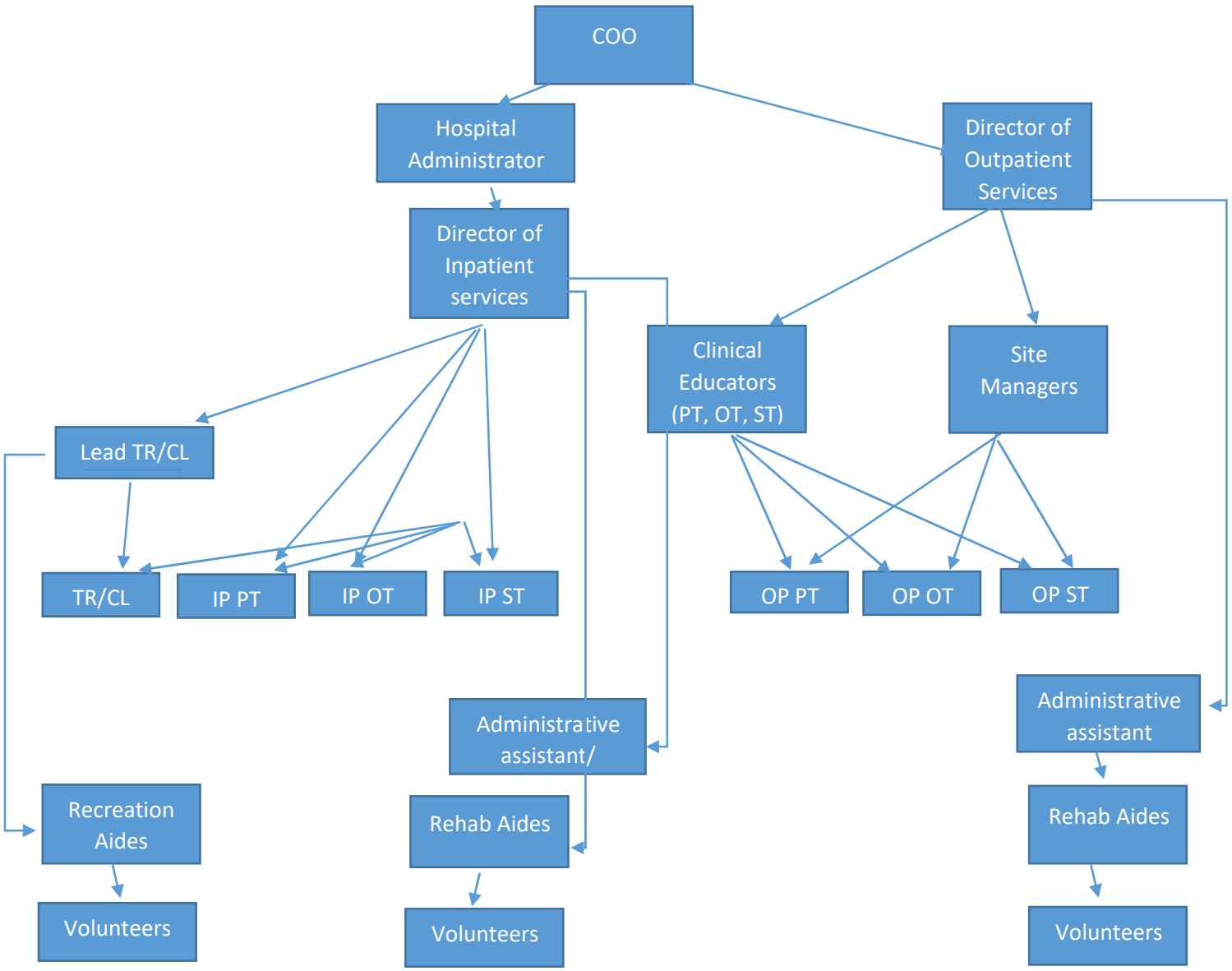

COO
Hospital Administrator
Director of Outpatient Services
Director of Inpatient services
Clinical Educators (PT, OT, ST)
Site Managers
Lead TR/CL
TR/CL
IP PT
IP OT
IP ST
OP PT
OP OT
OP ST
Administrative assistant/
Administrative assistant
Recreation Aides
Rehab Aides
Rehab Aides
Volunteers
Volunteers
Volunteers

WEISMAN CHILDREN'S REHABILITATION HOSPITAL
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: SAFETY AND SECURITY No: 401.00

EFFECTIVE DATE: 9/23/99 Page 1 of 3
REVIEWED/REVISED: 04/22/03, 10/25/04, 11/25/05, 1/9/06, 1/4/07, 02/21/08, 01/25/09, 7/2010, 8/2011, 7/2012, 3/2015, 01/2018, 7/2018, 1/2021

PURPOSE:

To provide guidelines for the assurance of safety and security within the outpatient program.

POLICY:

Every aspect of rehabilitative care within the WCRH Outpatient Rehab Program will be provided with awareness of safety and security for the patient and care providers at all times. The Outpatient Rehab Program follows the safety policies and procedures established for the hospital (see Environment of Care Manual for specifics).

PROCEDURES/GUIDELINES:

Security Measures:

1. All patients and families/responsible parties accompanying the patient to appointments will be instructed to sign in at the front lobby desk.

2. All staff will display proper identification (employee badge) at all times.

3. Therapy areas should be locked when unattended.

Safety Measures

1. Treatment/patient preparation will be determined appropriately according to patient diagnosis, disability, medication, special instructions, and prescription. Type of modality and treatment may require proper preparation of equipment/ equipment check and set-up prior to therapy session.

2. In the case of an emergency requiring medical attention, staff is to direct the family to seek treatment from their family physician, directed to the closet emergency room or call 911 depending on the severity.

3. All electrical equipment should be grounded, have a 3-prong plug, and display a current/valid safety check/inspection sticker

4. All equipment should be maintained in safe, operating condition. All manufacturer's guidelines and recommendations for equipment maintenance and safety will be followed. This literature will be kept available within each individual department for staff reference for items utilized by the specific discipline.

5. Any defective or broken equipment should be reported to the Director of Outpatient Rehab, Clinical Site Manger or designee immediately. The Director will notify biomedical services when appropriate. Any equipment which is not working properly must be removed from patient care areas immediately.

6. Any safety concerns such as slippery floors, defective electrical cords, etc. are reported immediately to the Director of Outpatient Services, Clinical Site Manager or designee.

7. Whenever electrical outlets are not in use, child-proof outlet covers should be in place unless child proof outlets are present.

8. All doorways and passageways/halls should be free from obstruction.

9. Patients should never be left unattended in any area of the building.

10. Motor therapy should be performed on/over a mat, particularly when using suspended vestibular equipment, when the patient is placed on a therapy ball or other moving surface, and/or when working on general balance activities, etc.

11. Therapy ball treatment should take place while on a floor mat vs. up on a mat table.

12. Staff should observe appropriate lifting and transfer techniques in managing patients and employ proper body mechanics.

13. Any injuries to patient or staff members, are reported immediately to the Director of Outpatient Services, appropriate procedures are followed to immediately address the injury. Staff incident reports will be completed as per WCRH policy.

14. Incident reports/documentation will be completed and submitted to the Director of Outpatient Services as well as the Quality and Safety Department.

15. All toys, mats, and other equipment will be properly cleaned in between each patient use, observing infection control guidelines.

16. All cleaning agents, chemicals, germicides, etc. will be kept in an elevated, cabinets, out of patients' reach.

17. In the event of fire, adhere to the R.A.C.E. protocols: R – Rescue
A – Alarm
C – Contain
E – Extinguish

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT PROGRAM MANUAL

SUBJECT: CPR CERTIFICATION No. 402.00

EFFECTIVE DATE: 12/2/97 Page: 1 of 1
REVIEWED/REVISED: 04/23/03, 10/25/04, 11/25/05, 6/06, 1/8/07, 1/4/08, 01/25/09, 7/10, 8/11, 7/12, 3/26/15, 1/18, 7/18, 8/18, 1/21

PURPOSE:
To establish guidelines for cardiopulmonary resuscitation certification.

POLICY:

All members of the Outpatient Program that are in direct contact with patients shall maintain current CPR Certification.

PROCEDURE:

1. If not currently certified upon hire, new employee may obtain certification within 30 days of hire date.

2. Certified staff will be responsible for obtaining re-certification prior to the expiration of their current CPR certification.

3. CPR certification is available through HealthStream (online staff portal) at no cost to the employee. Staff can complete education modules during scheduled work time when not engaged in direct patient care. If any additional time is needed, staff will contact their Clinical Site Manager to make these arrangements.

4. Staff may choose to participate in training outside of the Hospital. Prior approval of the course must be obtained from the Clinical Site Manager. The outside program must be a certified Basic Life Support program that includes adult, child and infant. Training will occur outside of scheduled work hours and will be at the employee's expense.

5. All staff will submit evidence of current CPR certification and re-certification to the staffing coordinator as well as the Human Resources department.

6. CPR certification must be current in order to engage in any patient care activities.

_____	_____
Director of Outpatient Program	Administrator

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (VPRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: DEPARTMENTAL COMMUNICATION No: 403.00

EFFECTIVE DATE: 12/2/97 Page 1 of 1
REVIEWED/REVISED: 04/23/03, 10/25/04, 12/3/05, 1/9/06, 1/8/07, 1/4/08, 01/25/09, 7/2010, 8/2011, 7/2012, 3/2015, 1/2018,7/2018, 1/2021

PURPOSE:

To establish a forum for discussion between staff and management to address topics related to the Rehabilitation Department. Including but not limited to the Outpatient, Inpatient, and Medical Dar Care departments.

POLICY:

Departmental meetings will be held on a monthly basis at each of the outpatient facilities. All staff shall be required to attend these meetings unless excused by the Clinical Site Manager or Department Director.

PROCEDURE:

1. Staff will be given advanced notice of all scheduled meetings via email, staff calendar, or treatment schedule notations.

2. Documentation of meeting content will be maintained in the form of minutes. Attendance sheets will be collected and filed by the Clinical Site Manager or the Department Director

3. Minutes of the meeting will be available on the organizational shared drive. Staff not in attendance shall be responsible for reviewing the meeting minutes and will be held accountable for all information discussed and shared during the meeting.

_____ _____
Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: RESOLUTION OF COMPLAINTS No. 405.00

EFFECTIVE DATE: 12/2/97 Page 1 of 1
REVIEWED/REVISED: 04/23/03, 11/8/04, 12/03/05, 1/9/06, 01/08/07, 02/21/08, 01/25/09, 7/10, 8/11, 8/12, 3/15, 1/18,7/18, 1/21

PURPOSE:

Weisman Children's Rehabilitation Hospital is dedicated to providing quality care and promoting customer satisfaction.

POLICY:

It is the policy of Weisman Children's Rehabilitation Hospital to maintain a mechanism for the recognition, prompt resolution and tracking of patient and family complaints.

