

Chapter: Rehabilitation Services (RH)

Section 1: Rehabilitation Services

Policy

The Utah State Hospital is an inpatient psychiatric facility with separate treatment units. Each unit has its own team representative of many professional disciplines and support staff. Rehabilitation services are provided on the various units by the appropriate staff assigned to particular service. All units have recreational therapists who, with others, organize and provide the activity, recreation, and social events for the patients. Psychology services, occupational therapy, vocational rehabilitation, and physical therapy are provided by the staff from these disciplines assigned to assist the various treatment units.

The Provo City School District has hired administrators and teachers to provide an educational program at the Utah State Hospital. Teachers have specific placement on the Children and Adolescent units, and provide a daily educational program. Adult education is also provided for all adult treatment unit patients who qualify for these services, and. Referral is made for those patients who would profit from continuing education programs.

Speech and hearing evaluations are ordered by the nurse practitioners working on the respective units.

Physical Therapy, Occupational Therapy, Psychology Services, and Vocational Rehabilitation are organized as centralized services and patients are referred by units as needed for assessment and service.

Implemented: 7-11-89

Reviewed: 1-91

Reviewed: 9-92

Revised: 4-95

Revised: 6-98

Revised: 2-05

Revised: 8-09

Revised: 5-13

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Section 2: Availability and Delivery of Rehabilitation Services

Policy

Physical rehabilitation services are available to patients based upon assessment of patient needs. These services are delivered in accordance with a written plan for treatment.

Procedure

1. Each rehabilitation service (recreation therapy, social work, psychology, vocational rehabilitation, occupational therapy, physical therapy and education) has a description of their scope of service as part of their Utah State Hospital Operational Policy and Procedure (USHOPP) chapter as well as part of their quality assurance plan.
 2. Each of the above rehabilitation services is provided by a qualified individual. These individuals meet appropriate requirements of education, training, and experience, and adhere to appropriate standards of care and treatment. Each individual providing rehabilitation services meets licensure, certification, or registration requirements as required by their discipline.
 3. Rehabilitation services on each of the thirteen treatment units are under the direction of the unit clinical director who is a physician. Patients who receive physical rehabilitation services as part of a centralized program are referred by the treatment units under the direction and supervision of the unit clinical director.
 4. When rehabilitation services are provided as either part of the treatment unit or by referral to a centralized service, there is appropriate documentation in the patient's individual comprehensive treatment plan and medical record.
 5. There are policies and procedures available in the USHOPP manual under each of the rehabilitation services provided that describe administrative responsibility, delivery of patient care, and the supervision of services.
 6. Staff involved in the delivery of rehabilitation services are appropriately oriented with ongoing in-service training and appropriate continuing education as needed.
 7. On referral for rehabilitation services, an assessment / evaluation is performed by a qualified professional to determine patient need.
 8. The patient's treatment plan is based on the appropriate assessment / evaluation of the patient, with documentation in the treatment plan of the rehabilitation service prescribed. The patient and family as appropriate participate in the development and implementation of the treatment plan.
 9. As rehabilitation services are provided, measurable goals are established for the patient in their treatment plan, including time-frames for achievement. The patient's progress and the results of treatment are assessed on a timely basis and documented in the patient's record.
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10. The patient's medical record should appropriately document the need for physical rehabilitation services or the reason for referral. There should be a summary of the patient's clinical condition, with strengths and limitations identified. The goals of treatment and progress reports on a timely basis are appropriately charted, and a discharge summary that includes recommendations for further care is required.

Implemented: 7-11-89

Revised: 8-14-90

Reviewed: 9-92

Revised: 5-95

Revised: 6-98

Revised: 2-05

Revised: 8-09

Revised: 9-12

Chapter: Rehabilitation Services (RH)

Section 3: Occupational Therapy

Policy

Occupational therapy is provided to patients through the hospital as appropriate.

Definitions

1. OT--Occupational therapy.
2. COTA/L--Licensed occupational therapy assistant.
3. OTR/L--Licensed registered occupational therapist.
4. OTD/L--Licensed occupational therapist with a doctorate.
5. OTS--Occupational therapy student.
6. OTAS--Occupational therapy assistant student.

Procedure

1. OT services are provided when ordered by the attending physician.
 - 1.1. Evaluations for OT services are completed within three weeks of being ordered.
2. OT services are formulated after assessment of, and according to, the patient's needs, interests, life experiences, capacities, and deficiencies.
3. The objectives of occupational therapy are to:
 - 3.1. Provide meaningful activities which assist in remediation of areas in which the patient's functioning is impaired;
 - 3.2. Provide treatment opportunities for functional performance to promote patient interaction, maximize independence, prevent further disability, and maintain health;
 - 3.3. Provide goal-oriented groups and activities to improve activities of daily living and aid in the development of adaptive skills.
4. Occupational therapy services include, but are not limited to:
 - 4.1. The assessment and treatment of occupational performance, including:
 - 4.1.1. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive) and body structures (e.g., cardiovascular, digestive, integumentary systems);
 - 4.1.2. Habits, routines, roles, and behavior patterns;

- 4.1.3. Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance;
 - 4.1.4. Performance skills, including motor, process, and communication / interaction skills; and
 - 4.1.5. Play / leisure abilities.

 - 4.2. Therapeutic interventions, adaptations, and preventions.
 - 4.3. Individualized evaluations of past and current performance.
 - 4.3.1. Evaluations are based on observations of individual and group tasks, standardized tests, record review, interviews, and activity histories.

 - 5. Treatment goals are achieved through the use of selected modalities and techniques that may include, but are not limited to:
 - 5.1. Therapeutic use of occupations, exercises and activities;
 - 5.2. Training in self-care, self-management, home management, and community / work reintegration.
 - 5.3. Development, remediation, or compensation of physical, cognitive, neuromuscular, and sensory functions, and behavioral skills;
 - 5.4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process;
 - 5.5. Education and training of individuals, including family members, caregivers, and others;
 - 5.6. Care coordination, case management, and transition services;
 - 5.7. Consultative services to groups, programs, organizations, or communities;
 - 5.8. Modification of environments (e.g., home, work, school, community) and adaptation of processes, including the application of ergonomic principles.
 - 5.9. When called for, assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 - 5.10. Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management.

