



**EXCEL-LIN  
THERAPY  
SOLUTIONS**

**We Bring The Therapy To You!**

**STANDARD OPERATING PROCEDURES**

**PHYSICAL THERAPY**

**OCCUPATIONAL THERAPY**

**SPEECH THERAPY**

# EXCEL-LIN THERAPY SOLUTIONS

**SUBJECT:** HOME HEALTH THERAPY STANDARD OPERATING PROCEDURES

**PURPOSE:** Excel-Lin Therapy Solutions delivers a full range of home health physical therapy services with a full-time certified physical therapist at the patient’s home or a contracted facility. This standard operating procedure (SOP) should be adapted to best meet the appropriate level of service and beneficiary needs within the context of the home health business-based PT/OT resources. If a home health provider delivers physical therapy services, it will be required to maintain an SOP. This SOP serves as a guide to the daily operation of the physical therapy home health provider, provides a reference for orientation of new personnel, and provides information to answer questions in the service to patients at home or in a contracted facility.

**DISCUSSION:** Enclosure provides a detailed physical therapy SOP. Sections required include cover page, table of contents, introduction, personnel responsibilities, hours of operation, and quality control. Using this SOP in developing the SOP ensures a standardized format among USCG physical therapy service locations. Specific clinic physical therapy policy and procedures will vary by patient and will include home health mission, makeup of beneficiary, budget constraints, and proximity of military and other physical therapy services. The policy and procedures manual must be updated annually or more frequently if necessary. Updates and revisions to both SOP and policy and procedures manual shall be dated and signed on the cover page. The signature pages will be maintained for a period of three years.

**ACTION:** The home health agency providing physical therapy service must maintain an SOP that will be updated annually. Additionally, the home health agency will develop a policy and procedures manual that shall serve to provide detailed guidance and policy regarding the operation of the physical therapy home health agency. This policy and procedures manual will be updated annually.

**ENCLOSURE:** Home Health Physical Therapy SOP

**HOME HEALTH:** Excel-Lin Therapy Solutions, LLC

**WEB SITE:** WWW.EXCEL-LIN.COM

**DATE OF ISSUE** May 30, 2023                      Revised January 2024

REVIEWED/REVISED \_\_\_\_\_

Date Signature/Physical Therapist / Occupational Therapist / Speech Therapist

\_\_\_\_\_  
Date Signature/Lead HS

**PHYSICAL THERAPY  
POLICIES & PROCEDURES**

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## **SCOPE OF SERVICES**

### **Purpose**

This document establishes the extent of professional practice and scope of patient assessments for physical therapy services patients of Excel-Lin Therapy Solutions.

### **POLICY**

Excel-Lin Therapy Solutions will provide quality patient care to all patients within their scope of practice.

### **SCOPE OF SERVICE**

Excel-Lin Therapy Solutions hires qualified and certified physical therapists. These professionals provide clinical and home health services to patients referred by their physician. Clinical and home health services and patient education are available for all approved. All interventions are based upon the result of assessments from the agency's therapists or qualified contractors and are aimed at maximizing the patient's functional independence and performance.

### **ASSESSMENTS**

All assessments are performed by a physical therapist who is licensed to practice in the state of California. Assessments are based on referral, patient diagnosis, and clinical/home care presentation. Evaluations may include, but are not limited to:

- Physical performance, including muscle strength, joint range of motion, muscle excursion, balance, mobility, sensation coordination, and motor control.
- Functional performance includes bed mobility, transition between positions, transfers, function in the upright position, and gait.
- Nature, locations, and factors impacting the patient's pain perception.
- Use of mobility devices such as gait assist devices and wheelchairs.
- For patient wound care only, extent of and nature of wounds, and other deficits of integrity of skin and subcutaneous layers.

## **SERVICE AVAILABILITY**

### **POLICY**

The Agency provides Physical Therapy services to clients in their place of residence.

