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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manual

Part IX, M-1 dated August 14, 1979

b. Interim Issues

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2. LIMITED RESCISSIONS

The following material is rescinded insofar as it pertains to Recreation Service:

a. Paragraphs

4.08 to part VIII of M-2, change 1

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1. GENERAL
2. ADMINISTRATIVE
3. MANAGEMENT
4. STAFF DEVELOPMENT
5. REFERENCES
6. VA/VERY SPECIAL ARTS PROGRAM

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CHAPTER 3. MANAGEMENT

3.01 STATEMENT OF PURPOSE

Management is the second primary functional area (par. 1.01b) of Recreation Service. This chapter's principle concerns are in the development and implementation of Recreation Service operational management procedures in the individual medical center. This subject matter is subclassed into the topics of planning, programming, organizing, operating and the quality assurance of recreational programs.

SECTION I. PLANNING

3.02 POLICY

a. Through strategic, operational and clinical planning processes, the mission, goals, objectives, strategies, and policies of Recreation Service will be evaluated by outcomes and accepted as a basis for measuring performance. Coordinated planning is a function of every staff person. It involves an interchange of ideas and is reflected in all duties. The best planning design occurs when those accountable have access to complete information affecting their area of responsibility, and understand the purposes, objectives and methods of attaining the goals. Current documentation of Recreation Service goals, plans, schedules, staff responsibilities and reviews shall be maintained in the Office of the Chief, Recreation Service.

b. Critical aspects of all planning functions are:

(1) Comprehension and analysis of the external environmental dependencies and relationships that influence planning; i.e., health needs of veteran population, availability of community resources, changes in medical center management leadership.

(2) Understanding of problems or opportunities for which the goals are being sought.

(3) Exploration for optional ways of dealing with issues.

(4) Projection of anticipated consequences for each of the options.

(5) Comparison of results of each option to a significant criteria.

(6) Selection of appropriate option and formulation into goals.

(7) Continued monitoring of goals and making adjustments to maintain desired outcomes.

3.03 STRATEGIC PLANNING

a. Strategy planning reflects the comprehensive policies, concepts, objectives and long range goals of Recreation Service within DM&S. Planning gives the service unified direction and emphasis.

b. The Director, Recreation Service will advance and communicate strategy planning objectives through, but not limited to, VA Central Office staff, Recreation Service Field Advisory Committee/District Councils and DM&S reports/survey.

3.04 OPERATIONAL PLANNING

a. Operational planning covers a wide range of required actions in chronological sequence within the policies and guidelines of DM&S; the medical centers' mission, priorities, management practice and objectives; and the needs of the patients. These planning functions would include coordinating the structure of operations and establishing goals and objectives.

b. The Chief, Recreation Service will be responsible for the development of operational plans of action to achieve Recreation Service's short- and long-range goals within the philosophy of therapeutic recreation, and the policies, guidelines and goals of

DM&S and the medical centers. Plans to meet patient needs will be made by Recreation Service in cooperation with the appropriate disciplines within the health care settings and community agencies. There will be collaborative planning, directed and documented by the Chief, Recreation Service, with recreation personnel quarterly. This planning will establish the required actions in delivering recreation services to patients and establish professional functioning. Necessary fundamental criteria for operational planning would include patient needs, available resources, costs and scope of medical center's mission.

c. The Chief, Recreation Service will participate in the medical center's annual budget process. This will include forecasting needs for personnel, supplies, equipment, space, appropriated and nonappropriated funds, educational resources, consultants and other available support. These resource requirements will be determined from, but not limited to (1) adequate records, such as AMIS, COIN, supply, fiscal and productivity reports; (2) short- and long-range goals, (3) evaluation of the quality of Recreation Service programs provided to patients through quality assurance programs, including JCAH, SERP, audits, peer and utilization reviews; (4) service program evaluations and (5) management briefings.

d. The Chief, Recreation Service will participate in medical center planning for new construction, remodeling existing facilities, developing 5-year plans and the purchase of recreational equipment. Recreation space will be planned to provide functional programs that meet patient needs and cost-effective utilization of personnel and resources.

e. Annual planning by the Chief, Recreation Service with those in administration, education, research and patient care to establish objectives relating to Recreation Service and staff development will be documented. Program objectives and plans for attainment will focus on providing effective recreation services for patients and will be within the scope of the mission of Recreation Service. Objectives will be realistic, attainable and understood by personnel responsible for attaining them.

f. Required annual formulation of plans for recruitment, training, utilization, retention and supervision of volunteer resources in Recreation Service will be the responsibility of the Chief. These plans will be based on a current assessment of existing and needed volunteer assistance, to meet the patient's leisure needs. The development and implementation of actions will be coordinated through the Chief, Volunteer Service to correspond with medical center plans.

g. A Recreation Service Therapist will plan annually with the treatment team on each established bed section for patient's use of recreational supplies and equipment in the absence of supervision by recreation staff. These plans should conform with the service delivery model (par. 2.05). Objective utilization reviews, patient needs survey, ward routine assessment, application of medical center safety policies and analysis of cost will be used in determining patient needs. Documentation of this plan will be presented to the Chief, Recreation Service for concurrence.

h. The Chief, Recreation Service will develop, direct, and document annual planning meetings with university officials currently participating in a therapeutic recreation clinical training program at the local VA medical center, in accordance with DM&S Manual M-8. Information obtained from Recreational Service Clinical Instructional System will be an essential element in this planning process. The Associate Chief of Staff for Education, Allied Health Coordinator or appropriate medical center staff shall be consulted regarding plans of action before they are implemented.

i. Recreation Service will participate in community planning for recreation programs which influence the effectiveness of the VA medical center. Appropriate medical center approvals and followup reports would be necessary as determined by local policy. Programs requiring coordination and cooperative efforts shall be approved in writing.

j. The Chief, Recreation Service will participate, actively and fully, in the planning and development of the medical center health care programs. Representation on appropriate interdisciplinary committee will facilitate plans for the delivery of therapeutic recreation services for patients. Significant information provided for this process will include appraisals of the patients' leisure dysfunctions which effect their health conditions and professional services encompassing elimination of leisure barriers, developing leisure skills and attitudes, and optimal independent leisure functioning.

k. There shall be cooperation among each recreation service within the Medical District to maximize resource utilization. Where appropriate Recreation Service District Councils should develop a plan for sharing contingencies, interfacility activities and share information on community recreation resources, clinical competencies, research projects and master program schedules.