 - 6. Occupational therapy assessments and services are provided by qualified professionals.
 - 6.1. The occupational therapy staff include licensed registered occupational therapists (OTR/L or OTD/L), licensed certified occupational therapy assistants (COTA), occupational therapy students (OTS), occupational therapy assistant students (OTAS).
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- 6.2. OT staff attend hospital In-services and off campus training as appropriate to ensure competence in handling medical and psychiatric emergency situations and to ensure quality care.
 - 6.3. OT staff provide In-services regarding current practices, philosophies, and treatment modalities in occupational therapy.
 - 6.4. OT staff have input into clinical staffing, planning meetings, and service area meetings as appropriate.
 - 6.5. OT staff meet as needed or at least monthly to review programming, scheduling, and other administrative issues, as well as clinical matters, in-servicing, and training.
 - 6.6. Students, new employees, and volunteers are given an initial training period with ongoing training and supervision as needed.
 - 6.7. OTA staff are supervised in accordance with, at minimum, the most current state practice act regarding the provision of occupational therapy services, and a record of supervision is kept by the occupational therapy supervisor for at least three years.
 7. Suitable and appropriate space, equipment, and facilities for OT services are provided to meet the needs of the patients.
 - 7.1. Suitable and appropriate space, equipment, and facilities are designated, constructed, and/or modified to permit all activity services to be provided, to the fullest extent possible, in pleasant and functional surroundings, and to be accessible to all patients, regardless of their disabilities.
 - 7.2. There is adequate and accessible space for offices, storage, and supplies, suitable to the age group the program serves.
 - 7.3. Space, equipment, and facilities utilized both inside and outside the program meet federal, state, and local requirement for safety, fire prevention, health, and sanitation.
 8. Kitchens being used for occupational therapy are properly staffed and supervised.
 - 8.1. Patients do not use kitchen facilities without staff supervision.
 - 8.2. All sharps and other potentially dangerous objects are kept in locked containers when not in use.
 - 8.2.1. Sharps are checked out and in by OT staff during each activity.
 - 8.2.2. Patients do not use sharps without staff supervision.
 - 8.3. All food items are stored in accordance with hospital standards.
 - 8.4. Kitchens are cleaned, and supplies are put away after each use.
 9. Occupational Therapy areas are properly staffed and supervised.
 - 9.1. Patients do not use Occupational Therapy (OT) areas without staff supervision.
 - 9.2. All sharps and toxins are kept in locked containers when not in use.
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- 9.3. Materials are not taken from an OT area without authorization of OT staff.
- 9.4. Flammable substances are stored in accordance with hospital fire safety regulations.

Reviewed: 4-92
Reviewed: 9-92
Revised: 4-95
Revised: 11-98
Revised: 2-02
Reviewed: 12-04
Revised: 8-09
Revised: 9-12

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Section 4: Nursing Services

Policy

Nursing services focuses on the rehabilitation of the patient through the nursing process. This encompasses prevention of complications of physical disability, psychoeducational services, restoration to optimal function, and adaptation to an altered life-style.

Procedure

1. When a patient is admitted, the nurse completes a nursing assessment that identifies problems, and develops an interim nursing care plan focused on the identified problems.
2. Physical disabilities are identified on admission by the nursing assessment, and by the Nurse Practitioner/unit medical physician's admission history and physical examination.
3. The nurse screens for immediate dietary, infection control, dental, spiritual, recreational, and other physical needs as part of the Initial Assessment. Notification occurs automatically with e-chart.
4. The registered nurse assists physical therapy, occupational therapy, recreational therapy, and other rehabilitative services through programming on the patient care unit in areas such as self-care skills, interpersonal relationships, sleep patterns, dietary needs, mild to moderate physical exercise, range of motion, use of prosthetic devices, and other rehabilitative treatments.
5. When a treatment procedure on the patient care unit is placed under the jurisdiction of the registered nurse, the appropriate service trains the registered nurse in the correct procedure for that treatment; i.e., range of motion--physical therapy; use of splints--physical therapy.
6. Patients who have a physical disability, that requires rehabilitation, receive instruction in the areas of adaptive living skills, coping mechanisms, and health maintenance.
7. Discharge planning focuses on alternative living arrangements based upon specific needs.
8. Specific nursing care procedures are found in the policy and procedure manual under the specific title of the procedure.

Implemented: 12-88

Reviewed: 1-91

Reviewed: 9-92

Reviewed: 1-95

Revised: 6-98

Reviewed: 2-02

Revised: 2-05

Reviewed: 8-09

Revised: 8-12

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Section 5: Education Services

Policy

In collaboration with Provo City School District, Utah State Hospital provides educational services and programs to school-aged and adult patients. Educational services and programs provided meet the minimum acceptable education standards set for public schools by State and Federal rules, regulations, and statutes.

Definitions

1. Adult Education Patients are patients eighteen years and older.
2. Basic Core Subjects include English, Mathematics, Science, Social Studies, and Reading.
3. Oak Springs is a K-12 school for patients five to seventeen years old.
4. IEP is an Individualized Education Program for those students who qualify and are classified as needing special education services.
5. School-aged minor patients are five to seventeen years old who do not have a valid high school diploma or GED.
6. SEP is a Student Education Plan. SEOP is a Student Education Occupation Plan.
7. 504 plan is an accommodation plan.

Procedure

Child and Adolescent Services

1. The Oak Springs School offers basic, state-approved Utah core curriculum and instruction appropriate for the developmental or chronological ages and assessed educational needs of the students.
 2. Once a child or youth has completed the hospital admission orientation phase, his/her treatment coordinator refers the patient to the Director of Education to be officially enrolled in school.
 - 2.1. An assigned school staff member facilitates and supervises the education experiences (e.g. enrollment, assessment, placement, monitoring progress, etc.) of the student.
 3. Students enrolled in grades 9-12 may earn grades and credits which count towards their high school graduation.
 - 3.1. Progress Reports or Report Cards are given out by the school on a quarterly basis.
 4. Academic progress of each student is monitored and documented in the student's official school record. Behavioral records are documented as needed.
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5. Weekly Core Team meetings between school staff and clinical staff are held to coordinate educational activities with clinical programs, and discuss a student's progress and concern.
6. An educational evaluation is completed as often as are done for students in a regular school setting.
7. School representatives assist in discharge planning of students.
 - 7.1. The school staff assists with the transitioning of a student to a new school setting.
 - 7.2. The student's official school records are forwarded to the educational personnel of the new school.

Vision and Hearing Screening Evaluations

8. Within thirty days following the admittance of a child or adolescent to the hospital, the Director of Education informs a designated registered nurse of the need for that student to receive a vision and hearing screening.
9. The nurse screens each referred patient. If no deficiency is noted, a report form for hearing and vision screening results is completed by the nurse. A copy of this completed screening report is placed in the patient's medical and educational files. Any hearing and/or vision deficiencies are noted on this same report, and a more extensive follow-up examination is recommended by the nurse.
10. The cost of the initial screening for hearing is covered by the public schools' budget. Any follow-up procedures and corrective appliance(s) needed by the patient are the responsibility of the hospital.