PROCEDURE:

1. All patient/family complaints are brought to the attention of the Director of Outpatient Rehab Services.

2. The Director of Outpatient Rehab Services will investigate the complaint and work to resolve it.

3. If the complaint is not resolved by the Director of Outpatient Rehab Services, the complaint will be referred to:

    a. Administrator
    b. Chief Operating Officer
    c. Business Office Manager

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: QUALITY IMPROVEMENT PLAN No: 406.00

EFFECTIVE DATE: 9/23/99 Page: 1 of 1
REVIEWED/REVISED: 04/23/03, 11/01/04, 12/03/03, 1/9/06, 01/09/07, 02/21/08, 01/25/09, 7/10, 8/11, 7/12, 3/15, 1/18,7/18, 1/21

PURPOSE:

To monitor the performance of the department and make process improvements as necessary based on data and information collected through monitoring.

POLICY:

Quality/Performance improvement will be coordinated by the Director of Outpatient Rehab Services and reported quarterly to the WCRH Performance Improvement committee. Each location shall take part in an overall outpatient PI project and develop their own projects to meet the need of each site.

PROCEDURE:

See the Scope of Services/Department Plan for details.

_____ _____
Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: DEPARTMENT HOURS OF OPERATION No: 407.00

EFFECTIVE DATE: 2/10/98 Page 1 of 1
REVIEWED/REVISED: 04/23/03, 10/29/04, 12/03/05, 1/9/06, 1/8/07, 3/5/08; 01/25/09, 7/10, 8/11, 7/12, 3/15, 1/18, 8/18, 1/21

1. Outpatient Rehab Program services and staff shall be available as follows:

   A. Marlton: 8:00 a.m. to 7:00 p.m Monday through Thursday; 8:00 to 5:00 on Friday; and 8:00 a.m.

   B. Pennsuaken: 8:00 a.m. to 6:00 p.m. Monday, Wednesday and Thursday; 8:00 am to 7:00 pm Tuesday; 8:00am to 5:00pm Friday.

   C. Washington Township: 8:00 a.m. to 6:00 p.m. Monday through Wednesday; 8:00 a.m. to 7:00 p.m. Thursday; 8:00 a.m. to 5:00 p.m. on Friday

   D. Northfield: 8:00am to 6:00 p.m. Monday, Tuesday, Thursday; 8:00 a.m. to 7:00 p.m. on Wednesday; 8:00 a.m. to 5:00 p.m. on Friday

   E. Vineland: 8:00 a.m. to 6:00 p.m. Monday, Tuesday, Thursday; 8:00am to 7:00pm Wednesday; 8:00am to 5:00pm Friday

2. All outpatient locations will be closed on the following holidays:

   New Years Day
   Memorial Day
   Independence Day
   Labor Day
   Thanksgiving Day
   Christmas Day

3. In the event of a holiday closure, every attempt will be made make up missed therapy sessions.

4. Schedules shall remain flexible to accommodate patient's needs in treatment. All attempts will be made to make up missed therapy sessions due to holidays, illness, or other reasons for absenteeism.

5. Appropriate staff/patient ratios shall be maintained at all times.

_____ _____
Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
SAFETY MANUAL

SUBJECT: INCIDENT REPORTS: Non-Employee **NO: 408.00**

EFFECTIVE DATE: 6/22/2021 **PAGE: 1 OF 3**
REVIEWED/REVISED:

PURPOSE:
To provide a mechanism for the identification of actual and potential adverse occurrences in the hospital which might affect the health and safety of non-employees, volunteers, patients and visitors of WCRH.

POLICY:
Incident reports are used to document unexpected events which may occur to non-employees. These reports are used in ongoing monitoring, evaluation and improvement activities related to patient care and safety. They also provide an early warning system which contributes to improved quality and safety, as well as risk education.

The incident report is a confidential document that is not part of the medical record and is not used for disciplinary purposes. Incident reports are considered part of the Peer Review process, thus should be protected from discovery by law. As with all documents, care should be taken to limit information to an objective presentation of the facts. The event and follow-up treatment for patient care incidents must be documented in the medical record.

Federal law requires the reporting of any medical devices that cause death, serious injury or illness to a patient. A serious injury or illness is one that is life-threatening, results in permanent impairment or damage, or necessitates medical or surgical intervention to preclude permanent impairment or damage. The Risk Management Department, with assistance as needed from appropriate individuals or committees, is responsible for investigating the incident and reporting information to the Food and Drug Administration or manufacturer, when appropriate. While the Non-Employee Incident Report is the trigger for this process, a call should be made to the Compliance Officer.

PROCEDURE:
A. ACCIDENTS-INCIDENTS REPORTING:

1. In the event of injury, appropriate action will take precedence over completion of the Non-Employee Incident Report ("Incident Report") to ensure the safety of the person involved in the event. (See Attached)

2. **Nursing must be notified immediately of all incidents involving patients**. Upon assessment of the patient by the nurse, the nurse will notify the physician of the event. If the event involved a visitor and medical treatment is required, the visitor may be sent to Virtual Marlton Emergency Department.

3. Events resulting in or posing threat of serious injury or death and/or a hazard crisis will be reported immediately to the Administrator and the Nurse Executive.

4. Documentation of the event in the progress notes of the medical record is to be charted by the staff member who was with or discovered the patient. This documentation will take place in an objective manner as soon as the patient is safe. **Do not** write, in the medical record, any reference to an incident report, e.g. **do not** write "Incident Report completed." **Do** chart all information regarding the patient's condition, action taken, treatment provided, if any, patient's response, and other any pertinent information.

5. Once notified of the event, nursing will perform an assessment of the patient and document the findings, action taken, the patient's response and any other pertinent information. The physician will also document any assessment findings, care provided, patient's response and any other pertinent information. Any changes, worsening signs/symptoms or improvements subsequent to the event shall be charted in the progress notes. Documentation of the patient's status related to any event should be documented until the injury or effect is resolved.

6. When an event occurs in the outpatient or medical day settings, the staff shall ensure the safety of the patient, document the event in the patient's medical records and complete an incident report. If the event involved a visitor, the visitor may be offered a visit to the emergency room at Virtua if medical treatment is required. **The outpatient department and Medical Day Center shall have specific action to be taken in their respective policy and procedure manuals.**

B. Completion of the Incident Report:

1. The employee who is involved, witnesses, discovers or first becomes aware of the event should complete the report.

2. Report the incident (e.g. injury, accident, loss or damage to property) to their supervisor and complete an Incident Report. The Incident Report is to be used for all non-pharmacy and non-employee incidents.

3. The recording employee must write actual observation only. For example, if the patient was found on the floor, write "patient was found on floor." Do not write "patient fell" unless the fall was observed.

4. Documentation must be factual and specific. The name and address of any non-employee involved in or witness to the incident shall be included in the documentation.

5. The form is divided into sections based on the type of incident. The section applicable to an incident is the only section that must be completed by the employee. The Incident Report is then given to the immediate supervisor.

6. The supervisor will review the report to ensure documentation is complete, investigate the events surrounding the incident and complete side 2. When conducting an investigation the supervisor may include role playing or other means of investigation as appropriate.

7. Do not place the Incident Report in the patient's medical record.

C. INTERNAL ROUTING OF INCIDENT REPORTS:

1. Site managers (or designee) shall review and ensure completion of all pertinent information, initial, date and forward the Incident Report the Director of Outpatient Rehab Services. The Director of Outpatient Rehab Services will then forward to the Compliance Officer.

2. The Compliance Officer shall review, analyze and include the information obtained from the incident reports in the trending report presented to the Performance Improvement and Safety Committees. The data will be reported to the Governing Body.

_____

Safety Officer

Reference: Healthcare Risk Control, Volume 2, Risk Analysis Incident Reporting and Management.

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: Escalation to a Higher Level of Care **NO: 409**

EFFECTIVE DATE: 03/18/2026 **PAGE: 1 OF 3**

REVIEWED/REVISED:

PURPOSE:

To ensure the safety of patient receiving outpatient rehabilitation services by providing guidance for rehabilitation staff on consulting WCRH nursing or to activate Emergency Medical Services (EMS) by calling 911 in the event of a suspected or actual emergency patient situation.

POLICY:

WCRH Outpatient Rehabilitation staff who identify signs of medical instability or an emergent change in a patient's condition during an outpatient treatment session must immediately activate Emergency Medical Services (EMS) by dialing 911 without delay. For non-urgent clinical concerns, outpatient staff will reach out to WCRH Charge Nurse for guidance and direction. A Registered Nurse is available on a consultative, off-site basis during outpatient operating hours.

PROCEDURE:

1. Escalation
    a. Rehabilitation staff will immediately contact the WCRH charge nurse or designated Registered nurse for consultation when in need of direction related to a situation that is not life-threatening and does not pose a present risk of serious injury, based on their clinical judgement.
    b. Rehabilitation staff will contact Emergency Medical Services at 911 if encountering a patient situation or injury that could be life threatening, risk serious injury, and/or requires immediate emergency intervention, based on their clinical judgement.
        i. When EMS is activated, the therapist will ensure the safety of the patient, remain with the patient until care is transferred, and initiate Basic Life Support or first aid measures within the therapist's scope of practice and training if necessary
    c. If the event involved a visitor, the visitor may be offered a visit to the emergency room at Virtua if medical treatment is required.
2. Documentation and Reporting
    a. In the event of injury, the employee will complete a Non-Employee Incident Report (See EOC 18, *Incident Report, Non Employee*), but

appropriate action as described above will take precedence over completion of the report to ensure the safety of the person involved in the event.

i. Events resulting in or posing threat of serious injury or death and/or a hazard crisis will be reported immediately to the Administrator, Director of Outpatient Rehabilitation, the Nurse Executive, and the Safety and/or Compliance Officer.

b. Documentation of the event in the progress notes of the medical record is to be charted by the staff member who was with or discovered the patient. This documentation will take place in an objective manner as soon as the patient is safe. Do not write, in the medical record, any reference to an incident report, e.g. do not write “Incident Report completed.” Do chart all information regarding the patient’s condition, action taken, treatment provided, if any, patient’s response, and other any pertinent information.

Nurse Executive/Director of Nursing (Print)	Nurse Executive/Director of Nursing (Signature)	Date
Director of Outpatient Rehabilitation (Print)	Director of Outpatient Rehabilitation (Signature)	Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: OUTPATIENT ADMISSION CRITERIA No. 800.00

EFFECTIVE DATE: 12/2/97 Page 1 of 1
REVIEWED/REVISED: 04/23/03, 11/23/04, 12/03/05, 1/9/06, 01/09/07, 02/21/08, 01/25/09, 7/10, 8/11, 7/12, 3/15, 1/18, 4/18, 8/18, 1/21

PURPOSE:

To identify patients who are eligible and may benefit from outpatient services

POLICY:

Patients referred and admitted for outpatient services must meet the Outpatient Program's admission criteria.

PROCEDURE:

Patients admitted to the Outpatient Program must meet the following criteria:

1. Must be medically stable.
2. Received a physician referral and/or prescription for service(s) referring the patient for outpatient rehab.
3. Received a referring diagnosis requiring the services of a licensed OT, PT, ST, COTA or PTA, or credentialed RDN.
4. Demonstrate potential for functional improvement in a reasonable period of time.
5. Patient and caregivers demonstrate motivation and a desire to participate in the outpatient services.

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: OUTPATIENT INTAKE/ADMISSION PROCESS No. 801.00

EFFECTIVE DATE: 12/2/97 Page 1 of 2
REVIEWED/REVISED: 04/23/03, 11/18/04, 12/04/05, 1/9/06, 01/08/07, 01/24/08, 01/25/09, 7/2010, 8/2011, 3/2015, 1/2018,1/2021

PURPOSE: To establish an efficient mechanism for registering outpatients and ensure effective communication to all departments.