3.05 CLINICAL

a. Individual treatment plans will be developed, revised and adapted by the recreation therapist to follow the service delivery model (par. 2.05) covering clinical, patient education and adapted recreation activities. Approaches in determining patient's needs will include the LPS (Leisure Problem Screening) and CLA (Comprehensive Leisure Assessments) (par. 3.25). However, that determination is not limited to the LPS, CLA, but can include patient's orientation to the treatment objectives, long- and short-range goals, evaluation schedule and/or need for post hospital followup when indicated. Information and procedures in formulating treatment plans shall be reviewed and compliance maintained with currently accepted accreditation and quality assurance criteria.

b. The recreation therapist will be expected to function as a professional, contributing member of treatment teams. The therapist will collaborate with physicians and other appropriate members of the health care team to formulate the patient's treatment and followup regimen for therapeutic recreation. This plan will be coordinated with the patient's overall treatment plan and the information documented in the medical records. Scheduling, organizing, directing and evaluating groups or collateral therapeutic programs will be planned with the adjunctive staff.

c. Annual planning of adapted recreational activities can be developed from, but not limited to:

- (1) Recorded medical center and service missions and goal statements.
- (2) Identified patient leisure health needs.
- (3) Quality Assurance data.

The information shall be obtained from sources such as HSRO, AMIS, LPS, and CLA. The Chief, Recreation Service will be responsible for directing and documenting the planning process and coordinating resulting proposals with the medical center master schedule, in keeping with local medical center policies.

SECTION II. PROGRAMMING

3.06 POLICY

a. Programming is the development of functions (programs) which are created by Recreation Service to be an integral component of quality care outcomes (par. 3.07). The techniques of programming begin by establishing the planning goals, formulating specific objectives to attain those goals, and developing programs that provide the opportunity to achieve specific objectives. All programs shall be classified into categories by their program outcome. Every service will have clearly defined measurable outcomes (par. 3.07). These outcomes will assure the accomplishment of the goals described in paragraph 3.02.

b. Programming serves as a tool for the accountable staff. Proper programming will substantially assist program managers in making the best use of resources and providing the necessary visibility to ensure that goals are accomplished.

c. Critical aspects of all programming functions are:

- (1) Establishing patients' leisure needs that effect health conditions (par. 3.05)
- (2) Defining service outcomes
- (3) Determining methodology
- (4) Scheduling
- (5) Committing resources

(6) Fixing accountability

(7) Monitoring.

3.07 DEVELOPING SERVICE OUTCOMES

a. Outcomes are the results of programs which have been developed from planning goals. Each outcome should be a specific description of the resultive action, behavior, attainment or product expected from goal-developed programs. The necessary characteristics of accurately developed outcomes include:

(1) Measurability

(2) Observability

(3) Conditions under which anticipated outcome is to be attained

(4) Specific statements of what must be done

(5) Delineated criteria to be used in measuring outcome

(6) Statements in terms understood by the personnel responsible for their accomplishments

(7) Specific effects, programs, situations, etc.

(b) Outcomes provide program managers a basis for selecting methods, materials and activities, and target staff in organizing their efforts. Managers, supervisors and therapists are provided a means of communicating clearly and knowing exactly what is expected, and controlling content of programs. Every Recreation Service will maintain current outcomes accurately reflecting their planning goals. They are to be developed by the Chief, Recreation Service and reviewed by medical center management within their operating procedures.

3.08 DETERMINING PROGRAM METHODOLOGY

This component of the programming procedure requires substantial knowledge, experience and analysis before decisions can be made. Alternative methods should be identified, evaluated and selected by significant criteria, professional standards of practice and skills. Each step in the methodology shall provide for successfully achieving the stated output.

3.09 SCHEDULING

Each step in the method selected to accomplish the outcome shall be completed within a predetermined time. The Chief, Recreation Service shall assign a time period within which staff can be reasonably expected to complete the resultive outcome.

3.10 COMMITTING RESOURCES

Accurate and timely assessments of staffing, materials, facilities and costs are essential to allocating resources. This data will be maintained by the Chief, Recreation Service and updated at least annually. Analytical and realistic criteria based on evaluation of the correlation between cost and benefit shall be used to allocate resources. All staff have an obligation to the medical center to see that resources are utilized in the most cost-effective manner.

3.11 FIXING ACCOUNTABILITY

The individual directly responsible for the accomplishment of the task shall understand necessary procedures, possess professional competencies and accept accountability. Documentation of this process is the responsibility of the Chief, Recreation Service. Appropriate personnel actions will be used to handle the inability of staff to assume accountability.

3.12 MONITORING

The Chief, Recreation Service and responsible staff shall systematically monitor programming tasks and communicate significant findings. To assist in this process, the HSRO/SIR (Health Services Review Organization/Systematic Internal Review) program shall be used (par. 3.51).

SECTION III. ORGANIZING

3.13 POLICY

Organization depends on the development of the pattern for resources allocation, work structure and the interrelation of job performance to achieve the outcomes of Recreation Service goals. Organizing is a continually modifying process, which leads to effective and efficient performance, given the environmental variables. A wide range of variables will influence each medical center structure. Three of the most important variables are the outcomes being sought, methods that are used and knowledge and skills of staff.

3.14 RESPONSIBILITY

- a. The Chief, Recreation Service will be responsible for the organization, administration, supervision and professional functioning of the staff and programs as directed by the COS (Chief of Staff).
- b. The organizational chart and functional statements for Recreation Service will delineate responsibility, authority relationships and accountability. These charts and plans will be reviewed periodically and revised as necessary.

3.15 STAFFING PATTERN

Each Recreation Service will be organized according to the GS-638, Recreation/Creative Arts Therapist or support staff qualification standards, under the Chief, Recreation Service. The therapist's knowledge and skills are integrated, through collaborative functions, into a bed service matrix plan. A master staffing plan will be developed and maintained by the Chief, Recreation Service. The plan will clearly define the number, category, and levels of Recreation Service personnel required for each patient care area and program within the facility.

3.16 CONTROL

A recreation therapist may serve as administrator/coordinator of an inpatient or outpatient program as designated by management, in compliance with local medical center policy. Any of the following options can be considered in exercising professional and administrative controls within a facility matrix plan:

- (1) If the incumbents remain on Recreation Service ceiling and continue in the GS-638 Series, they will be professionally and administratively accountable to Chief, Recreation Service.
- (2) Incumbents transferred to the ceiling of another service, but remaining in the GS-638 series, will be professionally responsible to Chief, Recreation Service and administratively responsible to the assigned service chief in terms of day-to-day operations.
- (3) If the incumbent shifts to another service ceiling and changes from the GS-638 Series, the Chief, Recreation Service carries no responsibility over the incumbent.