Adult Education Services

11. There is a contract between the Provo City School District and the Utah State Hospital for adult educational services.
 - 11.1. This contract is reviewed at least annually.
 12. Adult patients are referred to the Adult Education Instructor for evaluation for adult educational services.
 - 12.1. Referrals may be made any time after admission to USH.
 - 12.2. An adult education employee interviews and tests each referred adult patient to assess levels of academic performance and anticipated benefits from further educational services.
 - 12.2.1. Included in the interview process is the discussion and formulation of educational plans; collection of credits earned elsewhere; determination of credits needed to meet requirements for graduation; determination of current reading, writing, and mathematic skills, and formulation of goals for earning the credits needed and desired.
 13. Upon completion of the interview and testing process, an individualized learning contract is established that includes the following:
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- 13.1. outline of the books to be read;
 - 13.2. school assignments to be completed;
 - 13.3. papers to be written;
 - 13.4. tests to be taken;
 - 13.5. the days and times the adult student will attend the Center for Directed Studies; and
 - 13.6. the credits which will be earned for completing the program.
14. Students who demonstrate a level of proficiency at the passing level are transported to an official designated testing center to take the GED exam.
 15. Reports are generated and provided to the USH Administration on an annual basis. The reports include the following:
 - 15.1. names of adult students served;
 - 15.2. number of hours spent in the program;
 - 15.3. age of students; and
 - 15.4. the level of educational achievement.

Implemented: 6-10-88

Reviewed: 12-90

Revised: 4-92

Reviewed: 2-93

Reviewed: 9-95

Reviewed: 6-98

Revised: 3-02

Revised: 2-05

Revised: 8-09

Revised: 1-13

Chapter: Rehabilitation Services (RH)

Section 6: Physical Therapy Services

Policy

Physical therapy is provided to patients throughout the hospital as appropriate.

Procedure

1. The Utah State Hospital has a written plan describing the organization of physical therapy services, or arrangements for the provision of such services, to meet the needs of patients. The physical therapy service is to be provided by an adequate, qualified staff that receives competent medical direction.
 - 1.1. The Department of Physical Therapy at the Utah State Hospital is a special care unit for treatment of various infectious, metabolic, traumatic, physiological, postural or mobility disorders including neurological, orthopedic, and general medical problems, which can usually be characterized by some combination of pain, tenderness, stiffness, edema, redness, decubiti, weakness, paralysis, or safety, balance and/or mobility deficits.
 - 1.2. Physical therapy services provide identification, prevention, remediation, and rehabilitation of acute or prolonged physical dysfunction or pain, with emphasis on movement dysfunction. Such therapy encompasses examination and analysis of patients and the therapeutic application of physical and chemical agents, exercise, and other procedures to maximize functional independence.
 - 1.3. Physical therapy services include, but need not be limited to, the following:
 - 1.3.1. An initial physical therapy evaluation and assessment of the patient prior to the provision of services, completed by a licensed Physical Therapist;
 - 1.3.2. The determination and development of treatment goals and plans in accordance with the diagnosis and prognosis, with a treatment program established to aim at preventing or reducing disability or pain and restoring lost function;
 - 1.3.3. Progressive-active, active-assistive, active-resistive, and passive manual exercises, muscle testing, therapeutic massage and tactile stimulation, cervical traction, and gait and balance training, including crutch and walker training, various treatment tables and mats. As well, the exercise equipment includes various free weights, wall pulleys, parallel bars, floor ladder, balance beam, stairs, incline ramps, walkers (and other ambulation devices), exercycles, total gym, a multi-use Universal exercise apparatus, Elliptical glider, Stair-Stepper, treadmill, and other exercise equipment.
 - 1.3.4. Therapeutic interventions that focus on posture, locomotion, strength, endurance, cardiopulmonary function, balance, coordination, joint mobility, flexibility, pain, functional abilities in developing daily-living skills, agility, Kinesthetic and proprioceptive awareness, eye-hand coordination, relaxation/stress management, body awareness, directionality, and space-

distance orientation, as well as to improve the psychological self-image of patients;

1.3.5. Postural positioning includes positioning and various exercises to improve circulation and organ function and to prepare patients for weight-bearing activities;

1.3.6. The application of treatment modalities includes but is not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices;

1.3.7. Heat modalities include whirlpool, contrast baths, microwave diathermy, hydrocollator packs and paraffin bath to improve circulation, increase joint range of motion, induce relaxation and to decrease stiffness, soreness, tenderness, pain, and edema;

1.3.8. Other modalities include ultra-sound and iontophoresis to improve circulation, increase joint range or motion, induce relaxation and to decrease stiffness, soreness, tenderness, pain and edema. Also included is electrical muscle stimulation (used to diagnose and treat pathological or physiological neuromuscular disorders);

1.3.9. Assessment and training in locomotion, including, as appropriate, the use of orthotic, prosthetic, or assistive devices;

1.3.10. Patient education; staff and family education as appropriate.

2. Physical therapy services staff monitor the extent to which services have met the therapeutic goals relative to the initial and all subsequent examinations, as well as the degree to which improvement occurs relative to the identified physical dysfunction or the degree to which pain associated with movement is reduced.

3. There is adequate space, equipment, facilities and trained personnel to fulfill the professional, educational, and administrative needs of physical therapy services.

3.1. Physical therapy services at the Utah State Hospital are staffed and organized to meet the particular needs of the hospital patients. All services are under the general direction of the Director of Medical Services. Periodic evaluation of all equipment, including electrical equipment, is performed by electricians and biomedical personnel at one-year intervals to insure safe operation of all equipment. When such inspections reveal the need for equipment calibration, the indicated apparatus is returned to the manufacturers or submitted to qualified local technicians, if available. A log book is kept by the technicians, showing the date, time, and nature of inspections, repairs, and/or calibrations.

4. Physical therapy treatment is initiated only upon the written prescription of the responsible physician or nurse practitioner, is under a written plan of care, and is regularly evaluated. The PT Department is notified (by Internal Consultation Record, phone or e-mail), stating the reason for the referral. A note is made on the medical order page, stating date and time of message to PT.

4.1. The PT department schedules, with the unit, the time for the PT assessment.

4.2. The Physical Therapy Assessment includes: patient profile; psychological diagnosis; past medical history; current medical status; patient preference goals assessment;

problem baseline data; short-term goals; long-term goals; physical therapy treatment plan; instructions to patient; and recommendations to staff. The Director of Physical Therapy (RPT) dictates completes the PT assessment which is transcribed by the medical records department and entered in the appropriate patient's chart in the hospital electronic-chart system.