POLICY: Patients scheduled for outpatient services complete the admission process prior to the time of the initial outpatient visit with the Intake Coordinator. Registration is completed at the time of the appointment with the outpatient Receptionist.

PROCEDURE:

1. Initial Intakes are received by Intake Coordinator via phone or in person. All pertinent information is obtained and entered in EMR; including but not limited to, demographics, insurance information, verifications and related clinical information. Admission forms are mailed or delivered to family for completion.

2. Upon arrival at the facility, the patient and the family are directed to reception desk where the receptionist reviews with the patient and family the necessary forms required to enter into the Medical Record to begin treatment.

3. A Medical Record is begun which includes the following documents:

   A. HIPAA Consumer Rights
   B. Consent to Use and Disclosure of Protected Health Information
   C. Consent for Care and Treatment
   D. Consent to Representation in Appeals
   E. Patient Insurance Info
   F. Payment Policy
   G. Letter of Agreement
   H. Copy of Insurance Card(s)
   I. Photo ID
   J. Physician Prescription(s)
   K. Referral from Primary Physician if required
   L. Copies of related diagnostic studies, evaluations, discharge summaries, etc. if available.

4. The receptionist scans all documents into the child's electronic medical record in the attachments section of the chart.

5. Each family is provided with a folder, by the treating therapist, containing a copy of the Episodic Care Brochure, Attendance Policy, Consent for Care and Treatment, HIPAA Consumer Rights, Letter of Agreement and general info.

_____		_____	
Director of Outpatient Services	Date	Administrator	Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: INSURANCE VERIFICATION No: 802.00

EFFECTIVE DATE: 9/23/99 Page: 1 of 2
REVIEWED/REVISED: 04/23/03, 11/8/04, 12/04/05, 1/9/06, 01/09/07, 02/21/08, 01/25/09, 7/10, 8/2011, 8/2012, 3/2015, 1/2021

PURPOSE: To establish a procedure for verifying insurance eligibility and benefits.

POLICY: Prior to a admission for outpatient services, the patient's insurance eligibility and benefits will be verified.

PROCEDURE:

1. Payer Source / Insurance is identified during intake process by the Intake Coordinator from the referral source.

    a. The Insurance Coordinator will obtain the following information necessary to verify insurance eligibility and benefits and document in the patient's electronic medical record:
        - Name of insurance company (primary and secondary if applicable)
        - Guarantor name/relationship
        - Policy numbers
        - Phone number of Provider Services of the identified insurance company
        - Name and phone number of any external case manager(s) of referred patient

2. The Insurance Coordinator will determine if WCRH is a participating provider for outpatient services of the identified insurance carrier.

    a. Determination of in network versus out of network status can be obtained through contracts provided by the contracting representative of the Weisman Children's Health System and/or through the provider services office of the carrier.

3. The Insurance Coordinator will verify eligibility status.

    a. Eligibility is determined by obtaining the effective date and status of the insured through the provider services office of the carrier.
        1. Effective date must be prior to date of service.
        2. Status must be active versus inactive/terminated.

4. The Insurance Coordinator will verify benefits for services requested.

   a. Request for benefits must be based on contractual status (in-network versus out-of-network).

   b. The following information must be obtained when requesting benefits:
      - Information regarding any required referral(s)
      - Information regarding any Pre-certification required for evaluation and/or recommended visits/treatments
      - Reimbursement ratio – i.e. 100%, 80/20%, 70/30%
      - Out of Pocket maximum
      - Amount of co-pay for evaluation and subsequent visits/treatments (if any)
      - Number of visits allowed under benefit plan
      - Has patient used any of and/or exhausted available allowance
      - Procedure for extension of benefits
      - How to obtain non-capitated site authorization (if applicable)
      - Does the patient have a Fully Insured or Self-funded plan

5. The Insurance Coordinator will record verification of eligibility and benefits in the patient's electronic medical record.

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: INSURANCE EXTENSION No: 802.01

EFFECTIVE DATE: 9/23/99 Page:1 of 2
REVIEWED/REVISED: 04/23/03, 11/8/04, 12/04/05, 1/9/06, 01/09/07, 02/21/08, 01/25/09, 7/10, 8/2011, 8/2012, 3/2015, 2/2018,1/2021

PURPOSE: To establish a procedure for the extension of an insurance authorization of services.

POLICY: When an authorization for services is going to expire, the outpatient Insurance Coordinator is responsible for obtaining an extension if the patient has additional visits available under benefit limitations.

PROCEDURE:

1. The Insurance Coordinator will identify when an outpatient's authorization will expire.

    a. The Insurance Coordinator will keep track of number of approved visits, start date and end date.
    b. The Insurance Coordinator will determine if an extension for authorization and/or benefits is recommended by consulting with the providing therapist(s).
    c. The Insurance Coordinator will start extension procedure at least 2 weeks prior to the end date of the current authorization.

2. The Insurance Coordinator will obtain procedure for extension of the authorization and/or benefits from any or all of the following resources:
    a. Procedure given with initial authorization
    b. Procedure given from an external case manager
    c. General guidelines obtained from the insurer

3. The outpatient coordinator will continually communicate with the therapist(s), the parent/caregiver, the patient (if age appropriate), and the referring physician on the status of the request.

    a. The Insurance Coordinator is responsible for obtaining any required materials from the appropriate team member(s) within the specified time to decrease risk of interruption of service.

4. It is the responsibility of the Insurance Coordinator to ensure a record of the procedure for the extension of the authorization is documented in the "Notes" section of the patient's electronic medical record.

5. The Insurance Coordinator will inform the appropriate team member(s) of the outcome of the request.

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: COORDINATION OF TRANSFER FROM INPATIENT or DAY HOSPITAL SERVICES TO OUTPATIENT SERVICES — No. 803.00

EFFECTIVE DATE: 12/2/97 — Page 1 of 2
REVIEWED/REVISED: 04/23/03, 11/9/04, 12/04/05, 1/9/06, 01/09/07, 02/21/08, 01/25/09, 7/10, 8/11, 8/12, 3/15, 1/2021

PURPOSE: To establish a means to effectively coordinate the transition from the WCRH inpatient or day hospital stay to outpatient service.

POLICY: All inpatients that transfer from WCRH inpatient or day hospital to outpatient services will receive a coordinated transition.

PROCEDURE:

1. All inpatients that may potentially transfer to outpatient services are identified during inpatient or Day Hospital team conferences.

2. Prior to Inpatient or Day Hospital discharge, the interdisciplinary team discusses and determines what outpatient therapies are recommended and needed. Patient/family is included in this process.

3. If the patient is to receive outpatient services at WCRH:

    a. The case manager consults with the attending physician to verify that the patient is appropriate for outpatient services and obtains a prescription for outpatient therapy services.

    b. 2 weeks prior to patient in Inpatient or Day Hospital transferring to Outpatient Services, the patient's benefits will be verified by the inpatient Case Manager and determination made with regards to in and out of network benefits.

    c. Once the outpatient insurance benefit is verified, the case manager will fill out the outpatient record form and forward it to the outpatient Intake Coordinator.

    d. The Intake Coordinator will create an outpatient case in the electronic medical record for every service the patient is referred.

e. The Intake Coordinator will verify the patient's insurance benefit and contact the outpatient scheduler with the patient's referral and/or authorization information to determine when the initial evaluation(s) can be scheduled.

f. The Intake Coordinator will coordinate with the inpatient social worker to go to the Inpatient unit and have the patient's family fill out an outpatient admissions packet. The completed packet will be scanned into the patient's file.

g. The scheduler will contact the family to schedule the initial evaluation(s).

_____		_____	
Director of Outpatient Services	Date	Administrator	Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: DISCHARGE PROCESS No. 809.00

EFFECTIVE DATE: 12/2/97 Page 1 of 3
REVIEWED/REVISED: 04/23/03, 11/22/04, 12/04/05, 1/9/06, 01/08/07, 01/24/08, 01/25/09, 7/10, 8/11, 8/12, 3/15, 1/2018, 5/2018, 1/21,12/23

PURPOSE: To ensure efficient, successful discharge, as well as ensuring appropriate post-discharge services/plan(s) and community resources are in place to meet all identified patient needs prior to discharge from the outpatient program.

POLICY: Discharge from the Outpatient Program is based on established discharge criteria/guidelines. All appropriate members of the Outpatient Program team (i.e. therapists, scheduler, insurance coordinator), as indicated, participate in the coordinated discharge planning of each patient receiving services.

PROCEDURE:

1. Discharge Criteria: Specific discharge criteria may vary with patient's age, impairment, and, prognosis for improvement. However, general guidelines include:

   a. Determination that the patient has reached his/her maximum potential and/or rehabilitation services are no longer warranted.

   b. Safe and appropriate transition plan is indicated and established.

   c. Cancellation of 4 or 50% of patient visits over a 60-day period.

   d. 2 No Show appointments over a 60-day period.

   e. As funding source dictates.

2. Discharge Planning:

a. Discharge planning as indicated by all appropriate members of the interdisciplinary team, begins at the time of the initial evaluation and is modified on an ongoing basis. Prior to discharge, the patient may be evaluated for and provided with the following:

i) Family instruction
ii) Food/Diet recommendations
iii) Assistive equipment
iv) Written home program
v) Referral to outside agencies/community service

b. Patient/family training shall be ongoing throughout the treatment period, with education and home instruction completed prior to discharge. This training shall be done by appropriate therapist(s), and coordinated as patient/family needs dictate. Written information will be provided, as indicated, on an individual basis.

c. Training shall be conducted in the patient/family's primary language, with appropriate interpreter services utilized as indicated.

d. Therapist(s) shall communicate specific post-discharge needs and identify community services/resources to the patient/family prior to discharge .

3. Discharge Documentation: Written discharge summary(s) shall be completed with 1 copy sent to the PCP/referring physician and 1 copy sent to the family within 72 hrs. of discharge from outpatient service(s).

4. Continuing Care Service:

a. At discharge, it may be recommended that the patient return for another episode of care following either a specified time frame and/or when the patient demonstrates a given set of functional skills.

b. At that time, the family will contact the Intake department and begin the intake process as a new patient.

c. WCRH will remain as an available patient/family resource for any discharge-related follow-up issues.

5. On Hold Status

Patients waiting for insurance authorization, reauthorization, or any other lapse in service, shall be classified as" on hold":

a. Patients will be considered "on hold" if treatment is detained due to insurance issues. The patient's treatment slot will be held for 4 weeks. Service(s) may resume after 4 weeks without re-evaluation if there is no significant change in patient medical/functional status. All "on hold" requests greater than 4 weeks must be reviewed and approved by the Director of Outpatient Services.

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDRENS'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: WAITING LIST FOR OUTPATIENT SERVICES No. 810.00

EFFECTIVE DATE: 12/2/97 Page 1 of 1
REVIEWED/REVISED: 04/23/03, 12/4/04, 12/04/05, 1/9/06, 01/08/07, 01/24/08, 01/25/09, 7/2010, 8/2011, 7/2012, 3/2015, 1/2018, 4/2018, 1/2021

PURPOSE:
To ensure access to the Outpatient Rehab Programs.