3.17 STAFFING

- a. All recreation programs appropriate to and functioning within the scope and purpose of the systematic delivery model (par. 2.05) will be staffed by a chief of service, who is a classified GS-638 Recreation/Creative Arts Therapist and is responsible for the overall operation of the service. The Chief, Recreation Service will be responsible for the selection, orientation, training, assignment, appropriate utilization and evaluation of all recreation personnel. Programs will be provided that offer appropriate

clinical opportunities for employees to perform at increasing levels of competency. A competent, stable recreation staff is essential to accomplish the service's mission. Employees will be stabilized in position assignments on bed services and on tours of duty as long as stability and employee performances are compatible with patient care needs.

b. Recreation/Creative Arts therapist current state or national professional verification will be provided annually to the Chief, Recreation Service and conspicuously displayed in the service.

c. All services shall be adequately staffed with technical support personnel to perform duties involving equipment maintenance, supply control, facility preparation and supervision, or other operations of a supportive nature. The technical support personnel will be under the close supervision of Recreation/Creative Arts therapists.

SECTION IV. OPERATIONS

3.18 POLICY

Operations organize knowledge that directly pertains to the function of Recreation Service. This information is presented for practical application in the functional decisionmaking process. These functional activities generate the outcomes of the service as described in paragraph 3.07.

3.19 COORDINATION

a. A system of scheduling activities consistent with the centralized scheduling policy of the local medical center will be established and maintained by the office of Chief, Recreation Service.

b. The Chief, Recreation Service will use professional judgment and expertise in developing and coordinating programs that ensure appropriate recreation services and fair personnel policies.

3.20 PROCEDURES

There will be written local plans, policies and procedures governing the operations of planning, programming, organizing, operating, quality assurance and staff development of Recreation Services maintained and annually reviewed by the Chief, Recreation Service. These will cover:

(1) The administrative responsibilities of the Chief, Recreation Service; the program/administrative responsibilities of assistant chiefs and/or supervisors; the office responsibilities of secretarial staff; and the operating responsibilities of professional recreation/creative art therapists and technical support personnel. These procedures will be specified in locally written position descriptions and performance standards which will be approved by local management. Employees will have a copy of their position description.

(2) The number and type of qualified staff to provide therapeutic recreation services within the medical centers scope of operation.

(3) Appropriate deployment of staff to maximize their efficiency and effectiveness consistent with agency objectives. This includes all treatment team activities in which Recreation Service participates.

(4) The structure and organization of the overall program and its functional units.

(5) Evaluation procedures for:

(a) Use of resources (staff, budget, space, equipment)

(b) Functional use of staff

- (c) Programs
- (d) Therapeutic recreation standards of practice
- (e) Staff development and continuing education
- (f) Affiliated education programs
- (g) Staff productivity (outcomes).

3.21 PERSONNEL

a. The Chief, Recreation Service will be responsible for:

- (1) Following VA policies and procedures governing the recruitment, selection, promotion, demotion or separation of staff and assisting in recruitment of VA Recreation Service personnel.
- (2) Implementation of time/leave policies and disciplinary procedures.
- (3) Writing annual staff performance evaluations on each staff member and sharing that evaluation with the employee in accordance with VA and Office of Personnel Management requirements.
- (4) Cooperating and complying with the terms of negotiated union contracts.

b. All recreation staff (GS-638) assigned within the medical center will be professionally and/or administratively responsible to the Chief, Recreation Service or designee (for variations see par. 3.16).

c. Courtesy will be exercised by recreation staff in all contacts with patients, families, volunteers, coworkers and representatives of the general public. Professional appearance and decorum will be maintained.

3.22 TERMINOLOGY

Approved references and latest editions from the following will be used in recording treatment recommendations and procedures:

- a. AMA "Current Medical Information and Terminology"
- b. AMA "Physicians Current Procedural Terminology"
- c. NTRS "Therapeutic Recreation Procedural Terminology"
- d. Other locally approved references.

3.23 MEDICAL RECORDS

a. Each medical center will have written policies and procedures for recording information about therapeutic recreation activities in the medical records as provided for in M-1, part 1, chapter 5. Policies will include criteria for quality content and timely recording of socioleisure data, defined leisure health problems, effect of leisure health problems on the medical condition, treatment and followup plans, actions taken and outcomes for each veteran treated by Recreation Service. All referrals will be completed and returned to the referring physician by the assigned therapist within the time frame of local medical center policy. Procedures will be established by the Chief, Recreation Service for periodic audits to ensure compliance. All recordings and records control required by VA directives and regulations and release of information from VA records will comply with the provisions of the Privacy Act and Freedom of Information Act. Distribution, retention and disposal of records will be in accordance with DM&S Records Control Schedule 10-1.

b. Current progress notes will record all significant patient contact. Entries will contain data required by local medical center policy, and will be authenticated by the signature and title of the recreation therapist making the entry. In those instances where patients refuse to accept or do not cooperate in recreational services recommended, a statement of the facts will be entered in the progress notes for evaluation of the problem by the staff physician and the redevelopment of the treatment plan or disposition.

c. Recreation Service patient records will be an integral part of the consolidated health record. It is recognized that there will be variations in the ways this record format will be used due to the different methods employed by individual medical centers. It is further recognized that there will be an opportunity for medical centers to develop and utilize documentation methods which are approved by Central Office. The following information shall be considered in Recreation Service entries in the medical records:

- (1) The patient's leisure health problems, if any, stated in the veteran's own words.
- (2) A brief chronological description of these leisure health problems, including date and mode of onset and symptoms.
- (3) Report from the Leisure Problem Screening and/or Comprehensive Leisure Assessment findings.
- (4) A review and assessment of the case history, medical findings, patient limitations and medical precautions by the therapist. The type and extent of leisure health problems present will be described, informing the physician what effect this condition may have on the patient's medical problem and general health.
- (5) If, in the opinion of the therapist, the treatment of the leisure health problem is not considered to be an essential part of the treatment for the patient's medical problem, a statement to this effect should be noted.
- (6) Information provided to the patients concerning their leisure health problems, and understanding of their responsibility in the treatment plan.
- (7) Indicate patients' perceptions concerning their leisure health problems, condition and general health, as explained by the therapist.
- (8) The patient will be advised of leisure health problems for which treatment is not considered essential during hospitalization and advised of community resources where available.

d. In accordance with the individual facility record practices, SE 513, Medical Record—Consultation Sheet, may be used to report recreation therapy findings and actions as appropriate. Recreation Service may also reply to consultation requests on any medical record form approved for local use.

e. VA Form 10-7008, Clearance/Prescription for Recreation Activities—PM&RS, signed by the staff physician or designee, in accordance with local medical center policy, will constitute clearance for patients to participate in or attend group activities of the facility which have been approved by the Chief, Recreation Service.

f. Treatment and/or work notes will be kept by the recreation therapist for review and documentation of treatment. These records are not official papers and will be disposed of in accordance with DM&S Records Control Schedule 10-1.

g. The Chief, Recreation Service will be responsible for the security and prompt return of all medical records of patients referred to Recreation Service.

h. The following forms, including those specified wherein this manual, can be used, when required, for recording medical information:

- (1) VA Form 10-0043a, Medical Record—Service Treatment Plan
- (2) VA Form 10-0043, Medical Record—Overall Treatment Plan

- (3) VA Form 10-5341, Medical Record Progress Notes
- (4) SF Form 509, Medical Records—Doctor's Progress Notes
- (5) SF 513, Medical or Clinical Record—Consultation Sheet
- (6) VA Form 10-7008, Clearance/Prescription for Recreation Activities—PM&RS
- (7) VA Form 10-7033, Recreation Activity Worksheet.

i. Forms used in recreation may be overprinted when approved in compliance with DM&S Supplement, MP-1, part II, paragraph 401.09.

