ethical, and licensed and / or certified where required. The rehabilitation teams are maintained on a constant basis with therapists assigned to patients. When it is necessary for another therapist to work with a patient, the primary therapist has established the plan of care to be followed and provides any necessary information to the treating therapist. This level of teamwork and communication allows the patient to receive seamless, necessary care even when their primary therapist is unavailable.

The rehabilitation team consists of the following members:

- Physical Therapists
- Occupational Therapists
- Office Coordinator
- Scheduling/registration/patient charge specialists
- Rehabilitation Aide

INTERACTION WITH ANCILLARY/SUPPORT DEPARTMENTS

- ***Outpatient Manager*** oversees the daily operational activities including financial and clinical activities, budgeting of resources, maintenance of a safe therapeutic environment, departmental growth and development and compiling and distributing pertinent information to the department's stakeholders.
- ***Outpatient Clinical Supervisor*** provides clinic guidance and support during regular hours of operation. The clinical supervisor is responsible for the appropriate scheduling and supervision of staff and patients, day to day operational activities, maintaining accurate departmental statistics and assisting the manager in the overall operation of the department.
- ***Office/support staff*** obtains insurance authorization, registers and schedules patients and provides admission paperwork to department. In addition they answer phones, fax notes and provided general clerical support.
- ***The Office Coordinator and the Department Aide*** orders supplies and maintains them on a par level system.
- ***Biomedical Engineering*** performs routine equipment evaluation and appropriate documentation. Maintains and repairs electronic equipment and obtains outside assistance as necessary. Each location in conjunction with Biomedical ensures all electrical patient care items have current maintenance label.
- ***Corporate Patient Business:*** Administers the Rehabilitation Call Center which schedules patients for their initial evaluation and subsequent appointments.
- ***Education and Development*** provides corporate education and staff development.
- ***Patient Financial Services (Patient Billing Team)*** prepares and sends out patient bills. Collects monies owed by both insurance providers and individuals. The Manager of Outpatient Rehabilitation meets on a regular basis with the Manager of Patient Financial Services.

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- ***Patient Financial Services*** provides training, and support for the Affinity and QES business system which is the patient registration, scheduling and billing system utilized by Orlando Health Rehabilitation Institute Outpatient Services/OHHI. *Patient Financial Services* obtains authorization for the initial patient visit if the patient is not being seen the same day or the next day. If this is the case the Rehabilitation support team provides this function.
- ***Health Information Management (HIM)*** scans and stores the medical record.
- ***Human Resources:***
 - Recruits new employees into the system
 - Maintains list of available positions
 - Processes hired employees into the system
 - Maintains personnel files
 - Generates 90-day and semi-annual coaching plan forms
 - Resource for manager in event of disciplinary action, suspension, termination, or employee grievances.
 - Resource for employee benefits
 - Conducts initial orientation for new employees
 - Conducts classes for personnel, professional and CTE development
 - Continuum of professional development
- ***Engineering*** provides maintenance to the department via a written online work order and routine inspections. Provides, supervises, or coordinates major maintenance or projects to the department upon written request.
- ***Environmental Services*** provides cleaning services and trash removal daily and upon special request during the day as needed.
- ***Finance Department*** provides written budget management and expenditure reports on a monthly basis and assists with annual budget requests. Payroll is prepared through this department and they serve as a resource to address payroll issues.
- ***Infection Prevention & Control:*** provides routine surveillance activities and serves as a resource regarding infection control issues.
- ***Information Services***
 - Provides continuous, efficient computerized data processing and other systems related services.
 - Provides education regarding use of various systems within Orlando Health.
 - Provides quotes for the capital purchase of computer hardware.
 - Provides and monitors security access codes for the various systems within Orlando Health.
- ***Marketing*** provides strategic planning and direction of the marketing plan, marketing collateral, competitive analysis and an advertising program. Operates under the ethical standards of the American Marketing Association and Orlando Health.

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- **Materials Management** provides certain patient care equipment and purchases authorized on non-stock and capital equipment items. It issues a monthly supply and utilization report.
- **Spiritual Care Services:** is available on request.
- **Security:**
 - Provides escort upon request for any employee entering or leaving the building.
 - Upon proper identification of the requesting person, will unlock department doors.
 - Provides and maintains employee identification badges.
 - Is notified if any person that could pose a threat or hazard to any employee, patient or visitor is called to their attention.
- **Regulatory Department:** serves as resource for The Joint Commission and other regulatory standards compliance and assist departments with performance improvement initiatives.
- **Registered Dietician:** is available for consultation.
- **Revenue Integrity:** Assures the ethical implementation of all aspects of patient billing.
- **Risk Management** processes incident reports regarding variances and provides feedback to department.
- **Safety Department** conducts Quarterly (EOC) surveillance walks and periodic fire drills.
- **Transcription Services** are provided by the HIM department. Therapist's evaluations and daily notes are dictated, transcribed and signed electronically. They are then integrated into the Orlando Health EMR (Sunrise and Sovera).
- **Outside/Contract Services** will be utilized if cost effective and appropriate. Services must be coordinated through the appropriate departments in order to ensure compliance to Orlando Health and State/Federal guidelines.