POLICY:
In the event that outpatient referrals exceed staffing, a waiting list is maintained by the Outpatient Scheduler and monitored by the Clinical Site Manager, Clinical Educators, Director of Outpatient Services and the Front Office Supervisor.

PROCEDURE:
1. With the approval of the Director of Outpatient Services, the Clinical Site Managers, the Clinical Educators of the Physical Therapy, Occupational Therapy, Speech Language Pathology Department(s), and the Director of Nutrition Services, waiting lists will be established in each discipline in the event of staff limitations.

2. Patients on the waiting list will be prioritized by therapeutic need and/or first applied/first served basis by the participating discipline.

3. Once the Scheduler receives notification from the Intake Coordinator that a case has been opened in the EMR, the Scheduler will place an initial call to the family to inform them their information has been received. At that time, the scheduler will inform the family if they will be scheduled or placed on the waiting list.

4. If a family has been placed on the waiting list and an opening occurs, the family will be contacted. If no return call after a total of 3 attempts, the family will be notified that they are being removed from the waiting list. Each attempt will be documented in the electronic medical record.

_____ _____
Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: CODE BLUE/CODE WHITE PROCEDURE/EMERGENCY PROCEDURE
No. 900.00

EFFECTIVE DATE: 12/2/97
REVIEWED/REVISED: 04/23/03, 10/25/04. 12/03/05, 1/9/06, 1/8/07, 1/4/08, 01/25/09, 7/10, 8/11, 8/12, 3/15, 1/18, 8/18, 1/21

PURPOSE: Establishment of procedure for respiratory/cardiac arrest in the Outpatient Rehab Program.

POLICY:

If a person suffers respiratory or cardiac arrest in the Outpatient treatment area(s), the therapist and/or other qualified person will begin rescue CPR and call for help.

PROCEDURE/OUTPATIENT CENTER

1. Therapist with the patient will begin rescue CPR.
2. Code blue will be announced by the front desk staff.
3. All available staff members will report to location to assist.
4. Receptionist or any available staff will dial 911 and ask for ACLS Support.
5. All available personnel will calm other patients and assist in clearing the area.
6. Clinical Site Manager, Director of Outpatient Services, and the Safety Officer will be notified.

_____ _____
Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

SAFETY MANUAL

SUBJECT: Code Yellow-Bomb Threat **No: 901.00 (EOC 50)**

EFFECTIVE DATE: 05/01/2012 **Page 1 of 9**
REVIEWED/REVISED: 5/2015; 1/17; 1/18, 1/21

PURPOSE:

The purpose of this policy is to maintain a safe and secure environment and to outline procedures to be utilized by staff, patients and families in the event of a bomb threat from tampered mail or suspicious packages.

POLICY:

It is the policy of the Outpatient Rehab Department to promote patient, family, and staff safety and to secure suspicious letters and/or packages upon discovery.

PROCEDURE:

Threat received by Telephone

If a bomb threat is received by phone, the person receiving the call will make every effort to keep the caller on the phone. If possible, a second employee will listen and take notes. The caller will be asked the questions on the Bomb threat report form. (Attachment1) See if you recognize the caller's voice.

Receipt/Discovery of Suspicious Package

A suspicious letter or package may have the following characteristics:

- Have any powdery substance on the outside,
- Have excessive postage, handwritten or poorly typed address, incorrect titles or titles with no name, or misspellings of common words,
- Have no return address, or have one that can not be verified as legitimate,
- Are of unusual weight, given their size, or are lopsided or oddly shaped,
- Have an unusual amount of tape, or
- Have strange odors or stains.

In the event a suspicious letter or package is identified, the receptionist/designee will:

- Not move or open a suspicious package or envelope.
  - If already opened, do not empty the contents.
- Not carry the package or envelope, show it to others, or allow examination by others.
- Not sniff, touch, taste, or look closely at it or any contents that may have spilled.

During business hours, contact the clinical site manager/designee immediately. Site manager/designee will contact the Director of Outpatient Services.

Secure the area to prevent access by closing the door or placing a barrier to the area.

- Wash your hands with soap and hot water to prevent spreading potentially infectious material to face or skin.
- Document a list of persons who:

- Were in the area when this suspicious letter or package was identified
- May have handled this package or letter.
- The list will be provided to the local public health authorities and law enforcement officials if requested.

The local Township Police Department and the New Jersey Department of Health and Senior Services will be notified by the clinical site manager/designee if the letter/package is deemed dangerous. Further instructions may be provided by the Police Department and/or the New Jersey Department of Health and Senior Services.

Response to Bomb Threat

The clinical site manager will notify the following:

- The building manager/landlord and any surrounding business
- Weisman Children's Hospital 856-489-4520
- Local Township Police by dialing 911

The clinical site manager/designee will announce **THREE TIMES** as follows:

ATTENTION PLEASE

CODE YELLOW

- All entrances are secured by staff. Only emergency personnel and those approved by the clinical site manager/designee will be permitted to enter the building during the **CODE YELLOW**.
- Oxygen and other flammables are to be shut down as directed by the clinical site manager/designee after consultation with the Police/Bomb Squad and after determining and meeting the needs of patients.
- All radio and cellular phone transmissions must be suspended as directed by the clinical site manager/designee after consultation with the Police/Bomb Squad.
- Police/Bomb Squad will search common areas including the lobbies, restrooms, stairwells, and storage areas. The search will include observing each room and open area for signs of unusual or suspicious items or conditions.
- If a suspicious-looking item is found, the item is not to be handled. The area is to be cleared of personnel and a safety perimeter established. The clinical site manager/designee is to be notified immediately. The Police will notify the Bomb Squad, who will determine the method of removal.
- Evacuation is to be determined by the clinical site manager/designee after collaboration with the Police and/or Bomb Squad.
- In the event of evacuation, refer to the WCRH's Evacuation Policy, AM 904, or the WCRH evacuation policy.
- When it has been determined that the bomb threat has been resolved, the clinical site manager/designee will announce **THREE TIMES**:

ATTENTION PLEASE
CODE CLEAR
ROUTINE ACTIVITY MAY NOW RESUME

Education on bomb threats and evacuation will occur on orientation and annually. Bomb threat drills will occur periodically through the year.

_____		_____	
Director of Outpatient Services	Date	Administrator	Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL
BOMB THREAT REPORT FORM

Date & Time Call Received:
Exact words of caller:

Pretend you are having difficulty hearing the caller to keep them talking. If the caller seems agreeable to further conversation, ask these questions:

Where is the bomb?
When will it go off?
What kind of bomb is it?
What does it look like?
How do you know about the bomb?
What will make it explode?
How is it deactivated?
Why was it put here?
Where are you now?
What is your name?
If no caller ID ask – What is your telephone number?

Circle the following items that describe the caller:

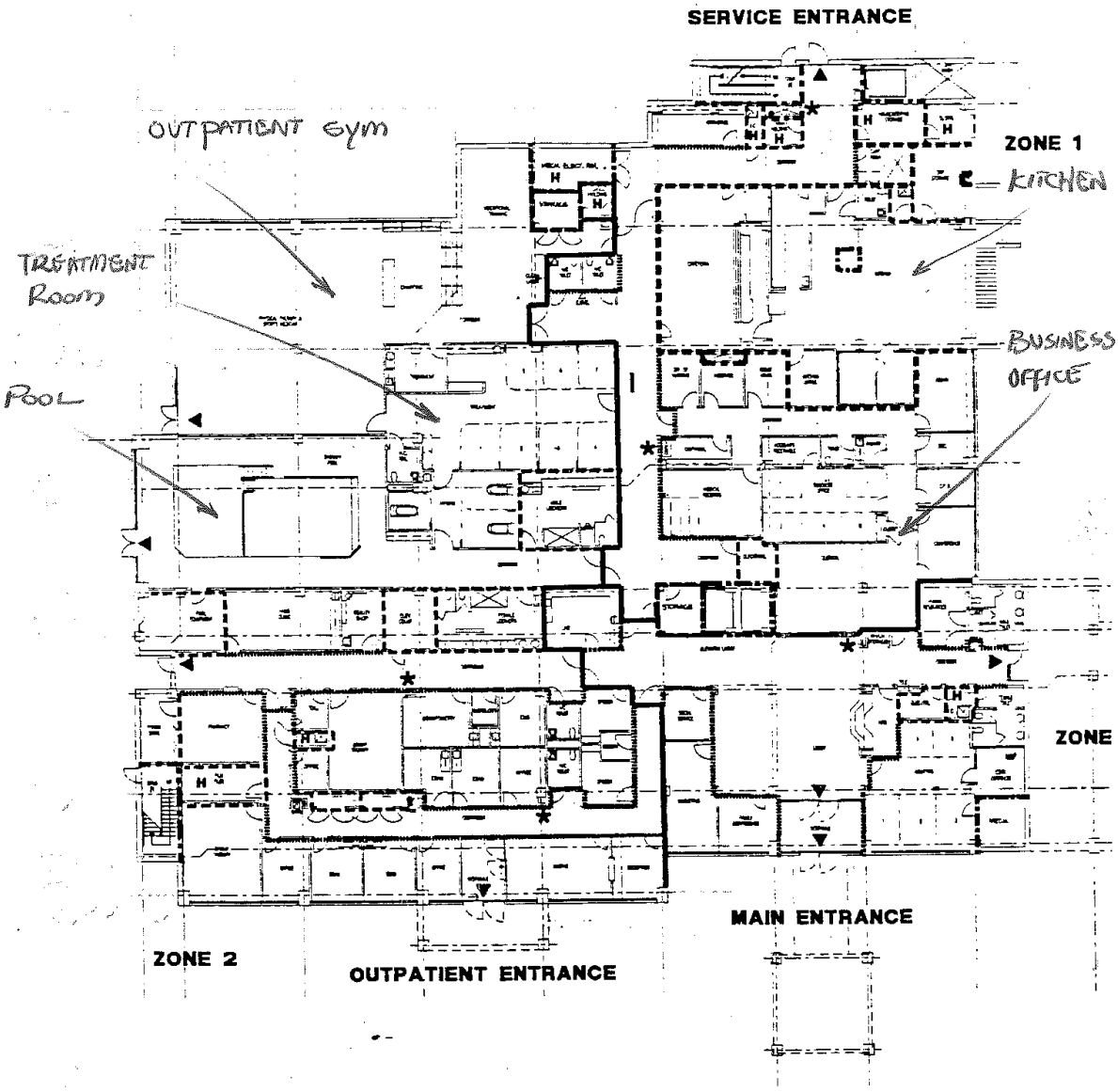
VOICE CHARACTERISTICS		***SPEECH***		***ACCENT***	***LANGUAGE***
Male	Female	Fast	Slow	Local	Good
High Pitch	Deep	Stutter	Nasal	Foreign	Fair
Young	Old	Slurred	Lisp	Identified accent	Poor
Loud	Muffled	Distorted			Foul
BACKGROUND NOISES			***MANNER***		
Music	Quiet	Factory	Calm	Angry	Intoxicated
Traffic	Voices	Office	Deliberate	Emotional	Pleasant
Train	Airplane	Bedlam	Rational	Irrational	Coherent
Animal	Party	Mixed	Righteous	Laughing	

After obtaining the above information, follow the notification procedure in this policy. This form should only be released to the COO/ designee (administrative person on site at the time of the incident).