- 4.3. The physician or nurse practitioner meets with the unit treatment team to incorporate PT into the individual referred patient's treatment plan. The registered physical therapist is the staff member responsible for physical therapy treatment programs. The patient's name is added to the PT schedule, which is updated weekly and copies sent to all units. If PT is not recommended by the RPT, the unit is notified and the PT order is withdrawn.
 5. Documentation during course of therapy.
 - 5.1. The physical therapy aide/Intern uses the Physical Therapy Treatment Record to record the frequency of visits and type of treatment given. The physical therapy treatment record is to be kept in the physical therapy office.
 - 5.2. The physical therapy aide records the patient's progress on the progress note sheet on a monthly basis. The progress note reflects back to the baselines, goals, patient behaviors, etc. This information is used by the Physical Therapist to compile monthly progress notes. The unit nurse is contacted for any unusual or significant problem or behaviors that occur in the Physical Therapy Department, e.g., "Patient became dizzy after completing the gait training exercises."
 - 5.3. Progress notes are written in the progress notes by the registered physical therapist. This note focuses on attendance, psychological behaviors of patient, treatment protocol, progress towards goals and other pertinent information.
 6. Documentation requirements for missed appointments:
 - 6.1. It is the responsibility of the unit nursing staff to notify (by phone or e-mail) the Physical Therapy Department if a patient is unable to keep a physical therapy appointment and to document in the progress notes that the appointment was missed and the reason for the absence.
 - 6.2. It is the responsibility of the Physical Therapy Department to notify the unit RN if the department is unable to meet the posted schedule.
 7. Documentation of special incidents:
 - 7.1. The Physical Therapy Department staff documents incidents involving harm or potential harm to patients. The report (both copies) is returned to the unit with the chart. The Physical Therapy Department staff notifies the unit nursing staff by telephone as soon as possible after the incident occurs.
 8. Other documentation requirements:
 - 8.1. Patient's chart is available to go with the patient to each physical therapy appointment, if requested by the RPT.
 - 8.2. The physical therapy attendance record is documented daily.
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9. In cases of inclement weather, arrangements are negotiated between Forensic Services and Children's Units and the Physical Therapy Department staff to determine the care that is in the best interest of the patient who may be unable to attend a scheduled appointment.
10. The physical therapy services staff consists of the Director of Medical Services, the Technical Director of Physical Therapy (RPT), and physical therapy interns. The Technical Director of Physical Therapy is responsible for the specific administration of the patient treatment program. Designated tasks are performed by the PT interns who perform services under the supervision of the Technical Director. The PT interns are typically upper division students at Brigham Young University majoring in pre-physical therapy or a related field of study. On-the-job training include indoctrinations in the use of the following modalities: whirlpool; ultra-sound; cold laser, microwave diathermy; iontophoresis, electrical muscle stimulation, cervical traction, hydrocollator packs, paraffin wax, balance and postural therapeutic exercises (including the use of the Universal machine), assorted weights, stair-stepper unit, elliptical glider, Bow Flex, treadmill, exercycles, and Total Gym. The training program is of a continual nature with new methods being reviewed when needed. In-service training sessions are held a minimum of eight times per year to update knowledge of PT interns and volunteers.
11. The patient is encouraged to participate in the decision-making process relative to his/her treatment program. Where appropriate, family support and involvement are also encouraged. Discharge planning and follow-up care are a treatment team responsibility, and again, the patient and family are encouraged to participate. Where indicated, written instructions are provided by the RPT to the patient and family upon discharge.
12. Coordination of physical therapy services with other services is accomplished in the treatment team approach. Each of the disciplines is represented on the treatment team and is immediately available and responsible for counsel in the patient's behalf.
13. A written plan is established for referral of patients for evaluation and treatment for services not provided at the hospital. Referral of patients for evaluation and treatment, whose needs may not be met adequately through the use of established hospital treatment programs, is arranged by the unit physician after consultation with the Technical Director, the Physical Therapy Department, and such other hospital personnel as needed.
14. Coordination for prescription of all orthotics and prosthetics is done by the Registered Physical Therapist through the unit Environmentalists.

Implemented: 3-28-83

Revised: 4-30-86

Revised: 5-13-88

Revised: 6-1-89

Revised: 3-92

Revised: 2-93

Revised: 1-95

Revised: 11-98

Revised: 2-05

Revised: 8-09

Revised: 1-13

Chapter: Rehabilitation Services (RH)

Section 7: Psychology Services

Policy

The Utah State Hospital has psychological services designed to enhance the patient's emotional and behavioral adaptation to the hospital, family, and community. This service includes:

1. assessment of key psychological deficits and personal strengths which may be employed as a foundation for improved adjustment.
2. the timely provision of psychological interventions indicated by the patient's clinical condition.
3. the design and implementation of behavioral support and management plans to assist patients who are aggressive, violent, or otherwise difficult to manage;
4. to review and consult on treatment plans for patients suffering from intellectual limitations;
5. to provide clinician-rated outcome measurement for patients on admission, every ninety days thereafter, and at discharge to assist treatment teams in tracking clinical progress and discharge preparedness.

Procedure

1. Psychological services include the following:
 - 1.1. Assessment of intellectual, cognitive, neuropsychological, personality, and behavioral functional levels through use of standardized testing instruments, interviewing procedures, and background data.
 - 1.2. Provision of treatment interventions such as individual and group psychotherapy, family therapy, and consultation with family members and other professionals who are part of the therapeutic team or part of follow-up treatment agencies. Stress management, behavioral treatment techniques, cognitive therapy, and various insight-oriented therapies are examples of modalities that may be provided.
 2. The psychology staff member is part of an ongoing process of monitoring patient progress and adaptation through the following:
 - 2.1. Periodic re-assessment through review of behavioral adjustment data, interviewing procedures, and additional psychological testing, where indicated.
 - 2.2. Active participation in clinical staffings on patients for whom a referral has been submitted or when the psychologist is the provider of a treatment modality.
 - 2.2.1. A written report is entered in the medical record with follow-up verbal consultation with relevant members of the patient's treatment team.
 3. Psychological services are provided upon written referral from unit clinical directors.
 - 3.1. When such referrals are made on units without assigned psychological staff, they are channeled through the director of the psychology discipline. In such cases, written reports or electronic notes ordinarily take the place of attendance at clinical staffings.
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- 3.1.1. An initial response to the referral will be entered in the patient's medical record within 5 days of receipt of referral.
- 3.1.2. Completed reports are placed in the clinical record within 31 days of referral.

Implemented: 4-7-89

Revised: 9-10-90

Revised: 3-92

Revised: 2-93

Reviewed: 2-95

Revised: 6-98

Revised: 1-02

Revised: 8-09

Revised: 12-12

Chapter: Rehabilitation Services (RH)

Section 8: Therapeutic Recreation Services

Policy

The Utah State Hospital provides therapeutic recreation services to meet the social, cultural, intellectual, physical, and emotional needs of its patients. Therapeutic recreation services are included in the therapeutic treatment program of each patient. Therapeutic recreation services include and involve a variety of treatment modalities which include but are not limited to social skills, physical skills, arts and crafts skills, outdoor skills, intellectual skills, and leisure education skills.