3.24 PATIENT PRIVACY

a. Recreation personnel will exercise their professional training, expertise and sound judgment in the performance of recreation services for patients and will be cognizant of the dignity of the patient as a person. The Chief, Recreation Service is responsible for furnishing all recreation personnel with a copy of the VA Form 10-7991, Code of Patient Concern, to insure that functions of the service are performed consistent with the spirit and intent of the document. When patients express dissatisfaction regarding their care, a prompt notification of appropriate officials and evaluation of the situation will be made and documented.

b. All recreational programs involving higher physical or social risk, or about which the average veteran would not be familiar, will require that the veteran be fully informed concerning the nature, purpose, benefits and alternative methods, in accordance with local medical center policy. This information must be documented in the medical record by the recreation therapist.

c. Recreation Service will comply with established policies and procedures with respect to release of medical information and release of any information from medical records of patients. Provisions of the Privacy Act of 1974, 38 CFR 1.500 through 1.526, and provisions of DM&S Manual M-1, part I, chapter 9, applies to release of medical information.

3.25 PATIENT ASSESSMENTS

a. An LPS has two distinct clinical measurement purposes. One is to identify the nature, prevalence and intensity of leisure health problems within a given bed service. This information is essential in the planning process. Secondly, screening for case finding identifies specific patients requiring CLA on a priority basis.

b. These two purposes shall be complementary and can be administered from the same multidimensional screening instrument. Objective screening for entry into the program caseloads is essential if the cost effectiveness of the service is to be maintained. The instrument shall be brief, inexpensive and capable of administration by all Recreation Service personnel. The extent to which the instrument captures all of the real cases (sensitivity) and inappropriate cases are screened out (specificity) shall be of continued concern to the Chief, Recreation Service.

c. An LPS is the presumptive identification of previously unrecognized patients with a high probability or risk of having leisure functioning impairment disability and/or handicap, which effects their health condition. Identification is by application of test, examination or other procedures which can be applied rapidly.

d. Significant findings will be noted appropriately in the medical record. This data will assist in establishing criteria based, validated profiles of patients' conditions in order to assign priorities, allocate staff and fix accountability within the Recreation Service delivery model (par. 2.05), consistent with the medical center's mission and availability of recreation resources. The LPS examination does not supersede or substitute for the CLA.

e. Determination of the patients receiving LPS and procedures to be used shall be determined by Chief, Recreation Service using contemporary methodology. The criteria used in making these decisions shall include:

- (1) Medical centers' mission
- (2) Length of patient stay
- (3) Condition for admission
- (4) Patients ability to perceive and respond
- (5) Availability of recreation therapists, medical support staff, or qualified WOC employees to administer the screening
- (6) Methodology expertise
- (7) Critical necessary information:
 - (a) Therapists' assignments
 - (b) Patients' needs
 - (c) Program outcomes
 - (d) Allocation of resources (staff, supplies, equipment, space)
 - (e) Workload
 - (f) Tours of duty
 - (g) Patients receiving CLA
 - (h) Strategic operational and clinical planning
- (8) Established accreditation bodies standards of practice.

f. The CLA shall be designed to facilitate clinical decisions and analysis of treatment plans' effectiveness. In determining an appropriate instrument the following items shall be considered:

- (1) Capability of providing a significant comprehensive data base for individualized understanding of leisure health problem areas.
- (2) Potential to provide information about relevant remedial leisure health problems, functional leisure ability and suggest etiology of identified leisure health dysfunctions.
- (3) Ability to key the thresholds of clinical significance of patients' leisure well being or independence which effects their health condition.
- (4) Effectively distinguish both functional leisure performance capability and potential.
- (5) Acceptability of the procedure by the patient.
- (6) Capacity to produce categories of patient leisure health needs which can be used in Recreation Service planning.
- (7) Flexibility in providing a branching process which permits the therapist to assess particular areas of importance for the patient.

(8) Applicability of criteria to determine if the patient is an appropriate informant or when reliable data needs to be obtained from other sources.

g. To accomplish a CLA, the assigned recreation therapist will utilize the prevailing professionally indicated procedures, patients' clinical findings, and case history to correlate the establishment of a recreation therapy treatment plan. A CLA must be a prerequisite to the establishment of recreation therapy treatment plans. This requires that the medical record will be available to the recreation therapist when the patient is being evaluated.

h. The recreation therapist, on completing the CLA and reviewing all pertinent medical data, will develop a treatment plan if appropriate. This plan will be compatible to, and supportive of, the patients' total care plan. The recreational treatment procedures recommended by the therapist will be determined on the basis of the total hospitalization requirements of the veteran. This may require treatment of all, some, or none of the identified leisure health problems effecting the medical condition (par. 3.06c(1)).

i. Manifestations of behavior indicating probable systematic conditions or acts of violence will be recorded and, in cases considered to be of priority concern, brought directly to the physician's attention, in accordance with local medical center policy.

j. Veterans given a CLA will be informed that such assessments are a service provided as an integral part of their health care services. The CLA should not be considered as a basis for providing all recreational needs. The patient must not be left with the erroneous conception that the accomplishment of a comprehensive leisure assessment and the discussion of recreational problems or treatment needs by the therapist, constitutes an obligation on the part of the VA to provide this treatment. Caution must be taken through careful communication to avoid precommitment of Recreation Services prior to the establishment of priorities based on medical findings.

k. A CLA for any patient may be requested by responsible health care personnel in compliance with locally approved Recreation Service policy and procedures. If a CLA is accomplished, it will be noted appropriately in the medical record.

l. The Chief, Recreation Service will document the locally developed criteria for rescheduling of LPS and CLA for extended care patients. Accurate and timely completion of these assessments in compliance with the locally developed criteria will be monitored through Recreation Service quality assurance programs.