Completed by: _____

Department: _____ Title: _____

MARLTON REHAB
1ST FLOOR



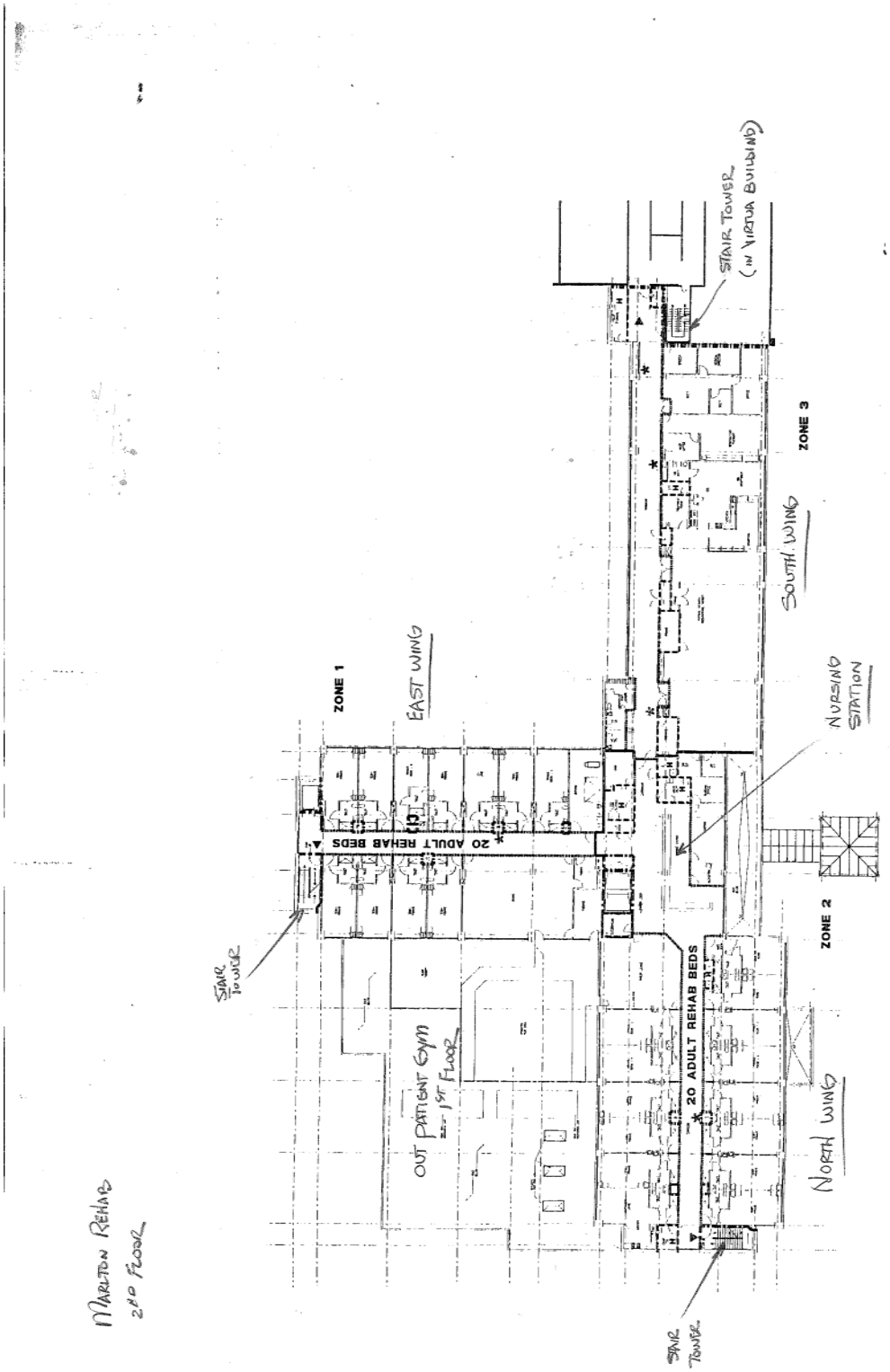
8. Smoke Barriers: (NFPA 12-3.7)
Every floor shall be divided into at least two smoke compartments. Each smoke compartment shall not be more than 22,500 sq. ft. Travel distance from any point to a smoke barrier door shall not exceed 200 ft.

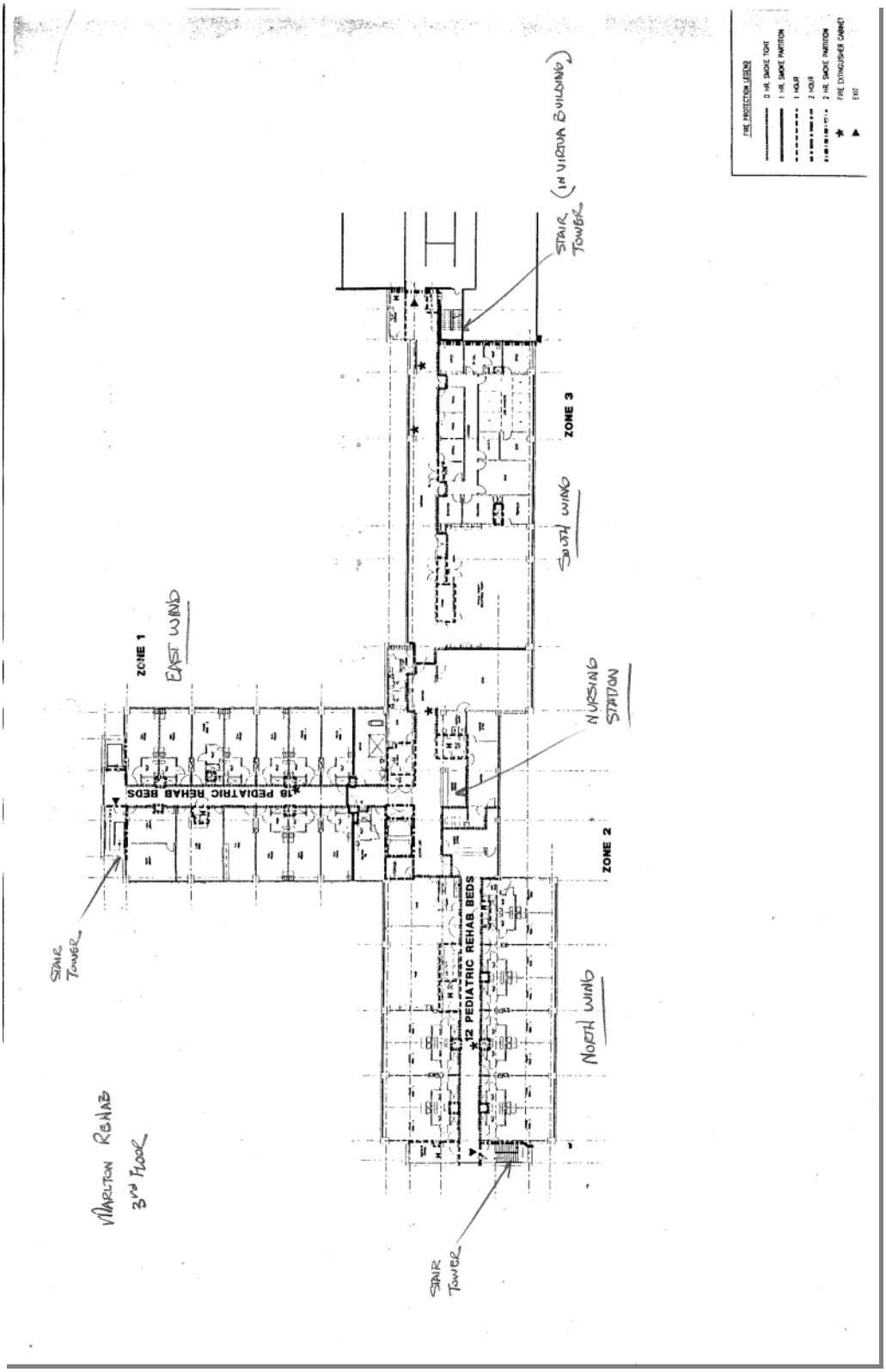
14. All corridor doors, except those to sleeping rooms, shall be self closing or automatic closing by smoke detection (BOCA 610.3.1).

Stair doors to be provided with door closers (NFPA 5-2 1.8).

Area reduction for 3

Height modification
in a building equipp


MARLTON REHAB
2ND FLOOR
ZONE 1
EAST WING
20 ADULT REHAB BEDS
STAIR TOWER
OUT PATIENT GYM
1ST FLOOR
20 ADULT REHAB BEDS
ZONE 2
NORTH WING
STAIR TOWER
NURSING STATION
ZONE 3
SOUTH WING
STAIR TOWER
(IN VIENNA BUILDING)


FIRE PROTECTION LEGEND
0 HR. SMOKE TIGHT
1 HR. SMOKE PARTITION
1 HOUR
2 HOUR
2 HR. SMOKE PARTITION
FIRE EXTINGUISHER CABINET
EXIT
STAIR TOWER
(IN VICTORIA BUILDING)
ZONE 3
SOUTH WING
NURSING STATION
ZONE 1
EAST WING
18 PEDIATRIC REHAB BEDS
ZONE 2
12 PEDIATRIC REHAB BEDS
NORTH WING
STAIR TOWER
STAIR TOWER
MARLTON REHAB
3rd Floor

WEISMAN CHILDREN'S REHABILITATION HOSPITAL

BOMB THREAT SEARCH WORKSHEET

Areas Searched	Person Responsible	Start Time	End Time	Results/Findings/Comments

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

OUTPATIENT MANUAL

SUBJECT: Code Gray-Security

No: 902.00 (EOC 51)

EFFECTIVE DATE: 01/10/2018 **Page 1 of 3**
REVIEWED/REVISED: 08/2018; 01/21

POLICY:

It is the policy of this hospital that a safe and secure environment is provided for our patients, visitors and employees.

PROCEDURE:

A Security emergency is defined as:

- A patient that acts out and is a challenge for the clinical staff to control on their own
- A disruptive visitor or family member in a patient care or waiting room area
- An issue with restricted patient visitation not being honored
- A need to escort a terminated employee from the building
- A need to escort a disruptive visitor from the building

In the event of a security emergency or patient elopement, the staff will do the following:

- Announce **CODE GRAY** and the room or area.
- The clinical site manager will respond immediately to the room/area.
- Notify the Director of Outpatient Services of the situation

Security Emergency

- The clinical site manager/designee will take the lead in assigning roles to all available staff.
- Patients and families currently in a treatment room will remain in their room until notified.
- Additional available staff will report and escort patients and family from the immediate area.
- Additional available staff will secure exit areas and assist in decreasing environmental stimulation and hazards (i.e. remove other patients and furniture from area).
- The clinical site manager/designee will take the lead to deescalate the situation.
- If the situation continues to remain hostile or increases, the clinical site manager will instruct an available staff member to notify the local police department by calling 911
- When the situation has been cleared, announce **THREE TIMES** as follows:

ATTENTION PLEASE
CODE CLEAR
ROUTINE ACTIVITY MAY NOW RESUME

- The clinical site manager/designee will inform the Director of Outpatient Services of resolution of the situation
- All applicable incident reports will be filled out, as required, and submitted according to WCRH policy.