Procedure

1. The Utah State Hospital (USH) is organized into specialized treatment units with unique program emphasis, including Pediatric Services, Forensic Services, Specialty Services (Geriatric and Adult), and Adult Services. Special program emphasis requires Therapeutic Recreation Services to exercise considerable flexibility in order to meet particular needs of the individuals on the different units. A team of licensed therapeutic recreation specialists delivers a broad, comprehensive therapeutic recreation program. Therapeutic recreation specialists are assigned to specific treatment units. They coordinate their work with the unit treatment team.
 2. When screening criteria indicate a need, a Therapeutic Recreation Assessment is performed on the patient's leisure, social, and recreational abilities, deficiencies, interests, barriers, life experiences, needs, potential and quality of life. Recommended treatment plans are formulated from the information obtained through the assessment process. The assessment is completed by the time of the first ICTP meeting.
 - 2.1. Each patient is screened by a professional Therapeutic Recreation Specialist to obtain the necessary information for the assessment. The patient is oriented to the available therapeutic recreation services during this interview.
 - 2.2. Information gathered from this assessment is recorded in the Therapeutic Recreation section of the integrated assessment.
 3. Therapeutic recreation services are designed to improve social, emotional, cognitive, and physical functional behaviors as necessary prerequisites to future leisure/social involvement and proper integration into the community.
 - 3.1. Therapeutic Recreation Services utilizes community resources on a regular basis. These community resources are scheduled and coordinated through the service area recreation therapists, Therapeutic Recreation Technicians, and the Director of the Therapeutic Recreation Discipline.
 - 3.2. Community resources include but are not limited to the following: theaters, activity centers, bowling, miniature golf, zoos, parks, and museums. Education tours and field trips are taken to universities, factories, state agencies, and private businesses and industries. Cultural events are provided through civic agencies, university drama and art, private
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production companies, high school music and drama departments, etc. The patients participate in sporting events through the universities and communities. Every available resource in the community is considered for its value and availability to improve patient care and meet needs.

- 3.3. Volunteers and students provide an ongoing human resource to the patients. This effort is coordinated through the Director of Volunteer Services and the Director of the Therapeutic Recreation Discipline. A volunteer and student orientation packet is provided to each individual assigned to provide service to patients. Volunteers and students are evaluated on a regular basis.
4. Leisure education and leisure counseling designed to help the patient acquire the knowledge, skills, and attitudes needed for independent leisure/social involvement, adjustment in the community, decision-making ability, and appropriate use of free time is offered by Therapeutic Recreation Services.
 - 4.1. Leisure counseling is offered by the Therapeutic Recreation Specialists on a consulting basis as scheduled and as needed.
 - 4.2. Leisure education is offered and performed by the Therapeutic Recreation Specialist on a regular scheduled basis.
5. Therapeutic Recreation Services staff monitor the extent to which goals are achieved relative to the use of leisure time and the acquisition of socialization skills.
 - 5.1. Each treatment patient has an Individualized Comprehensive Treatment Plan (ICTP) that includes specific goals pertaining to the therapeutic recreation services provided for that patient. This treatment plan is reviewed and revised as necessary and in accordance with hospital standards and in conjunction with the unit treatment team members.
 - 5.2. Each treatment patient's progress or lack of progress is noted every seven days for the first eight weeks of admission and every thirty days thereafter in regards to their goals found in the treatment plan. These notes are recorded in the progress notes section in the patient's electronic chart.
 - 5.3. Each therapeutic recreation treatment activity is recorded in the patient electronic chart. The patient's attendance, participation, behavior, and interaction are noted on this form.
 - 5.4. As part of USH's continuous quality improvement (CQI) program, the quality and appropriateness of patient care provided by Therapeutic Recreation Services are routinely monitored and evaluated to identify and resolve problems.
 - 5.5. The Director of Therapeutic Recreation Services is responsible for assuring that there is a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of patient care and for resolving identified problems.
 - 5.6. The quality and appropriateness of patient care are monitored and evaluated in all major clinical functions of Therapeutic Recreation Services. Such monitoring and evaluation are accomplished through the following means:
 - 5.6.1. Routine collection by Therapeutic Recreation Services, of information about important aspects of the therapeutic recreation services provided.

- 5.6.2. Periodic assessment by Therapeutic Recreation Services, or through the hospital CQI program in conjunction with Therapeutic Recreation Services, of the collected information in order to identify important problems in patient care or opportunities to improve care.
 - 5.7. When important problems in patient care or opportunities to improve care are identified, actions are taken, and the effectiveness of the actions is evaluated.
 6. The objectives of Therapeutic Recreation Services are as follows:
 - 6.1. modify patient behavior by teaching social skills;
 - 6.2. provide cultural, social, and physical activities to allow patients the opportunity to become aware of the appropriate facilities where they can use leisure time in a constructive way upon discharge from Utah State Hospital;
 - 6.3. provide an opportunity for constructive expression through various activities;
 - 6.4. help patients overcome dehumanizing elements of boredom and apathy;
 - 6.5. promote the positive aspects of a patient's behavior by developing interpersonal skills;
 - 6.6. develop more positive emotional experiences for patients;
 - 6.7. provide activities that help to maintain and increase physical fitness;
 - 6.8. provide activities that involve the entire treatment community so that staff members become more aware of patient problems and needs;
 - 6.9. teach the patient how to relax and have fun; and
 - 6.10. provide diversionary activities to enhance and facilitate the overall treatment process.
 7. The objectives of Therapeutic Recreation Services are stated in each patient's ICTP. These objectives are related to two types of activities.
 - 7.1. Diversionary activity consists of a program which serves as a distraction from the daily schedule or from the patient's disability. These programs have generalized goals of socialization, getting out of the environment, enjoyment, learning appropriate leisure skills, and/or getting the patient's mind off his/her problems or disabilities. These activities often help the patient achieve a positive state of being so that other therapy can be done.
 - 7.2. Prescribed therapeutic activity is highly goal-oriented, with the activity being a tool to bring about desired change in the individual. Individual objectives for prescribed therapeutic activity are written into the individual patient treatment plan. With this type of program, the activity, although important in and of itself, is secondary to meeting the goals and objectives.
 8. Appropriate therapeutic recreation services are provided for all patients for daytime, evenings, weekends, and holidays in order to meet patients' needs. Activity schedules are posted where patients and staff have access to them.
 - 8.1. Patients participate in the planning, organization, and implementation of the activities. Provision for this process is the responsibility of each unit therapeutic recreation specialist.
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- 8.2. Each unit provides daily leisure time for the patients which may be used to fulfill their personal recreational interests and feelings of human dignity.
 - 8.2.1. Space and equipment are provided for the patients on the dorms, i.e., television, stereos, tape recorders, VCR's, etc.
 - 8.2.2. Leisure-time supplies are available to the patient, including magazines, novels, box games, handicrafts, writing supplies, etc.
9. Appropriateness to leave the unit for recreational activities will be determined by the recreational therapist after clearing each patient for each activity with the unit charge nurse. The charge nurse has the responsibility to determine the patient has the necessary level to participate.
10. Vehicles used as common carriers of patients are labeled with the state insignia. No common carrier of patients is labeled in any way that may call unnecessary attention to the patients. Utah State Hospital provides transportation to meet the needs of the patients. A fleet of twelve vans, mobile kitchen, box van, and passenger cars provides vehicle transportation.
11. Utah State Hospital provides suitable and appropriate space, equipment, and facilities to meet the patients' needs. These facilities are provided on a hospital and unit basis.
 - 11.1. Utah State Hospital provides the following on-campus outdoor space and facilities: fish pond, outdoor amphitheater, playground, outdoor basketball and volleyball, ropes course, picnic area, open space, and multi-purpose indoor activity center that are pleasant and functional areas accessible to all patients, regardless of their disabilities.
 - 11.1.1. The multi-purpose indoor activity center provides resources that include a therapeutic pool, gymnasium, theatrical stage, weight training and conditioning areas, canteen, dressing rooms, storage and equipment areas, office space, and reading and music libraries. Each hospital unit has access to craft and ceramic rooms and game areas.
 - 11.1.2. The hospital has on inventory a variety of equipment to meet patient activity needs. The equipment is centralized and is available to the various service areas.
 - 11.1.2.1. Sporting equipment made available to the patients includes backpacking equipment, rubber rafts, ping-pong, electronic games, football, basketball, soccer, volleyball, tennis, badminton, horseshoes, beach balls, frisbees, tubes, ring toss, ropes, snow skis, snow shoes, etc.
 - 11.1.2.2. Camping equipment made available to patients includes tents, poles, fishing equipment, sleeping bags, and coolers.
 - 11.1.2.3. Art and craft supplies available to patients include ceramics, water colors, pastels, oils, embroidery, candle-making, knitting, leather crafts, pottery, macramé, decoupage, bead work, mosaics, needle crafts, wood shops, etc.
 - 11.2. Special equipment and resources are provided to patients with altered life situations. Movies, parties, arts and crafts, and other activities are brought to the patient. Documentation of these provisions are noted in the progress notes in the patient's chart.

