

CHAPTER 131. REHABILITATION SERVICES**GENERAL PROVISIONS**

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GENERAL PROVISIONS**§ 131.1. Principle.**

Rehabilitation services shall be available to meet the needs of the patients. These may include physical medicine, physical therapy, occupational therapy and other related programs.

§ 131.2. Organization and staffing.

Organized rehabilitation services within the hospital shall be provided by a qualified staff of adequate size to meet patient needs and under qualified medical direction.

§ 131.3. Director.

A hospital which provides rehabilitation services shall organize those services under the direction and supervision of: a psychiatrist who is a member of the medical staff; a physician who is a member of the medical staff and who, on the basis of training and experience, is knowledgeable in physical medicine; or a medical staff committee whose chairman directs the program with committee guidance.

§ 131.4. Personnel.

Rehabilitation programs such as physical therapy and occupational therapy shall be under the direction of persons licensed or registered in their respective fields and employed either full time or part time to implement the programs and carry out treatments as ordered by the medical staff. Designated procedures may be performed insofar as is consistent with law by supportive personnel who have completed an organized training or on-the-job training program to qualify them for the performance of their duties.

§ 131.5. Nursing services.

(a) Restorative nursing services shall be coordinated with rehabilitation programs.

(b) If specialized nursing services are provided, they shall be governed by Chapter 109 (relating to nursing services) and by the following provisions:

(1) Restorative nursing services shall be under the direction and supervision of a registered nurse qualified by training and experience in rehabilitation and restorative nursing.

(2) There shall be an active restorative nursing care program to carry out, between visits of the physical therapist, those procedures which are consistent with the qualifications of the restorative nursing staff.

(3) Restorative nursing care shall include the following measures, among others:

- (i) Maintaining good body alignment.
- (ii) Proper positioning of bedfast patients.
- (iii) Keeping patients active.
- (iv) Helping patients stay out of bed in accordance with prescribed orders.
- (v) Developing independence in activities of daily living.

§ 131.6. Organizational plan.

Rehabilitation services and other physical restorative and maintenance programs shall be identified in a current written organizational plan which defines the responsibility, authority, and relationship of all personnel within each service and program.

§ 131.7. Services provided outside the hospital.

When rehabilitation services required by an inpatient are not provided within the hospital, such services must be arranged for, upon prescription by a practitioner from appropriate community resources. These services must be in accordance with standards outlined in this chapter.

FACILITIES AND EQUIPMENT**§ 131.11. Principle.**

When rehabilitation services are provided within the hospital, there shall be adequate space, facilities, and equipment to fulfill the professional, educational, and administrative needs of the services. Each rehabilitation service area should be easily accessible to patients by means of transportation ordinarily available to patients requiring rehabilitation services. Equipment shall be provided to meet the needs of patients served, shall be calibrated according to the directions of the manufacturer, and shall be serviced periodically as part of a preventive maintenance program. Records of equipment servicing shall be maintained and retained for the life of the equipment.

POLICIES**§ 131.21. Policies and procedures.**

Policies and procedures for rehabilitation services shall be developed by the director of rehabilitation or by the designated medical staff committee in cooperation with representatives from the medical staff, the administration, the nursing service and other appropriate services. Policies and procedures shall be reviewed periodically, revised if necessary, and dated to indicate the time of the last review.

§ 131.22. Treatment orders.

Rehabilitation treatment shall be initiated only upon the written prescription of the responsible physician.

§ 131.23. Plan of care.

There shall be a current written plan of care for each patient receiving treatment, based on the direction of the attending physician and on the rehabilitation potential of the patient. The plan of care shall state the needs and limitations of the patient as well as the goals of the treatment program for that patient. Because the patient should be an active participant in his treatment program, the prescribing physician or the person providing the service, or both, should discuss the treatment goals and the capabilities of the rehabilitative service with the patient or his family, or both. The prescribing physician, or the person providing the service, or both, should participate in planning for the discharge and followup care of the patient, whenever indicated. The patient or his family, or both, should receive the written instructions that are necessary for the appropriate aftercare of the patient.

§ 131.24. Patients' medical records.

Inpatient rehabilitation therapy orders, procedures and treatments shall be recorded in the patient's medical record, in accordance with Chapter 115 (relating to medical record services). The responsible therapist shall make notations in the patient's chart which reflect repeated evaluations of the patient's progress. Records shall be reviewed by the medical staff at prescribed intervals to evaluate the service and to ascertain means of improving the quality of patient care.

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