_____		_____	
Director of Outpatient Services	Date	Administrator	Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

SAFETY MANUAL

SUBJECT: Code Red Fire **No: 903.00 (EOC 60)**

EFFECTIVE DATE: 5/01/2012 **Page 1 of 3**
REVIEWED/REVISED: 5/15; 1/17; 1/18, 8/18, 1/21

PURPOSE:

The Weisman Children's Rehabilitation Hospital (WCRH) Environment of Care (EOC) Committee developed this policy in conjunction with Risk Management to outline systematic safety procedures and evacuation plans to be followed during a fire emergency in the facility.

POLICY:

It is the policy of WCRH to provide comprehensive procedures for the notification of a fire emergency and the safe evacuation of patients, visitors, and staff.

WCRH is maintained and operated to minimize the possibility of a fire emergency requiring evacuation of occupants. Because the safety of occupants cannot be ensured adequately by dependence on evacuation of building, protection from fire shall be provided by appropriate arrangement of facility; adequate, trained staff; and the development of operating and maintenance procedures composed of the following:

- Design, construction, and renovation
- Provision for detection, alarm, and extinguishment
- Fire prevention and planning, training, and drilling programs for the isolation of fire, transfers of occupants to areas of refuge, or evacuation of the building.

DEFINITION:

Fire Emergency

This includes the presence or odor of smoke as well as the presence of fire. All alarms are to be treated as a fire unless otherwise notified by overhead page and this Policy followed.

PROCEDURE:

- A Code Red is activated to ensure the safety of patients, visitors and staff and to minimize destruction of property and equipment.
- To report a fire and sound the alarm pull the nearest pull station, this activation will automatically sound the alarm in the building and notify the Fire Department. We also require a call to **911** after sounding the alarm as a backup notification.
- Automatic fire alarms may sound if fire or smoke is detected. This includes a loud, distinctive *CHIME* and flashing *WHITE* lights at strategic points in the facility. Upon discovery of a fire emergency a staff member will secure the area to prevent further exposure and announce ***THREE TIMES*** as follows:

  ATTENTION PLEASE

  CODE RED

  (LOCATION)

- All staff is alerted of the Code Red so patients and/or any person in immediate danger may be transported from the area to a safe area behind fire and smoke containment

barriers and prepare for evacuation based on the plan located in each smoke compartment.

- Mechanisms exist at a departmental level to respond to a Code Red and to account for the location of all patients and staff. (This includes staff at the fire's origin, specifically)

  RACE – staff responds to:

  - **R**escue – remove persons from areas of danger
  - **A**larm – manual fire alarm pulled, code called and cleared correctly
  - **C**ontain – close fire doors
  - **E**vacuation – evacuate facility under the instruction of the Incident Commander

- Responsibilities of staff away from point of origin vary based on role within facility with the primary intent to maintain the safety of the building and occupants.
- When you hear the alarm sound and overhead page you must:
  - Limit telephone calls to those related to the fire emergency,
  - Leave lights on,
  - Turn off equipment as needed,
  - Close windows,
  - Close **all** doors,
  - Remain in the patient care areas until further instruction is given.
- If the fire is in an area with a console heat pump (air conditioner/heating unit), this unit should be shut down.
- Hallways must be cleared of all objects.
- To report a fire location, at the sound of the alarm it is the responsibility of the site manager/designee to:
  - Provide any necessary information to the fire company when they arrive. When the fire company arrives, the fire company takes responsibility for emergency operations.
  - The site manager/designee has overall responsibility for directing the care of patients and staff assignments.
- Evacuation will be done in the following manner: Evacuate those patients that are most immediately endangered in the fire emergency area; ambulatory next; then wheelchair.
- Following the extinguishing of the fire, satisfactory investigation of an automatic sounding of a fire alarm and determination that the environment of care can support patient care, **announce *THREE TIMES* as follows:**

ATTENTION PLEASE

ALL CLEAR

ROUTINE ACTIVITY MAY NOW RESUME

- The site manager/designee is responsible for ensuring the inspection, testing and maintenance of all automatic fire-extinguishing systems and in the management of portable fire extinguishers, including regular inspection and maintenance.
- Fire safety equipment/systems will be part of the preventive maintenance program to provide for the inspection, testing and maintenance of fire alarm systems, including quarterly testing of all circuits. Clinical areas are inspected at a minimum of every six months, while non-patient care areas are inspected at least annually

_____

Safety Officer

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

SAFETY MANUAL

SUBJECT: Heat Emergency **No: 904.00 (EOC 63)**

EFFECTIVE DATE: 5/01/2012 **Page 1 of 1**
REVIEWED/REVISED: 5/2015; 1/17; 1/18, 8/18, 1/21,6/24

PURPOSE:

To inform staff of systematic procedures to be followed during a heat emergency.

POLICY:

It is the policy of WCRH to provide an environment that is comfortable for the patients during their stay.

DEFINITION:

A heat emergency is when the air conditioning system supporting the general areas of the building and multiple patient room units are inoperable for an extended period of time during a sustained heat wave.

PROCEDURE:

- Routine maintenance is performed by the Plant Operations Department of the main system and the patient treatment rooms.
- In the event of main system and multiple room unit failures the Director of Outpatient Services will be notified.
- Warmer clothing may be changed to lighter clothing to facilitate body heat evaporation.
- Patients may be moved to cooler rooms for treatment.
- Water will be provided.
- Response to treatments will be monitored.
- If necessary, portable fans may be used to enhance circulation.
- The Site Manager/designee will adjust staffing levels to meet the patient care needs
- If the facility indoor temperature is 82^{o}F or higher for three hours or longer, outpatient services will be suspended. Current patients will be sent home and future appointments will be cancelled.

_____
Safety Officer

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

SAFETY MANUAL

SUBJECT: Power Failure Procedure **No: 905.00 (EOC 65)**

EFFECTIVE DATE: 5/1/2012 **Page 1 of 2**
REVIEWED/REVISED: 5/2015; 1/17; 1/18; 1/21

PURPOSE:

To establish procedures to be followed in the event of a power failure and to ensure the prompt repair of the facility electrical power supply.

POLICY:

Weisman Children's Rehabilitation Hospital (WCRH) maintains a safe healthful environment for patients, visitors, and staff. WCRH facility shall be equipped, maintained, and operated by personnel trained in providing this safe and healthful environment.

PROCEDURE:

- Staff shall notify the Plant Operations Department when there is any electrical power loss.
- In case of failure of the emergency generator -- adequate flashlights will be available
- Plant Operations shall investigate the problem and make all necessary repairs.
- If the problem is with incoming power supply from the electrical company, the Plant Operations Department shall insure the emergency generator is on-line, functioning properly and has transferred to all emergency systems.
- The emergency generator will start, providing power for exit lights, hall lights, fire alarm system, telephone system, and heating and air conditioning.
- The Site manager/designee will call the Director of Outpatient Services.
- The Director of Plant Operations shall insure that there is a backup fuel supply available for a prolonged electrical outage. PSE&G will be contacted at 1-800-880-7734.
- If the emergency generator fails, the Director of Plant Operations shall make necessary arrangements for repair or supply a backup generator through the current contracted generator provider.
- Matches, cigarette lighters, and candles are not to be used by patients or staff for light.
- In the event that the fire alarm system has been affected by failure, the Site Manager/designee needs to notify the local fire department that the fire alarm is not functioning.

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL

Power Failure Check List

Date of power failure:_____ Time of Power Failure:_____

Plant Operations employee:_____

Check List	Equipment Status
1. Emergency lighting	_____
2. Telephone equipment	_____
3. Fire alarm system	_____
4. Nurse call system	_____
5. Elevators	_____
6. O2 supply and vacuum system	_____
7. Overhead paging system	_____
8. Door security system	_____
9. Heating, ventilating, and air conditioning systems	_____
10. Pumping systems	_____
11. Mechanical room operations	_____
12. Fire sprinkler system	_____
13. Patient room emergency night light	_____
14. Red emergency outlet operation	_____
15. Check fuel level of emergency generator	_____

Date of power restoration:_____ Time of power restoration:_____

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT MANUAL

SUBJECT: Active Shooter NO: 911.00 (EOC 55)

EFFECTIVE DATE: 1/2018 **Page 1 of 3**
REVIEWED/REVISED: 8/18, 1/21

POLICY:

Weisman Children's Rehabilitation Hospital, Outpatient Departments and Medical Day Care Centers minimizes risk to patients, visitors and employees from an active shooter situation.

PROCEDURE:

If staff sees any armed individual on WCRH property at any time or if an individual is acting in a hostile or belligerent manner, staff must immediately notify the Police by dialing 911 and announce ***THREE TIMES*** as follows:

ATTENTION PLEASE

ACTIVE SHOOTER

(LOCATION - INCLUDING FLOOR)

What is an Active Shooter?

An active shooter is a person or persons who appear to be actively engaged in killing or attempting to kill people in populated areas. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases active shooters use other weapons and/or improvised explosive devices to cause additional victimization and act as an impediment to law enforcement and emergency responders. These improvised explosive devices may detonate immediately, have delayed detonation fuses, or detonate on contact.

What staff needs to know

- Staff should be familiar with emergency codes. Codes are printed on the back of the employee ID badge.
- Staff should know their emergency evacuation routes.
- Staff should know the areas in their work environment that can be secured.
- Staff should remember the key elements for survival:

GET OUT

- Evacuate the area regardless whether others agree to follow
- Leave belongings behind
- Help others escape if possible
- Prevent others from entering the area
- Keep hands visible
- Follow instructions of police officers
- Do not attempt to move wounded people

CALL OUT

- Call 911 first, if you cannot speak leave the line open
- If it can be done safely, dial 880 to overhead page (3 times):

ATTENTION PLEASE
ACTIVE SHOOTER

(LOCATION - INCLUDING FLOOR)

HIDE OUT

- If evacuation is not possible
  - get out of shooter's view
  - go into room or area that can be locked
- If doors cannot be locked, barricade or block door with furniture
- Silence cell phones and pagers
- Turn off any source of noise
- Hide behind large items
- Remain quiet

TAKE OUT

- As a last resort and only when your life is in imminent danger, attempt to disrupt or incapacitate shooter by:
  - acting as aggressively as possible against him/her
  - throw items and improvised weapons towards the shooter's face and eyes
  - yell and scream
  - commit to your actions

Response - Outside Facility

After going to a safe location (look for appropriate locations for cover/protection, i.e., brick walls, retaining walls, parked vehicles, etc.), staff, visitors, or others should immediately notify 911.

- The following information should be provided:
  - Location and number of shooters
  - Description of shooter
  - Number of injured and need of emergency medical response
  - Direction of travel of shooter
  - Number and type of weapons held by shooter
- When Hospital Security is notified of an active shooter outside the facility, they will:
  - Notify Nursing Station Personnel to announce (3 times):

ATTENTION PLEASE
ACTIVE SHOOTER
(LOCATION - INCLUDING FLOOR)

  - Broadcast the same message over the security radio system
  - Immediately contact 911 and provide the details that were provided
  - If possible, monitor the camera system to track the shooter and relay information to fellow security offices and law enforcement
- Staff should:
  - Remain calm
  - Warn other staff, patients, and visitors to take immediate shelter
  - Go to a room that can be locked or barricaded
  - Lock and barricade doors or windows
  - Move all staff and patients away from windows, walls, and doors
  - Turn off lights
  - Close blinds
  - Block windows
  - Turn off radios or other devices that emit sound
  - Keep out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets)
  - Silence cell phones

- If safe to do so, quietly call 911 and state: This is Marlton Rehabilitation Hospital, we have an active shooter at (give location), gunshots fired."

