



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### OCCUPATIONAL THERAPY SERVICES

**Effective Date:** November 19, 2015

**Policy #:** RTS-06

**Page 1 of 3**

- I. PURPOSE:** To provide procedural guidelines governing the administration of Occupational Therapy Services and its integration into the Master Treatment Plan of Montana State Hospital (MSH) patients. To ensure that appropriate therapeutic occupational therapy services are provided in a timely manner.
- II. POLICY:** An Occupational Therapy consult will be initiated upon referral by a MSH Licensed Independent Practitioner (LIP). The consult will initiate an occupational therapy assessment as outlined by the LIP. The Occupational Therapy Assessment will document findings of strengths, abilities, needs, preferences, and recommended treatment in the occupational therapy domain.
- III. DEFINITIONS:**
  - A. Occupational Therapy – the therapeutic use of everyday life activities with individuals, groups, organizations, and populations for the purpose of participation in roles and situations in the home, school, workplace, community and other settings.
  - B. Significant change in course of treatment – A significant change in cognitive or behavioral status requiring a change in treatment approach.
  - C. Measurable objectives – Objectives based upon Occupational Therapy assessment summary and recommendations which are measurable, and result in a desired physical outcome.
  - D. Assigned interventions – Occupational Therapy interventions designed to facilitate attainment of specific goals and objectives. Interventions are recommended by an Occupational Therapist after assessment and in consultation with the treatment team.
- IV. RESPONSIBILITIES:**
  - A. Rehabilitation Program Manager – to review and approve Occupational Therapy Services policy and procedures and to ensure that such are followed consistently by Occupational Therapists.
  - B. Occupational Therapist – Occupational Therapist will be responsible for receiving a LIP initiated written consult order and performing assigned initial Occupational Therapy Assessment in a timely manner; to consult with the patient's treatment team on assessment recommendations; to monitor the Occupational Therapy care plan;

provide documentation toward treatment objectives; and to administer an assessment at times of significant change in the course of treatment and/or upon request from treatment team.

**V. PROCEDURES:**

- A. The LIP will initiate a written request for consultation in the Doctor Order section of the patient's medical record.
- B. Occupational Therapist will complete an Occupational Therapy Assessment within seven days of receipt of consult. An assessment will also be administered at times of significant change in the course of treatment upon request from LIP. The assessment will be placed in the medical record.
- C. The Occupational Therapy Assessment will evaluate and document the patient's ability to participate in activities of daily life by considering the patient's history, goals, capacities, and needs; the activities the patient wants and needs to perform; and the environment and context in which these activities and occupations occur.
- D. The Occupational Therapy Assessment will include one or more occupational goals, corresponding measurable objectives, assigned interventions, and the name of the individual responsible for patient care monitoring of the Occupational care plan.
- E. The Occupational Therapist(s) assigned to the treatment team will consult with the LIP, patient and treatment team on the Occupational Therapy assessment findings and recommendations and include them in the individualized treatment plan.
- F. Occupational Therapist will administer interventions based on assessment recommendation and consultation. Interventions may include: Activities of Daily Living (ADL's), range of motion, mobility, transfers, standing and sitting balance, skin integrity, adaptive equipment, strengthening of upper extremities, sensory evaluation, and independent living and kitchen cooking/safety evaluation.
- G. Occupational Therapist will assist in educating staff, when appropriate, on how to administer exercises or assist with other occupational therapy interventions.
- H. Occupational Therapist will work with the LIP, patient and treatment team to modify/update the treatment plan and document changes in the patient needs, goals and outcomes.
- I. Occupational Therapist will work with LIP, patient and treatment team to transition the patient to other types or intensity of service or discontinue service when the

Montana State Hospital Policy and Procedure

<b>OCCUPATIONAL THERAPY SERVICES</b>	<b>Page 3 of 3</b>
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patient has achieved goals, reached maximum benefit or does not desire to continue service.

- J. Occupational Therapist will administer interventions as ordered by a Physical Therapist for lower extremity, strengthening and ambulation. Interventions will be evaluated by Physical Therapist through follow-up consult.
- K. Documentation will be completed on an ongoing basis and will include, at a minimum; weekly progress notes for the first two months of treatment and monthly progress notes thereafter.
- L. An Occupational Therapy Assessment may be updated upon receipt of an order by the LIP. The therapist will update the assessment through a patient interview and review of the documented course of treatment. An entry in the chronological progress record documenting this review will be made. A corresponding updated care plan will be completed and entered into the medical record.
- M. The Occupational Therapist is responsible to evaluate the safety and effectiveness of the occupational therapy interventions and services.

**VI. REFERENCES:** Montana Code- Section 37-24-103, AOTA Standards of Practice for Occupational Therapy, CMS 42 CFR 482.56 and 482.61.

**VII. COLLABORATED WITH:** Hospital Administrator, Medical Director, Director of Clinical Services, Rehabilitation Department Manager, Occupational Therapist

**VIII. RESCISSIONS:** #RTS-06, *Occupational Therapy Services* dated August 24, 2012.

**IX. DISTRIBUTION:** All Hospital Policy Manuals

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Rehabilitation Program Manager

**XII. ATTACHMENTS:** None

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 John W. Glueckert                      Date  
 Hospital Administrator

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 Thomas Gray, MD                      Date  
 Medical Director