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| <b>Name of Policy:</b> <u>Patient Assessment and Care Documentation</u><br><b>Policy Number:</b> 3364-137-IPG-02<br><b>Department:</b> Rehabilitation Services<br><b>Approving Officer:</b> Chief Operating Officer - UTMC<br><b>Responsible Agent:</b> Director, Therapy Services<br><b>Scope:</b> Rehabilitation Services | <br><br><b>Effective Date:</b> 12/1/2022<br><br>Initial Effective Date: 5/1994 |
| <input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy<br><input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy  |  |

**(A) Policy Statement**

All patients will receive a thorough assessment prior to initiation of services. Services provided will be based on the assessment, collaborated with the patient, and coordinated with team members. All patient documentation will be thorough, complete, and timely for optimal patient care.

**(B) Purpose of Policy**

To ensure quality patient care provided in a coordinated interdisciplinary framework.

To establish guidelines and time frames for completion of required documentation for all patients served by Rehabilitation Services.

**(C) Procedure**

1. EVALUATIONS

a. Acute Care

Evaluations will be initiated within 48 hours of receipt of orders. Notations will be made in the electronic medical record if therapist are unable to see due to restrictions and/or unavailability.

b. Outpatient Services

All acute and OP rehab initial evaluations and documentation will be completed via the electronic medical record system within 48 hours of completion with the following exceptions: 1) swallow evaluations will be entered on the same day as the evaluation is rendered, 2) speech-language evaluations will be entered in the chart within 5 working days of completion, and 3) neuropsychological test results, 2 weeks after completion.

2. PLANS OF CARE

Each person served will have an individualized plan of care. The plan will be developed based on the individual’s preferences, health risk factors, strengths, abilities, and needs as identified in the assessment. Each treatment plan will include goals, therapeutic interventions utilized to achieve each goal (specification) and time frames to achieve stated goals. The plan will be assessed and modified as indicated. Revisions in the plan will be made following input from the person served and/or the family. The care coordination staff assigned to the person served will assume responsibility for coordination of services.

3. TREATMENT NOTES

A note describing progress towards goals will be completed following each treatment session.

4. TEAM CONFERENCE REPORTS

Information will be provided for each team conference by all services involved. Description of progress and current level of function will be provided either as a specific team conference report or in reference to weekly treatment notes. Interdisciplinary team communication maintained through Microsoft Teams.

5. DISCHARGE SUMMARY

A summary of patients' status at discharge compared to status upon initiation of treatment will be completed on all outpatients. Discharge summaries for all outpatients, will be completed in a timely manner with notification to referring physician, however, no later than 30 days from the last appointment.

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| <b>Approved by:</b>                                  |           | <b>Review/Revision Date:</b>       |           |
| /s/  | 8/3/23    | 7/97                               | 8/2006    |
| Alison Matson PT, DPT, NCS                           | Date      | 9/97                               | 1/2008    |
| Director of Therapy Services                         |           | 10/97                              | 9/2009    |
|  |           | 3/98                               | 7/2012    |
| /s/  | 2/11/2025 | 9/98                               | 12/2012   |
| Christine Stesney-Ridenour, COO                      | Date      | 9/99                               | 7/2013    |
|  |           | 9/2000                             | 11/1/2016 |
|  |           | 2/2001                             | 11/2019   |
|  |           | 5/2002                             | 12/2022   |
|  |           | 9/2003                             |           |
|  |           | 11/2004                            |           |
|  |           | 9/2005                             |           |
|  |           | <b>Next Review Date: 12/1/2025</b> |           |
| <b>Policies Superseded by This Policy:</b> 23-IPG-02 |           |                                    |           |

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*