

Outpatient Neurology Therapy Scope of Services

Our Mission

The mission of Outpatient Neurology Therapy Services is to enable patients to achieve their highest possible level of independence after suffering a brain injury, stroke, spinal cord injury, or other neurological condition. This is consistent with the core values and mission of Helen Hayes Hospital in that it promotes independence and health through high quality, cost effective, medical rehabilitation care with dignity and respect for all.

Populations Served and General Operations

Outpatient Neurology Therapy Services is designed to meet the needs of individuals, starting at infancy through the life span, who are recovering from a brain injury, spinal cord injury, stroke, general deconditioning, and other neurological conditions. This program offers integrated rehabilitation services for a culturally diverse population. We are located primarily on the first floor of our acute rehab facility hospital with speech therapy services offered on the second floor of the same facility. Our hours of operation are 8:00 a.m. to 6:00 p.m. Monday through Friday and a majority of patients on program are seen twice a week although patients can be seen anywhere from 1x-5x/week depending on needs and insurance coverage.

Based upon the patient's needs, the program provides single discipline or multiple interdisciplinary services of which Occupational Therapy, Physical Therapy, Speech and Language Therapy as the core services. Also available are the following adjunct services offered at Helen Hayes: Cardiac Rehab, Neuro-Psychology, Prosthetic and Orthotic, Center for Rehabilitation Technology, Community and Therapeutic Pool and Vocational Rehabilitation. The main focus of the program is to address deficits in mobility /balance, strengthening and endurance building, upper and lower motor function, maximizing independence in activities of daily living (bathing, grooming, eating, and dressing), perceptual/cognitive skills, speech and language difficulties, swallowing problems, social skills, behavioral management, mobility in the home and community, pain management, and health education/disease prevention. The program also makes available services for the provision and training of adapted technology, prosthetic/orthotic devices, and specialized seating.

Our Rehabilitation Team

Administrative Program Director, oversees all aspects of OP therapy services including the scheduling, registration, and



authorization departments. She is available for addressment of concerns regarding the processes of obtaining an appointment and financial coverage through the actual therapeutic experience provided at the hospital. Additionally she also co manages such adjunct areas as OP MD clinics, P and O, Regional Bone, and CRT.

The Clinical Program Director oversees and coordinates all OP therapy programs. Her job is to ensure the best quality care for every individual. The Clinical Program Director is also available to meet with patients as well as family/significant other/caregivers as needed, to explain or discuss the program or address any questions, comments, concerns, etc.

The Manager of Ambulatory Care Services, (ACS) is the overseer and coordinator of the various scheduling, registration, and authorization departments. The Manager of ACS is directly available to discuss patients and families concerns with how the scheduling, registration, and authorization processes occurred for any and all OP services, as well as any complaints or issues.

The Lead Therapists for PT, OT and ST supervise the staff therapists and maintain the daily running of their areas. They assist the Clinical Program director in coordination of services and program development. They are also available to meet with patients as well as family/significant other/caregivers as needed, to explain or discuss the program or address any questions, comments, concerns, etc.

The Staff PT, OT and ST therapists provide exceptional rehabilitation care to our patients either as a single discipline services or as part of the multidisciplinary team approach. They

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ensure the patient's needs are being fully met through thorough assessments, goal planning and constant interactions between the patient, the caregivers/aides, the referring physician, and the other coordinating team members involved with the patient.

Admission Criteria

Patients considered for admission to Outpatient Neurology Therapy Services have sustained a recent neurological insult or other disorder of a complex medical nature. This may include but is not limited to patients with who have experienced a stroke, TBI, traumatic or non-traumatic spinal cord injury, Guillian-Barre Syndrome, central or peripheral nervous disorders, myopathies, muscular dystrophies, as well as other demyelinating, oncological, and neurological disorders.

The patient's attending physician (community or Helen Hayes Hospital) deems a patient medically clear to participate in such an outpatient therapy program and initiates the process with a medical order. If the patient is an inpatient at Helen Hayes Hospital, the appropriate Program Case Manager will contact the Ambulatory Outpatient Scheduling Department for available times

The type of therapy provided, disciplines to be involved, as well as the volume of therapy is individualized. It is based on the specific treatment needs and his/her to patient's tolerance to therapy. Additionally, consideration towards any potential activity limitation, cultural needs/requirements, and/or behavioral status issues.