- 11.3. All recreational equipment rooms and activity areas and facilities, both inside and outside the hospital, meet the federal, state, and local requirements for safety, fire prevention, health, and sanitation.
 12. Therapeutic Recreation Services are supervised by the Director of Therapeutic Recreation and assisted by qualified and licensed professional and para-professional staff sufficient in numbers and skills to meet the needs of the patients and to achieve common goals.
 - 12.1. The Director of Therapeutic Recreation Services has a master degree or the equivalent in professional experience and is licensed as a Therapeutic Recreation Specialist and is national certified through NCTRC (National Council Therapeutic Recreation Certification).
 - 12.2. The Director of Therapeutic Recreation Services is qualified in administrative procedures and has a proven knowledge of professional standards.
 - 12.3. The Director of Therapeutic Recreation Services is responsible to the Hospital Clinical Director for the overall operation, performance, and quality of service rendered by Therapeutic Recreation Services.
 13. Each patient service area therapy program is supervised by a qualified and licensed professional. The service area specialist is licensed as a Therapeutic Recreation Specialist.
 - 13.1. The service area Therapeutic Recreation Specialist has a proven knowledge of professional standards and the competency to plan, implement, evaluate, and direct unit therapy programs.
 - 13.2. The unit Therapeutic Recreation Specialist is assisted by competent and licensed para-professionals in planning, implementing, and evaluating the unit activity therapy programs. The unit para-professional is licensed as a Therapeutic Recreation Technician.
 14. Therapeutic Recreation Services provide ongoing staff development programs and encourage extramural studies, evaluation, and research regarding evidence based practices and outcome measurement tools.
 15. Therapeutic recreation service staff participate in staff development. Therapeutic Recreation Services staff are encouraged to attend a monthly hospital-wide workshop presented by the Staff Development Department. The topics of these workshops deal with a variety of health-service-related subjects. A record of participation and attendance is kept in the Staff Development Department.
 - 15.1. Therapeutic Recreation Services staff provide in-service training upon request. These in-service training sessions focus on a variety of activity-related topics.
 - 15.2. Therapeutic Recreation Services staff are encouraged to attend workshops, conferences, and other profession-related seminars to receive training and instruction and to maintain state licensure and national certification requirements. Personnel are encouraged to belong to the various national and state professional organizations.
 - 15.3. Therapeutic Recreation Services staff are encouraged to enroll in classes through the higher education institutions in areas of professional interest.
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16. Therapeutic Recreation Services staff participate in clinical and administrative committees and conferences as assigned. The Director of Therapeutic Recreation Services directs the assignment of members of the discipline to hospital committees as requested and required.
17. Therapeutic Recreation Services staff receive training and demonstrate competence in handling medical and psychiatric emergency situations through regular service area, discipline, and hospital-wide In-services. Documentation of participation and attendance is recorded in the in-service records of the service areas, the disciplines, and the hospital Staff Development Department.
18. Therapeutic Recreation Services staff participate in the APIE processes at USH.

Implemented: 12-23-88

Revised: 3-92

Reviewed: 2-93

Revised: 11-94

Revised: 6-98

Revised: 7-00

Revised: 12-04

Reviewed: 5-07

Reviewed: 7-09

Revised: 5-13

Chapter: Rehabilitation Services (RH)

Section 9: Vocational Rehabilitation Services

Policy

1. Vocational assessment is done on appropriate patients referred by the unit treatment team staff when deemed necessary and is used to help develop the individual comprehensive treatment plan (ICTP).
2. Patients identified by Utah State Hospital treatment units as benefiting from vocational counseling receive counseling on their specific vocational needs, such as their vocational strengths and weaknesses, the demands of their current and future jobs, the responsibilities of holding a job, and the problems related to vocational training, placement, and employment.
3. The Utah State Hospital units and staff refer appropriate patients to the Utah Division of Rehabilitation Services for vocational rehabilitation services. The Division of Rehabilitation Services assigns as many vocational rehabilitation counselors as necessary to give adequate service to Utah State Hospital patients. The Division of Rehabilitation Services agrees to follow all provisions and standards contained within the State Plan for Vocational Rehabilitation Services and the Federal Register.
4. As part of the rehabilitation process, the industrial therapy program of the Utah State Hospital provides jobs, job training, and on-the-job evaluation within the hospital setting. Work assignments are designed to provide therapeutic benefit to the patients and help them develop work habits and attitudes, self-confidence, skills in dealing with peers and supervisors, and other work skills necessary to succeed in further vocational training or jobs in the community as they leave the hospital setting. Vocational assessment is required on all patients referred for off ward industrials. Assessment is not required for on ward industrials because this is part of the pre-vocational evaluation process.