Response - Inside Facility

After going to safe location, staff, visitors, or others should immediately notify Police and Security.

- The following information should be provided:
  - Location and number of shooters
  - Description of shooter
  - Number of injured and need of emergency medical response
  - Direction of travel of shooter
  - Number and type of weapons held by shooter
- When Security is notified of an active shooter inside the facility, they will:
  - NOT enter the area, but will assume a defensive position to monitor the area
  - Notify receptionist or unit secretary to announce (3 times):

ATTENTION PLEASE
ACTIVE SHOOTER
(LOCATION - INCLUDING FLOOR)

Location of shooter will change when location changes are provided to receptionist/ unit secretary.

  - Broadcast the same message over the security radio system
  - If possible, monitor the camera system to track the shooter and relay information to fellow security officers and law enforcement
  - Assist with evacuations as necessary
- Staff should:
  - Upon hearing Active Shooter announcement, if possible, immediately begin to evacuate their department using their department-specific fire plan
  - If possible, lock doors to department/unit
  - Evacuate all ambulatory patients off floor or seek shelter in any room that can be locked or door barricaded
  - Remain calm and move away from active shooter or sound of gunshot(s) and/or explosion(s)
  - If safe to do so, quietly call 911 and state: "This is Marlton Rehabilitation Hospital, we have an active shooter at (give location), gunshots fired."
  - Try not to do anything that will provoke the active shooter
  - If there is no possibility of escaping or hiding, only as a last resort when life is in imminent danger, should you make a personal choice to attempt to negotiate with or overpower the active shooter(s).
  - If the active shooter(s) leaves the area, barricade the room or go to a safer location
  - Warn other staff, patients, and visitors to take immediate shelter
  - Go to a room that can be locked or barricaded
  - Lock and barricade doors or windows
  - Move all staff and patients away from windows, walls, and doors
  - Turn off lights
  - Close blinds
  - Block windows
  - Turn off radios or other devices that emit sound
  - Keep out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets)
  - Silence cell phones

_____		_____	
Director of Outpatient Services	Date	Administrator	Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT MANUAL

SUBJECT: Severe Weather Emergency **NO: 911.00 (EOC 55)**

EFFECTIVE DATE: 1/2018
REVIEWED/REVISED: 8/18, 1/21

PURPOSE:
To establish a policy regarding action required in the event of a declared severe weather emergency to ensure the safe and quality care of patient, visitors and staff.

POLICY:
During severe weather conditions including, but not limited to, snow/ice/rain storms, blizzards, tornados, hurricanes, and tropical storms, WCRH will continue essential services and protect patients and staff from the effects of the severe weather. When severe weather emergency conditions occur, the Director of Outpatient Services will assess local conditions and may declare a specific shift or shifts to be covered by this policy. Assessment of local conditions will be made based on information obtained from local county emergency services, the New Jersey Department of Transportation as well as reported area road conditions. The Director of Outpatient Services will notify the clinical site managers when an emergency is declared and the phone tree may be implemented. In the event roads are temporarily impassable, actions will be taken to maintain safe staffing levels to provide patient care and essential services including reassigning employees not needed for their normal functions.

PROCEDURE:

1. The Director of Outpatient Services will notify the COO of a weather emergency potential affecting WCRH outpatient. The COO will determine if the Severe Weather Plan and, if necessary, Internal Disaster Plan will be activated. This decision will be based on, but not limited to, projected snow/ice accumulation, rainfall, wind speed, and the expected duration of the event.

2. If the Severe Weather Plan is activated, the Director of Outpatient Services will notify the clinical site managers who will notify their employees. If the Plan is activated during nights, weekends, or holidays, the Director of Outpatient Services will determine if the centers will have a delayed opening or will be closed.

3. The weather event will be monitored through the Internet, television connected to emergency power, or battery-powered radio in the event power is lost.

4. Upon activation of this Plan, the following actions, as appropriate to the weather condition, will be taken by department directors and reported to the COO:

   Therapy Department
   - The Director of Outpatient/Designee will discuss patient needs and transportation safety to decide if outpatient services should be closed.
   - If plan is activated during operational hours patients will be sent home as conditions allow. Patients scheduled later in the day will be notified not to come in. Staff will be sent home with staff living the furthest having consideration for leaving first. Once all patients have vacated the premises remaining staff will be permitted to leave.
   - If a weather event is predicted in advance, schedulers will contact families to not bring their child(ren) to therapy or of a delayed opening that may affect their child.
   - If the severe weather event occurs suddenly and patients and families cannot leave the facility, patients and family members should be moved to a save location within the center away from windows. Every effort should be made to provide comfort for the patients and families making use of pillows and blankets that are available as well as clean water and food. The clinical site manager/designee should contact the Director of Outpatient of the issues and status of their site.

The site manager/designee will coordinate with local police, fire and emergency personnel, if possible, on the weather conditions and when it will be safe to send families home. Every effort should be made for families to contact outside family members to apprise them of the situation.

All Departments

- All essential staff are to check to see if they should report to work and be available to assist in other areas as needed. All full and part time therapists are considered essential.
- All clinical staff assigned to other areas are to report to WCRH ready to provide patient care if needed.

5. Those employees and departments whose volume of work will increase as a direct result of inclement conditions will be expected to accommodate by rescheduling work assignments as required to keep operations functioning. The re-assignment of employees not needed in their normal departments will be coordinated by management. It will be the responsibility of the clinical site manager/designee to notify the Director of Outpatient of the available employees to be reassigned.

6. Employees may be asked to work additional hours in addition to regularly scheduled hours.

7. Non-essential staff may be sent home in inclement weather at the discretion of the Director of Outpatient.

8. Sleeping areas for staff unable to return home will be identified by the site manager/designee. This information will be communicated to the Director of Outpatient.

9. Free meals will be provided for the following:
   a. Employees who work beyond their scheduled shift,
   b.. Employees housed overnight.

10. It is the responsibility of the individual employee to arrange transportation to WCRH and to be aware of the alternatives prior to the occurrence of the unusual circumstances requiring implementation of the Severe Weather Plan. Individuals may call local county emergency center to try to arrange for transportation to the facility if they are unable to arrange their own transportation.

11. Absence

An exempt or non-exempt employee who has made every prudent effort to arrive at work, but was unable to do so will be charged unscheduled Paid Time Off (PTO) if available. Excessive use of unscheduled PTO will be subject to the conditions outlined in the Paid Time Off Policy. If PTO time is not available to a non-exempt employee, he/she will not be paid for the day.

12. Lateness

A non-exempt employee who arrives within two hours of his/her normal starting time will be paid for the full shift. This time period may be extended to four hours (generally the first half of the shift) in extreme circumstances with approval of the Director of Outpatient.

Lateness in excess of two hours will be charged to unscheduled PTO if available (except if extended to four hours as noted above). If PTO is not available, non-exempt employees will not be paid for the time missed.

Use of unscheduled PTO will not be considered time worked for the purpose of computing overtime.

_____ _____

Administrator Director of OP

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

OUTPATIENT MANUAL

SUBJECT: Code Silver- Person With A Weapon/Hostage Situation **No: 916.00 (EOC 48)**

EFFECTIVE DATE: 1/18 **Page 1 of 1**
REVIEWED/REVISED: 1/18, 8/18, 1/21

POLICY:
It is the policy of this hospital to minimize risk to our patients, families, and employees.

PROCEDURE:
In the event of identification of a person(s) with a weapon or hostage situation, the staff will do the following:

1. Announce **THREE TIMES** as follows:

ATTENTION PLEASE
CODE SILVER
(LOCATION)

2. Clear the area to avoid others from becoming a hostage.

3. Notify the Police by dialing 911. Follow actions as directed.

4. Notify the clinical site manager or (designee), will notify the New Jersey State Department of Health and Senior Services.

5. Do not enter the immediate area.

6. Relocate/Evacuate patients, family members and staff remaining in the area as possible.

7. When the situation has been cleared, announce **THREE TIMES** as follows:

ATTENTION PLEASE
CODE CLEAR
ROUTINE ACTIVITY MAY NOW RESUME

_____ _____
Administrator Director of Outpatient

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

OUTPATIENT MANUAL

SUBJECT: Code Amber-Pediatric Abduction **No: 917.00 (EOC 52)**

EFFECTIVE DATE: 05/01/2012
REVIEWED/REVISED: 2/19/15, 1/18, 8/18, 1/21

PURPOSE:

To inform the Weisman Children's Rehabilitation Hospital (WCRH) employees how to prevent an unauthorized or unlawful removal of a child from the building and identify how they can provide a rapid response in this situation.

POLICY:

It is the policy of WCRH to take all necessary precautions in order to help protect the pediatric patients of the Weismann Children's Rehabilitation Center and children visiting from abduction and provide a procedure to follow should an abduction occur.

PROCEDURE:

Prevention Measures

It is required that all children are escorted by a parent or guardian when entering all outpatient facilities and while in the waiting room.

Contact the Clinical Site Manager/designee if you see a suspicious person(s) roaming the facility.

Missing Infant or Child

- Upon discovery or report of a missing infant or child, notify the Clinical Site Manager/designee, who will immediately announce the following repeatedly:

ATTENTION PLEASE
CODE AMBER
LOCATION
AGE, HEIGHT, WEIGHT, GENDER and RACE

- Notify the local township Police immediately by dialing 911 then the Director of OP Sevices.
- The Clinical Site Manager/Designee services as the Incident Commander
- When the code is announced, the access doors must be secured immediately. Staff will secure the access doors by observing, describing, and detaining if possible.
- Notify other tenets in the building or adjoining buildings.
- Staff will report findings to the Clinical Site Manager/designee.
- Staff will conduct a search of the entire Center and grounds. Staff will report findings to the Clinical Site Manager/designee.
- A census will be taken to assure that all other patients can be located.

- The parent of the missing infant/ child should be offered a private room and not be left unaccompanied. Prevent any undo harassment from the media or other persons.
- Interviews should be conducted of all persons (patients, families, and staff) to determine additional information about the missing child.
- The local township police will determine the necessity to involve the National Center for Missing and Exploited Children and/or the FBI. Local neighborhood and community groups may also be contacted if deemed appropriate.
- The COO/designee will determine the extent of the Hospital's involvement with the news media. All information relayed to the news media will be controlled by the WCRH Director of Communications.
- When the situation has been cleared, the receptionist will announce THREE TIMES:

ATTENTION PLEASE
CODE CLEAR
ROUTINE ACTIVITY MAY NOW RESUME

_____ _____
Administrator Director of Outpatient

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: DOCUMENTATION - GENERAL GUIDELINES No.: 1000.00

EFFECTIVE DATE: 9/23/99 Page 1 of 2
REVIEW/REVISE: 12/15/04, 12/04/05, 1/9/06, 01/08/07, 01/24/08, 01/25/09, 7/2010, 8/2011, 7/2012, 4/2015, 1/2018, 1/21

PURPOSE: To ensure that all documentation is consistent throughout the Outpatient Rehab Department of Weisman Children's Rehabilitation Hospital and Centers

POLICY: Medical record documentation is presented in an acceptable format with adherence to state regulations and WCRH guidelines.