3.26 TREATMENT PLANS

a. After the establishment of the treatment plan, the recreation therapist will explain to the patient the nature of the programs and procedures to reduce any anxiety or embarrassment during participation.

b. The assigned recreation therapist will be responsible for all treatment plans that are executed by recreation personnel. Questions concerning a treatment plan will be resolved before action is taken.

c. The format and content of all treatment plans will conform to the current JCAH, VA, Professional Standards of Practice and local medical center requirements. They will vary in complexity and shall include, but not be limited to, observable and measurable treatment goals; therapeutic process (intervention techniques); content (programs); frequency; provider; sequence; evaluation methodology and schedule; and, medical information enabling quality therapist work. The quality assurance of these treatment plans will be the responsibility of the Chief, Recreation Service. This responsibility includes establishing criteria, scheduling, conducting, evaluating results, implementing corrective measures and documentation.

d. Upon completion of the recreation treatment plan or patient discharge, a closing summary will be prepared for filing in the patient's medical record. The summary will identify each medical problem by title and will reflect the therapeutic recreation treatment plan, the outcome and appropriate recommendations for followup, if indicated.

3.27 CLINICAL PRIVILEGES

a. Where local management has determined that recreation therapist shall be granted specific clinical privileges, such privileges will be in keeping with the professional skills identified per GS-638 qualifications and implemented within the systematic service

delivery model (par. 2.05). They shall be granted through the established procedures utilized by the medical center for assigning clinical privileges. These privileges will be based on evaluation and analysis of individual staff credentials, experience and skills.

b. The evaluation and analysis procedures will be facilitated through peer review in accordance with local medical center clinical privilege procedures.

c. Review of clinical privileges for all recreation/creative art therapists will be conducted in accordance with locally determined procedures. Findings will assist in establishing individual staff development plans as outlined in chapter 3.

3.28 SAFETY/SANITATION

a. Local Recreation Service policies and procedures for physical security of recreation facilities, equipment and supplies will comply with current security regulations as defined in DM&S Supplement, MP-1, Part I, Chapter 2, Investigation, Security and Law Enforcement Policy, Section B, Center Security and Law Enforcement. Specific plans will be made to maintain an environment that provides maximum safety and is conducive to physical, emotional and social comfort. The plans will include preservation of the individual patient's privacy, security and dignity.

b. As a result of the basic leisure needs of all persons (community, staff, visitors), the attraction of the medical centers' recreation facilities and equipment is vulnerable to unauthorized use. For internal security purposes and agency liability, issuance of keys for these areas will be on a documented basis of need as determined by the Chief, Recreation Service and local medical center policy. Strict accountability of keys must be maintained by the Chief, Recreation Service.

c. Safety knowledge and skills will be incorporated into recreation inservice training. Scheduled training programs specifically dedicated to safety, fire prevention, cardio-pulmonary resuscitation, patient evacuation, and health mobilization during local and national disasters will be conducted annually. These programs will be in accordance with existing VA and local medical center policy.

d. Due to the prevalence and transmissibility of bacterial and viral infections, it is essential that VA recreation personnel:

(1) Be familiar with policies and procedures outlined by the local Environmental Control and Hospital Infection Committee.

(2) Continually review techniques for the sanitation of all recreation equipment and supplies.

(3) Be subject to annual review by the Environmental Control and Hospital Infection Committee regarding the procedures used by Recreation Service staff for the sanitation of equipment and supplies to assure effective procedures are being used.

e. The Chief, Recreation Service, will develop written safety/emergency policies and procedures approved by medical center management in accordance with VA policies. Recreation personnel's understanding of these policies will be documented. These policies and procedures shall include but not be limited to, situations in which:

(1) Patients who are assigned to activities require protective clothing and/or protective glasses, VA Procurement Regulations 8-74.106 and M-1, part VII, paragraph 9.41.

(2) Patient injury, death, assault, or elopement occurs during recreation programs, DM&S Supplement, MP-1, part I, chapter 2.

(3) Patients participate in activities occurring in an environment, which statistically poses a higher safety risk; i.e., swimming, fishing, boating, bus trips, etc.

f. Chief, Recreation Service, will document understanding, observance, and enforcement by all recreation personnel of OSHA, NFPA, VA medical centers, and significant other policies and procedures concerning environmental and safety procedures affecting all recreation personnel responsibilities. This information will be documented in Recreation Service Policies and Procedures Manual.

3.29 VOLUNTEER SUPPORT

a. Recreation Service can utilize services offered by volunteer groups, individuals, and organizations through the VAVS, Voluntary Action Centers and other sources in order to augment Recreation Service programs, to enhance community understanding of the therapeutic recreational needs of patients, and to aid in developing recreational resources designed to fill gaps in established community-based leisure services. The Chief, Recreation Service will follow the instructions for the responsibility of volunteers in accordance with M-2, part XVII, chapter 3.

b. Volunteers will be appropriately assigned to assist the Recreation Service staff in programs that reflect their skills, knowledge, abilities and interests. Authorization and acceptance of volunteer assistance will be in accordance with M-2, part XVII, chapter 1. They will be supervised by appropriate recreation staff in accordance with M-2, part XVII. Assignment guides for each volunteer placement will be prepared and reviewed annually by the Chief, Recreation Service. The recreational services and assistance of volunteers must be supervised by Recreation Service personnel and can be utilized only to supplement the Recreation Service's staff efforts and resources.

c. The Chief, Recreation Service will conduct annual assessments regarding existing and needed voluntary assistance; i.e., performance evaluations, utilization reviews, etc. From this, evaluation plans will be developed and documented for the appropriate recruitment, training utilization, retention and supervision of volunteers and/or resources in Recreation Service. These plans will be coordinated with the Chief, Voluntary Service. The Chief, Recreation Service will actively participate on advisory committees and recognition programs for volunteers.

d. A documented plan for an annual educational assessment and continual training program of each volunteer assigned to Recreation Service will be the responsibility of the Chief, Recreation Service, in collaboration with Personnel Service, Assistant Chief of Staff for Education, or appropriate medical center staff.

e. A Recreation Service employee will be on duty at all times when adapted recreational activities (par. 2.05) are conducted by volunteers. However, volunteers may conduct two or more adapted recreation activities simultaneously in different areas of the facility provided a Recreation Service employee is on duty and available to assist and oversee activities.

f. Recreation personnel will comply with M-2, part XVII, chapter 6, and MP-3, part III, paragraph 31.03, in accepting gifts and donations, in operating a VA-owned vehicle by volunteers, in transporting VA patients in vehicles owned and operated by volunteers, and in handling of funds for patients.

g. Services and benefits available to volunteers assigned to Recreation Service will be in accordance with M-2, part XVII, chapter 4. Directors may provide subsistence to volunteers, in accordance with the provisions of M-1, part I, paragraphs 2.12a and 2.49.

h. It will be the responsibility of the Chief, Recreation Service to ensure that volunteer assistance to Recreation Service is accurately recorded, in accordance with M-2, part XVII, chapter 7.

i. All Recreation Service staff will support and participate in the recognition of volunteer assistance. This shall include an active participation in the VAVS awards ceremony.