Procedure

1. When deemed necessary and referral is made by the unit treatment team, vocational assessment is done by hospital vocational rehabilitation staff. The patient's vocational needs are assessed with regard to the following:
 - 1.1. work history;
 - 1.2. educational background, including academic and vocational training;
 - 1.3. amenability to vocational counseling;
 - 1.4. current work skills and potential for improving skills or developing new ones;
 - 1.5. work habits related to tardiness, absenteeism, dependability, honesty, and relations with co-workers and supervisors;

- 1.6. expectations regarding the personal, financial, and social benefits to be derived from working.
 - 1.7. employability/trainability - aptitudes, interests, attitudes, and motivations for getting involved in future education, training, and employment;
 - 1.8. skills and experiences in seeking jobs;
 - 1.9. personal grooming and appearance;
 - 1.10. physical and intellectual capacity;
 - 1.11. emotional and social adjustment, prognosis, psychiatric supervision needed;
 - 1.12. problems, strengths, disabilities, and limitations;
 - 1.13. vocational treatment recommendations.
2. Patients identified by Utah State Hospital treatment units as benefiting from vocational counseling receive counseling on their specific vocational needs. Counseling is provided by Utah State Hospital Rehabilitation staff, the Division of Rehabilitation Services, other community vocational resources.
- 2.1. When needed and appropriate, patients receive individual vocational counseling for the following:
 - 2.1.1. interpretation of testing done;
 - 2.1.2. discussion of aptitudes, interests, and attitudes toward work or training; motivation and employment potential;
 - 2.1.3. discussion of vocational strengths, limitations, treatment goals, and recommendations;
 - 2.1.4. discussion of skills and experiences in seeking employment;
 - 2.1.5. discussion of educational/training needs and potential;
 - 2.1.6. discussion of work habits related to tardiness, absenteeism, dependability, honesty, and relations with co-workers and supervisors;
 - 2.1.7. discussion of personal, financial, and social matters related to vocational growth;
 - 2.1.8. discussion of emotional and social adjustment related to vocational growth;
 - 2.1.9. discussion of personal grooming and appearance; and
 - 2.1.10. discussion of any other areas deemed necessary for maximizing the vocational growth and independence of the patient.
 - 2.2. When needed and appropriate, patients receive group vocational counseling for the following:
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- 2.2.1. discussion of and training regarding skills of daily living related to vocational growth and independence such as grooming, budgeting, using public transportation, finding a place to live, etc.;
 - 2.2.2. discussion and training on job-seeking and survival skills related to vocational growth and independence;
 - 2.2.3. remedial education and other academics related to vocational growth and independence; and
 - 2.2.4. any other group activity deemed necessary for maximizing the vocational growth and independence of the patient.
3. As part of the Utah State Hospital Vocational Rehabilitation process, hospital staff refer appropriate patients to the Utah State Division of Rehabilitation Services. The Division of Rehabilitation Services staff work closely with the hospital staff to insure that vocational programs, services, and opportunities are used throughout the community to maximize the independent, productive functioning of Utah State Hospital patients.
- 3.1. Some of the services offered to hospital patients by the Division of Rehabilitation Services include:
 - 3.1.1. counseling and planning;
 - 3.1.2. development of an individual vocational treatment plan;
 - 3.1.3. sponsorship in vocational evaluation;
 - 3.1.4. sponsorship in sheltered work;
 - 3.1.5. sponsorship in vocational training;
 - 3.1.6. sponsorship in vocational schools, public and private;
 - 3.1.7. sponsorship in colleges and universities;
 - 3.1.8. sponsorship in tutorial, remedial, and special types of training;
 - 3.1.9. sponsorship in on-the-job training or supported employment;
 - 3.1.10. job placement assistance.
 - 3.2. The Utah State Division of Rehabilitation Services staff meet with the Utah State Hospital Director of Rehabilitation Services, hospital administrative staff, unit staff, individual staff, and individual patients on an as-needed basis for vocational treatment planning for patients, for vocational program planning and development, and for conferences on individual patients. One staff member from the Utah State Division of Rehabilitation Services is assigned as primary liaison to Utah State Hospital.
 - 3.3. Individual written rehabilitation plans, test results, progress reports, and other pertinent information on patients are kept on file by the Division of Rehabilitation Services. This information is made available to appropriate Utah State Hospital staff on request, with signed release of information permission from the patient.
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4. Vocational Rehabilitation staff assess patient industrial jobs available at Utah State Hospital according to their therapeutic value as related to types of patients. Vocational Rehabilitation staff make these jobs available to each unit within the hospital and monitor the industrial therapy program to insure that the following occurs:
 - 4.1. The Unit Industrial Coordinator (environmentalist) monitors the availability of jobs available both on and off unit. Industrial assignments are given to patients after the needs of the patient has been addressed in a clinical staffing. Industrial assignments must be addressed in the Individual Comprehensive Treatment Plan (ICTP) and should be part of the recommendations made by USH Rehabilitation staff in the vocational assessment.
 - 4.2. Individual referrals are made according to the following procedure: patients are clinically staffed, and where it is indicated that an industrial assignment would be therapeutic, the patient is referred by the social worker and environmentalist to vocational rehabilitation services for assessment, if necessary, and a specific job assignment. A completed referral form, W-4, and copy of the ICTP is given to Vocational Rehabilitation Services for approval. No patient can start an industrial assignment prior to the forms being received by vocational rehabilitation staff. After approval, the patient and environmentalist have a formal interview with the potential work supervisor. A copy of the industrial referral form is kept by the environmentalist, vocational rehabilitation and industrial job supervisor. If changes occur, such as reassignment of an industrial assignment, a new referral slip is processed.
 - 4.2.1. On-unit industrial therapy is limited to one hour per day and can not exceed five hours per week. A total of ten hours a pay period.
 - 4.2.2. All on-unit training is limited to a maximum of three months from the initial start date. The initial start date is the date that has been approved by the rehabilitation department to start the patient.
 - 4.2.3. All patients involved in the on-unit training will receive the current training fee of \$1.50 an hour not to exceed \$3.00 per hour.
 - 4.2.4. All patients working off-unit other than forensic patients are limited to and will not exceed 20 hours a week/forty hours a pay period.
 - 4.2.5. All patients working off-unit industrial training other than forensic patients will receive minimum wage.
 - 4.3. Vocational Rehabilitation staff, unit industrial coordinators, industrial supervisors, and patient representatives meet bi-weekly to discuss patient productivity and progress, pay increases, industrial changes, miscellaneous problems, etc. This meeting is an integral part of the evaluation process for patients and the industrial therapy program. Vocational Rehabilitation staff meets regularly and as needed with industrial supervisors, unit industrial coordinators, and patients to ensure continuity of program, monitor patient progress, handle crises, decide on promotions and pay increases, etc. As part of the evaluation process, supervisors are expected to fill out the evaluation section of the patient's biweekly time sheet at least monthly and preferably every two weeks.
 - 4.4. The primary concern of the patient industrial program is that it be a therapeutic experience for the patient. Patients who work receive pay on a scale from \$1.50 to \$3.00 per hour. Higher rates of pay go to patient industrial assignments in highly technical or responsible areas such as the electrical shop, print shop, carpenter shop,

paint shop, cooking, barbering, etc. Higher rates of pay also go to patients who are excellent workers or just for motivational purposes. The combined time sheet and evaluation form is kept on individual patients by the work supervisor and turned in every two weeks. The original goes to payroll, the yellow copy to the patient's chart, and the pink copy stays with the work supervisor for future reference.