PROCEDURE:

1) All documentation is completed utilizing the electronic medical record system.

2) All pages (both sides if 2 sided) must be identified with patient's name (last and first) and the patient's date of birth.

3) Identification of the specific type of documentation and department name must be noted.

4) Current date of documentation should be recorded.

5) Documentation should reflect specific clinical observation(s).

6) Billing is completed within the context of the electronic medical record system utilizing the appropriate CPT codes.

7) All entries are dated and electronically signed with the full staff person's full name and professional credentials/designation (as applicable).

8) All information must be factual and precise.

9) The mechanism to document an error in charting is to un-sign the note in the electronic medical record, provide the reason for un-signing the note and make the necessary correction. The correction should be authenticated when the user signs off on the note

electronically. The EMR maintains a log of these changes

10) Therapist countersignature is required for entries by certified/licensed assistants and student(s) as designated.

11) Only abbreviations found in Stedman's Book of Medical abbreviations may be used. Abbreviations located on the "do not use" list may not be included in any documentation.

12) Documentation of daily sessions must be completed within 24 hours of the visit. Daily note content will include:

A. Treatment goals (objective/measurable)
B. Patient performance/response to intervention
C. Update on patient progress
D. Patient/family teaching provide and family/child's ability to comprehend training
E. Date, Time, Length of Treatment Session, Signature, Credentials.
F. Pain level, pain scale used, intervention provided if necessary and response to treatment
G. Medical Tracking including up to date medications and any change in patient's condition or status

13) Initial Evaluation reports must be completed within 3 business days of the initial evaluation appointment.

14) Progress Evaluations and Discharge Summaries must be completed within 2 business days of the appointment.

15) All documentation must be signed off in the EMR within 3 business days of the month following when the appointment occurred.

16) Copies of the Initial Evaluations, Progress Evaluations and Discharge summaries shall be mailed to the physician, parent/guardian, insurance provider and other sources as identified in the chart and authorized by the parent/guardian

_____ _____

Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: CLINICAL GUIDELINES No. 811.00

EFFECTIVE DATE: 9/23/99 Page 1 of 1
REVIEWED/REVISED: 04/23/03, 12/4/04, 12/04/05, 1/9/06, 01/09/07, 01/24/08, 01/25/09, 7/2010, 8/2011, 8/2012, 3/2015, 1/21

PURPOSE: To ensure the preservation of the highest standards of integrity and ethical principles vital to responsible service provision, and to provide appropriate, high quality habilitative and rehabilitative services.

POLICY: Clinical staff shall adhere to the ethical practice standards and clinical guidelines established by their respective governing bodies and departmental policies.

PROCEDURE: Please refer to the specific WCRH Rehab Department Policy & Procedure Manual policies and procedures for details regarding discipline-specific ethics, scope of service, and clinical protocols.

_____ _____
Director of Outpatient Services Date Administrator Date

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: Clinical Ladder **No: 1002**

EFFECTIVE DATE: 02/2023 **Page 1 of 4**
REVIEW/REVISED:

PURPOSE:

The clinical ladder is a structured system to provide a pathway for career advancement. It is used to recognize professional development and differentiate between levels of therapeutic care and expertise.

The purpose of the Clinical Ladder is to provide guidance to staff regarding identification of supervisory needs, acquisition of basic and advanced clinical skills, and to encourage professional growth. The clinical ladder is designed to recognize and incentivize staff members who are developing in their profession.

The Clinical Ladder Consists of Five Levels. Each level contains specific criterion and competencies on which to guide a clinician's professional and clinical development. Full descriptions of the Qualifications, Obligations, and Areas of Competency for each Level are attached.

Staff Level I - Entry Level

Staff Level II - Staff Clinician

Staff Level III - Established Clinician

Staff Level IV - Advanced Clinician

Staff Level V-Master Practitioner

POLICY:

All full time and part time employees are eligible to participate in the Clinical Ladder. All eligible employees will be required to achieve Clinical Ladder Level III, Established Clinician, within the first three years of their employment with the organization. Advancement to Levels 4 and 5 are in support of a leadership track and will be voluntary.

Each level on the Clinical Ladder has specific criterion and competencies on which to evaluate a staff member's clinical and professional development. Each level is comprised of 3 areas:

1. Qualifications- Licensure and years of experience
2. Obligations – Duties and responsibilities related to clinical performance and administrative tasks
3. Areas of Competency – Knowledge and skills applied to the clinical setting

PROCEDURE:

Initial Placement on the Clinical Ladder

1. The Clinical Ladder will be presented and reviewed to new hires during departmental orientation and at the 90-day Performance Evaluation. Initial placement on the Clinical Ladder will be established at the time of the 90-day Performance Evaluation. New employees are eligible to be placed on Levels 1-3 on the Clinical Ladder.
2. Using the outlined clinical ladder criterion, the clinician will identify the level on the clinical ladder which best describes their current skill level. The clinician will rate themselves on each criterion using the following scale:

   2= Fully meets expectation; at least 2 examples
   1= Partially/Inconsistently meets; 1 example
   0= Does not meet expectations –no examples or examples provided do not meet criteria

3. The clinician will submit the completed criterion list to the Clinical Educator and/or Senior Therapist for review prior to their 90-Day performance Evaluation.
4. The reviewing staff will evaluate the clinician using the appropriate column next to each item. This information will be used to determine the assigned placement on the clinical ladder.
5. The Clinical Educator and/or Senior Therapist will meet with the clinician to discuss the results of the initial clinical ladder review.
6. Based on the assigned level, the clinician will receive the accompanying bonus in accordance with that level. In addition, the clinician will be eligible to receive any assigned bonus(es) from the levels below the assigned level when applicable. The bonus rate will be applied to their base salary.
7. The clinician's current level and advancement will be reviewed annually at their Performance Evaluation.

Advancement on the Clinical Ladder

1. Clinicians will have the opportunity to advance on the Clinical Ladder at the time of their annual Performance Evaluation.
2. Clinicians will be required to create a portfolio to maintain records of their achievements for the Clinical Ladder level being pursued.
3. Using the outlined Clinical Ladder criterion list, the clinician will identify the level on the Clinical Ladder which best describes their current skill level. The clinician will rate themselves on each criterion using the following scale:

   2= Fully meets expectation; at least 2 examples
   1= Partially/Inconsistently meets; 1 example
   0= Does not meet expectations – no examples or examples provided do not meet criteria

4. Clinicians applying for advancement to Levels 4 or 5 must complete the Petition for Clinical Advancement form (see attached) to declare intention to advance on the Clinical Ladder and commitment to fulfill and maintain all criteria.
5. The portfolio, the completed criterion list, and petition for advancement (when applicable) must be submitted at least one month prior to the scheduled annual Performance Evaluation.
6. The portfolio, the completed criterion list, and petition for advancement (when applicable) will be reviewed by the discipline specific Clinical Educator and/or Senior therapist.
7. Using the evaluation form, the reviewing staff will evaluate the clinician using the same rating scale.
8. The Clinical Educator and/or Senior therapist will meet with the therapist to discuss the results of the Clinical Ladder review as part of the annual Performance Evaluation. The clinician will have the option of inviting an additional staff member to participate in this meeting. The staff member chosen must be at the same Clinical Ladder level or above that of the requesting staff member, they must belong to the same primary dept., and have provided mentorship and/or guidance to the requesting staff member over the previous year.
9. Based on the review, the clinician's petition for advancement will either be approved or denied. In order to advance on the clinical ladder, the clinician must fully meet all expectations.
10. If approved, the clinician's portfolio, the completed criterion list, and petition for advancement will be sent to the Department Director for review and final approval. Once approved, the appropriate paperwork will be sent to the Human Resources Department to update the clinician's status in their employee file and apply the appropriate bonus that aligns with the newly assigned level on the Clinical ladder.
11. If denied, the criterion not met will be included as part of the clinician's performance goals for the following year.

12. If the clinician does not achieve Clinical Ladder Level III by the 3rd year of employment, the Clinical Educator and their direct Supervisor will create a Performance Improvement Plan. The Performance Improvement plan will progress as per WCRH policy.
13. Advancement on the clinical ladder will result in a percentage pay increase based on the base salary (excluding add-ons) of the clinician.
14. Clinical ladder Levels 2-5 are eligible for a percentage pay increase based on base salary. The percentage pay increases will be as follows:

    Level 2- 1%
    Level 3- 2%
    Level 4- 3%
    Level 5- 4%

15. Once approved for advancement on the Clinical Ladder, the clinician will be required to maintain all qualifications, obligations, and areas of competency of their achieved level. Their progress will be reviewed at the annual performance evaluation.
16. Failure to maintain all the requirements may result in an adjustment to the clinician's Clinical Ladder level and compensation in accordance with their new clinical level.

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Director of Inpatient Therapy Services Director of Outpatient Therapy Services

WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
OUTPATIENT REHAB SERVICES MANUAL

SUBJECT: WHEELCHAIR, ORTHOTIC AND PROSTHETIC, AUGMENTATIVE COMMUNICATION VENDOR SERVICES No: 1201.00

EFFECTIVE DATE: 9/23/99 Page: 1 of 2
REVIEWED/REVISED: 04/22/03, 12/15/04, 12/04/05, 1/6/06, 01/10/07, 02/21/08, 01/25/09, 7/2010, 8/2011, 4/2015, 1/2018, 1/21

PURPOSE:

To establish guidelines for the provision of prosthetic and orthotic services.

POLICY:

The facility, shall provide wheelchair, adaptive equipment, orthotic and prosthetic and augmentative communication services directly in the facility to any patient who requires these services through an outside licensed vendor, when possible.

DEFINITION:

Wheelchair and adaptive equipment shall include wheelchairs, adaptive strollers, adaptive car seats, bath chairs and commodes or other adaptive equipment.

Orthotic services include, but are not limited to, bracing, custom splinting, special positioning aides, binders, helmets, and shoes.

Prosthetic services include, but are not limited to, limb prosthesis, and shrinkers.

Augmentative communication systems may be manual or computer based.

SCOPE AND/OR RESPONSIBILITY:

The coordination of these services is the responsibility of the primary physical, occupational, or speech therapist and is provided to all patients who require them.

PROCEDURE:

1. A prescription for the devices and services is generated by the patient's physiatrist, PCP or sub-specialty physician.

2. Therapist coordinates service with outside vendor as dictated by the child's insurance DME requirements

3. The prosthetic and orthotic services shall be provided by persons certified by the American Board of Certification in Orthotic and Prosthetic, Inc.

4. Adaptive equipment, including wheelchairs and augmentative communication systems shall be provided by a certified DME provider.

5. Patients shall be measured, fitted and/or provided with devices within the facility, when possible. The therapist will assist with the assessment and if appropriate fitting for the DME equipment.

6. The DME vendor will be provided with patient information, physician orders, and financial information adequate for billing for said services and devices.

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Director of Outpatient Services	Date	Administrator	Date