

X. REHABILITATION SERVICES

GUIDELINE: Rehabilitation services, which will be based on an assessment of the registrant's physical, cognitive, behavioral, communicative, emotional, pharmacological and social needs will be provided on-site, as appropriate. (Parts 759.4 (a)(2), 425.13)

DESCRIPTION OF SERVICES:

Rehabilitative interventions are directed toward restoring, improving, or maintaining the registrant's functioning, self-care, self-responsibility, independence and quality of life.

Central nervous system complications and reduced functional capacity associated with HIV illness and its treatment can seriously compromise the mobility of the registrant and cause significant pain syndromes as well. Central nervous system manifestations of HIV disease may include deficits in cognitive skills, neuropathy, loss of balance and coordination, hemiplegia and paraplegia. Basic therapy techniques may facilitate restoring the registrant's ability to perform activities of daily living to varying degrees.

The ADHCP will evaluate each registrant to determine their rehabilitation status and need for services. The physician, in collaboration with the interdisciplinary team, will determine the need for rehabilitative treatment. In addition, the Adult Day Health Care program physician will contact the registrant's primary care physician to review the recommendation for rehabilitation services.

Rehabilitative services are provided in accordance with accepted professional practice by a qualified physical therapist, speech-language pathologist, occupational therapist and qualified assistants.

The initial rehabilitation assessment process for each registrant addresses:

Functional status.

Prior level of functioning.

Rehabilitation potential.

When appropriate, the type, frequency and duration of treatment, procedures, modalities and use of special equipment applicable to physical, speech and occupational therapy needs of each registrant.

The initial assessment should conclude with a list of problems identified during the assessment.

The above evaluation data is utilized in collaboration with the interdisciplinary team to develop CCPs that address rehabilitation needs including:

Registrant's personal goals for rehabilitation.

Living, learning and activity goals.

Behavioral and functional goals.

Implementation of the plan with appropriate participation that includes:

Interventions directed toward attainable rehabilitation outcomes.

Coordinated and collaborative rehabilitation interventions.

Documentation of registrant's response to interventions, change in registrant's condition, choices for alternative therapies and progress toward meeting goals.

Referral to more intensive rehabilitation program if clinically indicated.

Rehabilitative services to be provided on-site include:(Part 759.6(g))

Activities to promote strengthening and maintenance of current level of functioning.

Coordination with off-site rehabilitative professionals in the development and implementation of services whose outcome is restoration of lost functioning.

XI. ACTIVITIES SERVICES

<p>GUIDELINE: The Adult Day Health Care program will provide an activities/leisure times need assessment for program registrants as well as provide an on-site activities program. (Parts 759.6(h), 425.14)</p>
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DESCRIPTION OF SERVICES:

The goals of the activity program are:

To promote a greater level of independent living.

To help socialize registrants into the program community.

Enhance interpersonal and socialization skills.

Help registrants structure leisure time when away from the program.

Enhance registrants' expressive abilities in relation to their HIV/AIDS status as well as other bio-psycho-social stressors through verbal and nonverbal interventions.

Link registrants to community socialization/recreational resources.

Interventions related to these goals have the purpose of sustaining program registrants at the highest level of bio-psycho-social functioning.

Activities services should include the development and implementation of a daily activities program. Special attention will be paid to those registrants suffering from AIDS-related dementia. A monthly and daily calendar should be produced informing both registrants and staff of the activity schedule.

The initial activities assessment will include:

Recreational interests.

Current use of leisure time.

Affiliations with community recreational and socialization groups and/or organizations.

Functional strengths and limits (such as chemical dependency, financial constraints, and altered physical states) as they relate to registrants' ability to participate in an activities program.

The initial assessment should conclude with a list of problems identified during the assessment.

Ongoing activities will be delivered in either a community, group or individual format.

The above assessments and interventions will be utilized in collaboration with the interdisciplinary team to develop and execute CCPs that address registrants' recreation and socialization needs.

XII. PASTORAL CARE

GUIDELINE: Pastoral care will be available for all registrants. (Parts 759.6(j), 425.15)

DESCRIPTION OF SERVICES:

For many registrants, having a spiritual connection can be a source of strength, hope and a means of comfort for facing and dealing with their illness, examination of loss and mortality. Thus, the availability of pastoral care services can help registrants with a variety of needs:

To gain a sense of purpose and wholeness.

To reconnect with life and spirituality.

Recommended services might include:

Pastoral counseling.

Hospital and home visitation.

Bereavement support for registrants, loved ones and staff.

Memorial services and arrangements.

Specific religious referral for spiritual care.

Family/crisis intervention.

XIII. QUALITY ASSURANCE

GUIDELINE: The ADHCP administrator is accountable and responsible for implementing a quality assurance program that assesses and improves the quality of the governance, management, clinical and support services. (Parts 759.8, 425.22)

DESCRIPTION OF SERVICES:

Three categories of health care characteristics can be used to monitor the quality of health care services provided within the ADHCP setting. These categories, structure, process and outcome, may be used respectively to address issues specific to resources and the ADHCP's ability to provide health care services, the manner in which care is delivered and the quality of care provided. Structural measurements address resource requirements, organizational management, operations, and policies and procedures directed toward the quality of care. Process measurements examine the characteristics of care delivered or not delivered. In addition, components of care can be evaluated using criteria that considers professional standards of quality care or measures of registrant satisfaction. Outcome measures should examine how effective the ADHCP is in maintaining and improving health care services for individual registrants.

The ADHCP is required to develop systems for quality assessment and improvement that describe quality assurance objectives, organization, scope, and methods for determining the effectiveness of their monitoring, evaluation, and problem solving activities.

The scope of health care of the ADHCP must be reflected in the monitoring and evaluation activities; that is, all services provided to registrants in the ADHCP are monitored and evaluated as an integral part of the quality assessment and improvement program.

The quality assessment and improvement program should address the following components:

- Appropriateness of admission to program.

- Interdisciplinary team planning/case management.

- Clinical services including medical, nursing and medication administration practices.

- Collaboration with primary care physician.

- Nutritional services.

- Rehabilitative services.

- Substance abuse services.

- Risk reduction services.

- Staff development.

- Exit planning and readmissions to the program.