- 4.5. Patients are not required to perform labor as a substitute for the operation and maintenance of the hospital or for which the hospital is under contract with an outside organization. The industrial program is a voluntary program and is for therapeutic and training purposes only. It is part of the patient's treatment, and no patient takes the place of a regular employee.
 - 4.6. Patients on industrial assignments are directly supervised. Direct supervision is defined as the supervisor having visual contact with the patient at all times.
 - 4.6.1. Patient candidates for an industrial, accompanied by the unit industrial coordinator and/or treatment coordinator, are interviewed by the potential industrial supervisor and are given a clear description of job duties and expectations. The patient may decline or accept the position, and the supervisor may accept or not accept the patient candidate.
 - 4.6.2. Formal orientation is given to patients prior to their operating any power or dangerous equipment or tool.
 - 4.6.2.1. Heavy equipment (i.e.. backhoe, front loader, dump truck, caterpillars, cement trucks, etc.) are not operated by patients.
 - 4.6.2.2. Dangerous equipment (i.e.. drill presses, power saws, high voltage equipment, man handler, riding mower, etc.) are operated by patients only under direct supervision with prior orientation from an operations manual.
 - 4.6.2.3. Dangerous equipment operation must be approved by the clinical team, industrial supervisor and must have signed documentation as to the training received.
 - 4.6.3. There is open dialogue as needed between unit and assigned industrial supervisor relative to the patient's functioning or any changes thereof.
 - 4.7. Some industrial assignments require driving of State Hospital vehicles. This is permissible upon the following stipulations being met.
 - 4.7.1. The patient must be approved for driving privileges by his/her clinical team and assigned industrial supervisor with documentation in his/her chart. Civilly committed patients are not permitted to drive. (Reference: Functional Ability in Driving, Guidelines for Physicians, Department of Public Safety, Category G "Psychiatric Disorders")
 - 4.7.2. The patient must have a valid Utah drivers license in his/her possession.
 - 4.7.3. The patient must have completed the Utah State Hospital Defensive Driving Course.
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- 4.7.4. The patient must receive specific orientation to every vehicle he is required to drive with documentation in writing by their Industrial Supervisor and signed by the patient.
 - 4.7.5. In vehicles that have safety belts, the belts must be worn.
 - 4.7.6. Keys to all vehicles will be checked in and out daily by the patients with documentation in a log kept by the industrial area.
 - 4.7.7. Anyone transporting patients or employees is responsible to see that the passengers are secured inside the vehicle and not riding on trailers or tractors, etc.
 - 4.8. Patients on industrial assignments may have access to keys to specific designated working areas under the following guidelines:
 - 4.8.1. Patients must be approved for key privileges by the unit clinical treatment team and the industrial supervisor.
 - 4.8.2. Patients will not be allowed keys to the Pharmacy, Lab, Central Supply, Warehouse, X-ray, high voltage areas, med. rooms, Canteen, Business Office, Records Room, Library, Beauty Shop, Pool area, Weight room, Audio/Visual room, recreation storage areas, Physical Therapy room, offices, patient living areas and offices.
 - 4.8.3. Patients having key access will be oriented to safety factors of the specific work site.
 - 4.8.4. Keys must be signed in and out to the supervisor at the beginning and ending of each shift.
 - 4.8.5. Lost keys must be reported immediately to the industrial supervisor and could result in loss of industrial assignments.
 - 4.8.6. Keys may not be duplicated without going through appropriate hospital request channels.
 - 4.8.7. Key sets issued for patient utilization will have a numerical code system for accountability.
 - 5. Reports and records are kept on vocational rehabilitation activities, including dates and descriptions of activities, participation in the results of activities, evaluation results, etc.
 - 5.1. Assessment/Evaluation reports will be part of the patient's file with all its findings.
 - 5.2. A patient's individual vocational rehabilitation plan will be stated in the patient's individual comprehensive treatment plan.
 - 5.3. Evaluations, training and vocational rehabilitation plans, vocational notes, test results, etc., done by the Division of Rehabilitation Services are available through the division office by release of information permission from the patient.
 - 5.4. To maintain accurate, up-to-date appraisal of patients, hospital staff will dictate or write rehabilitation notes on individual vocational sessions, group vocational sessions, and other pertinent happenings involving patient vocational rehabilitation activities.
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- 5.5. The combined time-sheet and evaluation form, as described in 4.4, is done bi-weekly and is part of the patient's file.
 6. The hospital's vocational rehabilitation service will have a sufficient number of appropriately qualified staff and support personnel to meet the needs of patients; implement quality vocational rehabilitation programs; and monitor the achievement of vocational objectives, equipment, methods, assessments, and programs used to foster the vocational independence of patients.
 7. The Utah State Hospital Director of Vocational Rehabilitation Services is ultimately responsible for the direction and monitoring of all vocational rehabilitation programs, staff, professional standards, Division of Rehabilitation Services liaison, community liaison, consultation to administrative and unit staff, public relations, and education for vocational rehabilitation of hospital patients and the development and implementation of vocational rehabilitation programs.
 8. As part of the hospital quality assurance program, the quality and appropriateness of patient care provided by the vocational rehabilitation service are monitored and evaluated and identified problems resolved.
 - 8.1. The director of the vocational rehabilitation service is responsible for assuring that there is a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of patient care and for resolving identified problems.
 - 8.2. The quality and appropriateness of patient care are monitored and evaluated in all major clinical functions of the vocational rehabilitation service.
 - 8.2.1. Vocational rehabilitation staff are monitored, trained, and formally assessed for competencies to perform in their assigned clinical functions.
 - 8.3. When important problems in patient care or opportunities to improve care are identified:
 - 8.3.1. actions are taken; and
 - 8.3.2. the effectiveness of the actions is evaluated.
 - 8.4. The findings from the conclusions of monitoring, evaluation, and problem-solving activities are documented and, as appropriate, are reported.
 - 8.5. The actions taken to resolve problems and improve patient care, and information about the impact of the actions taken, are documented and, as appropriate, are reported.
 - 8.6. As part of the annual re-appraisal of the hospital quality assurance program, the effectiveness of the monitoring, evaluation, and problem-solving activities pertaining to vocational rehabilitation services are evaluated.
 - 8.7. The Utah State Hospital Quality Assurance Office works with the Director of Vocational Rehabilitation Services to monitor and evaluate the quality and appropriateness of patient care and to resolve identified problems. The Director of Quality Assurance is responsible for assuring that there is a planned and systematic process for such monitoring, evaluation, and problem-solving activities.
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Note: For further, more detailed information regarding policies, procedures and program description, refer to the Vocational Rehabilitation Policies and Procedures Manual.

Implemented: 4-23-82

Revised: 11-25-85

Revised: 5-6-88

Revised: 5-24-89

Revised: 10-17-90

Revised: 2-91

Reviewed: 3-92

Revised: 2-93

Revised: 12-98

Reviewed: 8-01

Revised: 7-02

Reviewed: 12-04

Reviewed: 7-09

Reviewed: 2-13