Each referral will be screened by the insurance financial staff to determine the patient's coverage and benefits. After which time the patient will be contacted by the scheduling department to be given available days and times.

Program Description

Upon admission to *Outpatient Therapy Services*, the patient will receive a comprehensive assessment by the appropriate discipline (OT, PT, and Speech). Based on the findings of the assessments, an individualized therapy program will be specifically designed to address the patient's needs. Findings of the assessment, goals, and the therapy treatment program will be discussed with patient and family/significant other.

The therapy program typically addresses mobility/balance, strengthening and endurance building, upper and lower motor function, activities of daily living, perceptual/cognitive skills, speech and language difficulties, swallowing problems, pain management, social skills, behavioral management, mobility in the home and community and health education/disease prevention. When specifically identified, adjunct services (i.e. Prosthetic and Orthotic, referral to support groups, Center for Rehabilitation Technology, Therapeutic Pool, peer mentorship, etc.) will be recommended.

The average length of stay is determined by the patient's diagnosis and their specific goals/treatment program. A Patient's progress is reviewed on an ongoing basis and revised accordingly by the clinician. Updates of the patient progress are communicated to the referring physician via updated progress notes and verbal communication as needed.

Ongoing communication/dialogue are key to the success of each patient's program. This can occur at all levels with the family/significant others, other therapy services, adjunct services staff, equipment vendors, insurance case managers, etc.

The plan of care, along with the discussion with patient/family/significant other, are goal directed with a focus on functional status. The discussion centers on preventing and minimizing impairments, reducing disability, and achieving predicted outcomes.

Discharge Criteria/Plans

Discharge planning and resources available are discussed with the patient/family/significant other during his/her initial assessment. It is critical that this planning start from day one. Home exercise/activity programs are explained to the patient/caregiver and patient/caregiver is encouraged to follow through with the exercise/activity program.

The length of stay is dependent upon the patient's needs, functional level, cognitive status and referring physician's order. The therapist and patient/family/significant other work together to achieve common goals.

A tentative treatment plan is set-up after the completion of the team's assessments and an intended discharge date is projected, with safety as the bottom line. Discharge occurs when the patient and/or family/significant other:

- Have accomplished their goals that were established with therapy
- Patient is either Independent or at a functional level that can be managed in an alternative environment
- Have an acute medical need which prohibits participation in the outpatient rehabilitation program
- Are unable to comply with missed appointment policy

Upon discharge, patients are offered various ongoing adaptive wellness programs and classes offered here at Helen Hayes. Some of these include adaptive Yoga and meditation, FES cycling, Parkinson's POWR exercise group, the wellness center adaptive gym, community pool, the adaptive driving program and access to our various adaptive sporting events.

For our Brain Injured individuals the Day Program at the Transitional Rehabilitation Center offers programming to help these individuals transition back into the community and life.

Education

Patient and family education is an ongoing individualized process. Each discipline provides information through the use of home exercise programs, brochures, pamphlets, didactic discussion, etc. As appropriate, family/significant other will be asked to attend therapy session to review and practice with the patient in preparation for discharge.

Community education is done through many different mediums, i.e. Internet, radio, newspaper, marketing mailings. A variety of support groups hold their meetings at Helen Hayes Hospital and patients/families are strongly encouraged to participate. Information is posted in public areas of the hospital.

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Payor Sources

Helen Hayes Hospital is an equal opportunity provider. We attempt to obtain authorization from all payor sources and provide services in accordance with authorization received. Additionally Helen Hayes offers private pay and sliding scale payment options for those who either have no insurance or have exhausted their insurance coverage.

Advocacy

The clinical therapy members at all times, advocates for the patient. This can take many forms and may include educating family/significant other, friends, and siblings about access to programs and services with activity limitations and participation restrictions; arranging for appropriate counseling and support services, enabling sibling/peer support, etc. Additionally, we recently have established and implemented a dedicated authorization group whose job is to help facilitate and manage visits and authorizations for our patients.