3.30 GENERAL POST FUNDS

a. MP-4, part V and DM&S Supplement MP-4, part VII, Chapter 4, provide the instructions for the authorization, receiving approvals and expenditures of General Post Fund accounts for Recreation Service. These trust funds are authorized by 38 U.S.C. chs. 83 and 85.

b. Chief, Recreation Service should maintain the local control point of all General Post Fund accounts earmarked for patients' recreational purposes. However, the delegation of this responsibility will be regulated by local medical center policy.

c. The maintenance by Recreation Service of any special fund which is not part of the General Post Fund account is prohibited.

d. Patients may establish a recreational and entertainment fund through contributions or patient activities with the approval of the medical center Director. The operating policy for such funds must be in compliance with M-1, part I, paragraph 1.41c.

3.31 CANTEEN BOOKS

The facility Director will be responsible for establishing and maintaining adequate controls over the storage, distribution, and accountability of canteen gift coupon books, M-1, part I, paragraph 1.54b. The Chief, Recreation Service, will perform such duties and responsibilities delegated by the medical center Director within the purview of this policy.

3.32 ALCOHOLIC BEVERAGES

Chief, Recreation Service will be responsible for compliance to the operating policy concerning use of alcoholic beverages during recreation programs as outlined in M-1, part I, paragraph 1.42.

3.33 COMMUNITY AFFAIRS

All recreation personnel shall be encouraged to participate in community affairs, MP-1, part I, chapter 4. Opportunity will be provided for recreation staff to contribute their professional knowledge and leadership in community interaction with the medical center, as outlined in M-1, part I, paragraph 1.81m.

3.34 FUNDING

Appropriated funds will be made available to support Recreation Service programs. The Chief, Recreation Service, will maintain the local control point for these funds.

3.35 OFF-STATION ACTIVITIES

a. Recreation Service plans and conducts all appropriate and needed recreational off-station programs for patients. Planning for these programs will be consistent with documented patient needs, the Recreation Service systematic delivery model (par. 2.05) and comply with mandated conservation measures, as stated in M-1, part I, paragraph 1.81, subparagraph o.

b. Authorization for patients participation in such programs will comply with paragraph 3.23e.

c. The support staff necessary for delivery of service and safety of patients will be predetermined through interdisciplinary planning. Documentation of planning criteria, participating personnel and local facility policy concurrences will be maintained in the office of Chief, Recreation Service.

d. Volunteers can be utilized and function within the guidelines of paragraph 3.29.

e. Government vehicle(s) chartered (by contract) with the approval of the medical center Director, are authorized for transportation of patients during off-station activities.

3.36 SUPPLIES AND EQUIPMENT

a. Local medical centers furnish each Recreation Service with appropriate supplies and equipment to meet the needs of the patients. The types and quantities required will be determined on the basis of the LPS, CLA and budgetary resources.

b. Materials will be furnished to patients by recreation staff as the needs of the program dictate.

c. An article made in whole or in part from Government materials by patients will become their property if they desire, unless it is specifically fabricated or repaired for Government use. The articles made are not intended for sale by the patients.

(1) Defective, damaged, and obsolete articles will be considered expendable, and all materials which cannot be utilized will be turned into Supply Service in accordance with turn-in procedures in MP-2, subchapter E, section 108-27-5104-1.

(2) All other articles of some value not accepted by patients may be turned over to the Supply Service at the discretion of the Chief, Recreation Service, or their designee, by appropriate medical center procedures listing the appraised value. They may also be retained in recreation for use as determined by the Chief, Recreation Service.

(3) Articles made from materials which have been donated to the patients, or which patients have supplied at their own expense, may be sold by them, provided the Government does not incur expenses other than that for the required heat, light, power and space, including suitable tables and benches. Items may be sold in accordance with MP-2, subchapter H, section 108-45.302.

d. Medical center equipment and supplies will be used primarily for the benefit of patients participating in the program. However, such equipment and supplies may also be used by VA employees, non-VA individuals and organizations permitted by proper medical center authority to participate in activities for the benefit of patients.

e. A recreation therapist will annually plan the use of recreational supplies and equipment, in accordance with paragraph 3.04g.

f. At isolated facilities, as determined by the Administrator according to MP-5, part I, chapter 790, paragraph 10 recreation equipment and supplies may be provided at Government expense for employees use.

g. Service testing of supplies and equipment will be accomplished in accordance with MP-2, subchapter E, Subpart 108-31.50.

h. Chief, Recreation Service will develop policies and procedures in accordance with the medical center, department, and agency policy, necessary for preventive maintenance and reporting of improper functioning equipment and supplies.

3.37 AREAS AND FACILITIES

a. Recreational areas and facilities used primarily for the benefit of patients participating in the recreation program will be under the direction and responsibility of the Chief, Recreation Service.

b. Only the Chief, Recreation Service, is authorized, with facility Director's concurrence, to schedule recreation areas and facilities for non-VA use in accordance with MP-5, part I, chapter 790. The supporting documentation shall include a formal agreement between the VA and the non-Federal group to protect the liability of both parties and must assure the medical center Director that:

- (1) The activity does not interfere with patients' use of the facility.
- (2) The activity will not distract patients.
- (3) The facilities will not be damaged.
- (4) The activity will reflect credit upon the VA.
- (5) Local medical centers' safety and usage policies are understood and will be adhered to.
- (6) Official documents are prepared and signed regarding use, time and liability.

3.38 TOUR OF DUTY

a. To accommodate the full range of services enumerated in this manual, and to achieve maximum utilization of resources in meeting the identified leisure health needs of patients, recreation staff should supply coverage 7 days a week. Recreation therapists are required to plan their tour of duty to coincide with the appropriate time for their programs to provide the greatest benefit to the patient. Evenings, weekends, and holidays, will be considered normal tours of duty.

b. Where there are two or more Recreation Service staff at a facility, a staff person shall be on duty each day of the week. One day a week, all staff shall be on duty and available for regularly scheduled service meetings. The Chief, Recreation Service tour of duty will be arranged to allow attendance at appropriate staff meetings of the COS.

c. Established tours of duty and changes will be properly authorized and recorded on VA Form 4-5631, Time and Attendance Report, in accordance with MP-4, part II, chapter 1, section C.

3.39 PROGRAM INFORMATION DISSEMINATION

a. Patients' health condition and turnover rate requires systematic publicizing of recreational programs. The therapist must ensure that patients are informed and able to take advantage of the programs.

b. Posters, directional signs, bulletin board announcements, patients' newspapers, medical center radio and/or television broadcasting systems and similar media shall be used to inform patients of recreational programs. A schedule of recreational activities will be posted on all ward bulletin boards, as well as in other areas of the medical center where this information will be used.

3.40 PATIENTS' NEWSPAPERS

a. Patients' newspapers will be governed by the following policies. Newspapers in medical centers will not contain:

(1) The home address of a patient unless clearance is obtained from patients or their authorized representative, prior to publication. The printing of a patients' hometown, even without street address, is considered publication of home address.

(2) Photographs of patients, unless the provisions of MP-1, part I, chapter 4, are met.

(3) Commercial advertisements inserted by or for any private individual, firm, or corporation.

(4) Material at variance with VA policy.

b. No medical center newspaper will be permitted in general circulation outside the immediate jurisdiction of the facility. Exchange of newspapers between VA medical centers is permissible. Copies may be mailed free of postage under the mailing indicia privilege as provided in MP-1, part II, chapter 6, appendix H, paragraph 11, to persons who have been officially accepted for and are actively engaged in voluntary services at the medical center.

c. The medical center Director is authorized to purchase from available funds, supplies and equipment necessary for the publication of the newspaper. All printing will be in accordance with MP-1, part II, chapter 9, and 44 U.S.C. 501 and 503.

3.41 PATIENT ENTERTAINERS

Patient entertainers may perform in VA programs outside the medical center, provided the performance is based on patients' assessed need (par. 3.25), and is in accordance with local policies. Appropriate clearance will be obtained for each performance away from the facility, paragraph 3.23e. All performances will be supervised by the Chief, Recreation service, or designee.

3.42 MOTION PICTURES

a. Motion picture features made available by VA Central Office, through the Director, VA Supply Depot (902), Somerville, New Jersey 08876, will be selected, scheduled, shipped, rated and handled according to VA Manual MP-2, subchapter E, paragraph 108-26.5304-1. Funds for the motion picture program will be provided in accordance with DM&S Supplement, MP-4, part VII, paragraph 3A.05b(8).

b. The Director, VA Supply Depot, Somerville, New Jersey, is responsible for the procurement of all feature length recreation motion pictures. This includes the screening and approval of all recreation motion pictures, video tapes, video discs, etc. Short subjects and news films can be screened and procured by individual medical centers (VA Manual MP-2, subch. E, par. 108-26.5304-1).

c. The Motion Picture Association's rating, and synopsis, will be included in all notices of movies to be shown at the medical center. This information will be available for all patients and volunteers who assist with the movies. Utilization of youth volunteers during movies that carry an adult rating is prohibited. Discretion will be exercised by recreation staff in the utilization of youth volunteers that deal with sensitive issues.

d. The Chief, Recreation Service will establish, with local medical center Director's approval, written performance competencies for independent operation of motion picture equipment. Staff, volunteers, and patients must demonstrate to the chief or designee an acceptable level of competence before they are allowed to operate motion picture equipment. A roster of qualified projectionists will be maintained in Recreation Service and updated annually.

e. The Chief, Recreation Service will annually evaluate the cost effective use of motion pictures in meeting patient needs. The evaluation of program outcome (par. 3.07), methodology, data, findings, and recommendations will be forwarded to the medical center Director through appropriate channels. These recommendations will be considered before annual commitment of funding for motion picture film rental.

3.43 CLOSED CIRCUIT RADIO/TELEVISION

a. The production and/or use of CCRTV (closed circuit radio/TV) for patient entertainment by recreation staff, is considered appropriate and acceptable for VA facilities. Staff responsible for originating CCRTV programs will ensure they conform to VA and local policy.

b. The Chief, Recreation Service will establish, with local medical center Director's approval, written performance competencies for independent operation of CCRTV equipment. Staff, volunteers and patients must demonstrate to the chief or designee an acceptable level of competence before they are allowed to operate CCRTV equipment. A record of qualified operators will be maintained in Recreation Service and updated annually.

c. When outside material is used on medical center produced CCRTV entertainment programs, the source will be mentioned prior to and on completion of its use. When controversial issues are reported, the following statement will be made, "This material is presented as a public interest item, and does not necessarily represent the view of this commentator or the Veterans Administration." At no time will there be any editorializing on controversial issues.

3.44 COPYRIGHT MATERIAL

Copyrighted material will not, without authorization, be reproduced in any form for use in the Recreation Service programs. Medical centers desiring to reproduce copyrighted material will request such permission in accordance with MP-1, part II, chapter 9, paragraph 4a(2)(e).

3.45 UNIFORMS

a. Recreation Service staff are authorized use of uniforms in accordance with M-1, part VII, appendix 8A.

b. The style and type of clothing worn will allow staff complete involvement in their duties and responsibilities. Selection of clothing shall not compromise professional appearance, decorum, and/or dignity of patients, their families, coworkers, volunteers, and/or the general public.

3.46 ATTENDANCE AND ADMISSION

The following persons can be admitted to all recreation activities within local medical center guidelines, policy, and resource availability:

a. Patients

b. Personnel necessary to attend patients and/or conduct the activity

- c. Volunteers assisting staff or patients
- d. Students whose attendance is part of their clinical training program
- e. Patients, family, and/or friends when their attendance contributes to the veterans treatment support and/or well-being
- f. Personnel residing at medical centers specifically designated as isolated, in accordance with paragraph 3.36f.

3.47 GIFTS AND DONATIONS

The DM&S Supplement to MP-4, part VII, chapter 4 provides the regulations concerning gifts and donations to the VA. Recreation personnel will comply with these regulations.

3.48 USE OF TOBACCO PRODUCTS

The use of tobacco in the program areas by staff will be restricted in conformance with the dignity of health care and departmental administrative issues outlining the smoking policy to be followed at all VA medical centers, and in accordance with any locally issued policies.

SECTION V. QUALITY ASSURANCE

3.49 POLICY

Quality assurance is an organized continuous monitoring of Recreation Service functions, which identifies deficiencies and opportunities to implement improvement. Its purpose is to assist in the achievement of excellence in the delivery of health care services.

3.50 RESPONSIBILITY

The Chief, Recreation Service will be responsible for systematic reviews and appraisals of recreation programs. Quality control mechanisms will be established to ensure that staff performance complies with established outcomes (par. 3.07). Recreation Service will have a locally defined philosophy, stated goals, objectives, and outcomes of recreation programming. This quality assurance program encompasses all direct and indirect patient care services.

3.51 HEALTH SERVICES REVIEW ORGANIZATION

a. The HSRO (Health Services Review Organization) is the VA system of quality assurance. There are two main components to the program: the SERP (Systematic External Review Program) and the SIR (Systematic Internal Review). The conduct of SERP is a function and responsibility of the Evaluation and Analysis Office in VA Central Office. The organization and conduct of a viable program of SIR is the responsibility of each VA medical center.

b. Each Chief, Recreation Service will be responsible for using current SIR methodologies and criteria established by the agency. These methodologies will incorporate patient care evaluation, work simplification, position management, productivity measurement, performance standards, appropriate use of resources, organizational and procedural analysis, etc. Other concerns such as safety, facilities, administration or resources can be analyzed. Administrative audits may also be undertaken where problems outside Recreation Service compromise its effectiveness and require analysis of coordination between services. The evaluative criteria will be in compliance with accrediting bodies such as Joint Commission on Accreditation of Hospitals, SERP, National Therapeutic Recreation Society, OPM 638 Standards, etc. These criteria will reflect the knowledge base, resource documents, range and types of therapeutic intervention skills and techniques, patient leisure health needs, and the administration of professional therapeutic recreation processes in service delivery to patients.

c. As part of the SIR program each Chief, Recreation Service will conduct a TPR (Treatment Plan Review) of 5 percent of the patients treated quarterly (par. 3.26). The purpose of this review is to assure patients have received acceptable treatment,

which meets recreation/creative arts therapists' evaluative criteria in paragraph 3.51b. Treatment plans reviewed will be randomly selected. The TPR will use clinical evaluations and medical record reviews by the Chief, Recreation Service, or designee. This will be accomplished by using an equal number of discharged cases and patients in the concluding phase of their treatment plan prior to discharge. Any discrepancies requiring remedial action such as inappropriate CLA data base, incomplete treatment plans, unsatisfactory treatment, omissions, documentation, etc., will be identified and decisions made for their resolutions.

d. Chief, Recreation Service, will maintain a working log of all TPR discrepancies and resolutions.

3.52 RECREATION SERVICE REPORT, RCS 10-0069 (OLD RCS 10-300)

a. Automated Management Information System will be prepared and submitted to VA Central Office in accordance with procedures provided in MP-6, part VI, chapter 1, supplement No. 1.2, and chapter 48, supplement No. 1.2: VA Form 10-9024, Recreation Service Code Sheet Modality Data and Indirect Patient Care VA Form 10-9024a, (AMIS) Recreation Service Code Sheet, Direct Patient Care, Segment 265.

b. The Chief, Recreation Service, is responsible for the accuracy of the data and for submitting the code sheets to the ARCO (AMIS Reports Coordination Officer) in accordance with locally established schedules. Other responsibilities are identified in MP-6, part VI, supplement No. 1.2, paragraph 101.03. Cooperation between the Chief, Recreation Service and the ARCO shall ensure that reports which are generated from the medical center input will accurately reflect the workload of the service.

3.53 NARRATIVE REPORT OF RECREATION SERVICE, RCS 10-0721

a. The Narrative Recreation Service Program Report provides local management and VA Central Office with current basic information regarding major elements that have professional, administrative, or budgetary significance to Recreation Service.

b. Some of the information in this report may be included in other ADP reports. We regret if this results in duplicative efforts to some extent. This report will provide necessary data for information validation, program policy development, planning and analysis of services.

c. The report will be prepared by every Chief, Recreation Service. It will be in triplicate, on letter-size paper, dated, identified by medical center, and the report control number. Information will be concise, pertinent, and brief (not to exceed five type-written pages).

d. The report will be prepared annually at the close of the fiscal year and will provide information on the concluding annual period.

e. Only significant Recreation Service developments or changes need to be reported. This will include, but not be limited to:

(1) Statistical summary of each Recreation Service delivery model component (par. 2.05) indicating the type and number of manpower resources distributed to each bed service and outpatient program in the local facility and the patient utilization rate of Recreation Services in these specific areas.

(2) Description of problems and a one paragraph summary of findings and recommendations of each Systematic Internal Review (par. 3.51) conducted by Recreation Service during the past fiscal year.

(3) Statistical summary of the past year Treatment Plan Review (par. 3.51) findings.

(4) Cumulative fiscal year statistical total of Recreation Service resources (i.e.; FTE, budget, community resources, recreation facilities).

(5) Summative analysis of staff development needs, programs and results for Recreation Service (ch. 4) during the past fiscal year.

(6) Name of universities and number of clinical recreation therapist interns (par. 4.07) from each that trained in Recreation Service during the past fiscal year.

(7) Listing of all research topics (ch. 4) Recreation Service staff were involved in during the past fiscal year.

(8) Listing of the three most significant long-range goals (par. 3.04b) developed for Recreation Service this past fiscal year.

(9) Listing of the three most significant short-range goals (par. 3.04b) developed for Recreation Service this past fiscal year.

(10) Summary of the medical center's Recreation Service participation in the Recreation Service District Council Planning Meeting (par. 3.04k) during the past fiscal year.

(11) List new therapeutic techniques Recreation Service has initiated during the past fiscal year.

(12) Statistical analysis of the significant patient care findings from the past fiscal years LPS and CLA (par. 3.25) completed by Recreation Service.

(13) List of service outcomes (par. 3.07) developed during the past fiscal year.

f. Additionally included with the report shall be a copy of organizational and functional charts, any changes in ceiling, programs, or program responsibilities in areas of consequence, major accomplishments and significant problems.

g. This narrative report will be forwarded through the COS and the medical center Director. Each may comment on any of the material in the report. The original and two copies with one set of pertinent exhibits and other supplemental material will be forwarded to VA Central Office no later than 15 workdays into the new fiscal year. When routing through appropriate officials, address report to Director, Recreation Service (10BA_/11K).

July 29, 1993

1. Transmitted is a new chapter to Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Programs," Part XXII, "Recreation Therapy Service," Chapter 6, "VA/Very Special Arts Program."

2. The principal purpose is to establish objectives, policies, and guidelines for integrating the arts into the experiences of veteran patients. This includes:

a. **Paragraph 6.01:** Defines difference in VA/VSA and the National Veterans Creative Arts Program;

b. **Paragraph 6.02:** Defines purpose/mission of the VA/VSA;

c. **Paragraph 6.03:** States policy and objectives;

d. **Paragraph 6.04:** Cites legislative authority and Memorandum of Understanding;

e. **Paragraph 6.05:** Defines responsibilities;

f. **Paragraph 6.06:** Defines reporting and recordkeeping requirements;

g. **Paragraph 6.07:** Defines funding issues.

3. **Filing Instructions**

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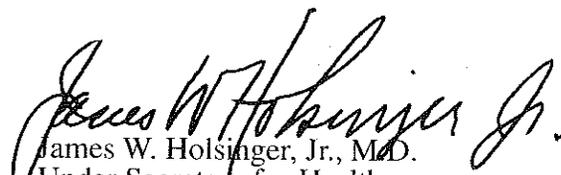
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6-1 through 6-5

4. **RESCISSIONS:** None.


James W. Holsinger, Jr., M.D.
Under Secretary for Health

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