### **PURPOSE**

1. To provide physical therapy services in accordance with California laws and regulations.
2. To provide standards of high-quality client care.
3. To promote good professional relationships between all community organizations.
4. To ensure that every agency physical therapist engages only in those activities which are recognized to constitute approved practice.

### **PROCEDURE**

1. Services defined herein will be offered Monday through Friday from 8:00 a.m. to 5:00 p.m. with the exception of holidays approved by the agency. After hours, holiday, and weekend services can be scheduled by staff when necessary to meet client needs.
2. The office will be staffed during the hours of 10:00 a.m. till 4:00 p.m. In addition, continuous supervision is available during any hours when all allied health personnel are scheduled to provide care to clients in their homes.
3. All services offered by the home care agency are available throughout the geographical area served by the agency.
4. Agency office is located at: 432 Collard Way, Placentia, CA 92870-8212
5. All services provided by the agency will be in accordance with the California physical therapy licensing board.
6. The Agency will notify the state of California of any expansion.
7. This staffing pattern will ensure that clinical services are available on site, 6-7 days a week for Physical Therapy.
8. The Administrator on call is assigned to schedule weekend and holiday coverage.
9. The Administrator on call will be on-call for weekend holiday coverage. Schedules and telephone/pager numbers will be made available to each clinical area. Any unusual occurrences or incidents involving patients or staff, problems in scheduling, etc. (whether or not they can be resolved by the staff) must be communicated as soon as possible to the on-call administrator.
10. In the event of illness, the Administrator on call will first make an attempt to find coverage and coordinate coverage for the day.

## **INITIAL ASSESSMENT/EVALUATION**

### **PURPOSE**

To explain the procedure for initial assessment and evaluation

### **POLICY**

Excel-Lin Therapy Solutions home health services will accept and record initial assessment evaluation in such a manner as to expedite the initiation of evaluation and treatment. Scheduling of patients shall be done efficiently as possible in order to minimize delays of patient care.

### **PROCEDURE**

1. Initial assessment for physical therapy will include orders to evaluate.
2. Treat the diagnosis of the patient and include patient problems.
3. Precautions relevant to the treatment of the patient.
4. Upon acceptance and assignment of referrals, initial evaluation will be completed within 24-48 hours.

Initial assessments will be done under the following circumstances:

1. Initial request for assessment and/or treatment for each patient.
2. Change in patient diagnosis or therapy intervention required.

## **REASSESSMENT**

### **PURPOSE**

To ensure all patients are reassessed for continuation, discontinuation, measurement of treatment progress and to adjust treatment plan as needed.

### **POLICY**

All patients must be reassessed and reevaluated every 30 days.

### **PROCEDURE**

- a. All patients must be re-evaluated every 30 calendar days.
- b. Patient's progress or lack thereof must be assessed and documented.
- c. Re-establishment of short and long-term goals
- d. Comparison of the initial functional status with current status in measurable values
- e. Treatment progress must be clearly documented in an updated Plan of Care Current progress summary signed by the therapist.

## **PLAN OF CARE**

### **PURPOSE**

To develop a plan for patients' care

### **POLICY**

Every physical therapy patient must have an individualized plan of care consistent with the physician's prescription and rehabilitation objective.

### **PROCEDURE**

1. A plan of care will be developed after each patient's initial assessment.
2. The plan of care shall contain, at minimum:
  - a. Diagnoses
  - b. Long-term goals
  - c. Type, amount, duration, and frequency of therapy
  - d. Services must relate directed and specifically to the written plan of care.
  - e. Must be established by a Physical therapist who would provide the service(s)
  - f. Must be signed by the prescribing ordering physician.
  - g. Must be dated.
  - h. The plan of care must be certified by the physician/non-physician provider's signature and date acknowledging the certification period being signed.



## **PLAN OF CARE REVIEW / REVISION**

### **PURPOSE**

To define how Excel-Lin Therapy Solutions Homecare would review and/or revise as an approved plan of care.

### **POLICY**

Every patient that requires continuation of physical therapy service(s) plan of care should occur whenever there is a significant change in the plan or every 90 days from the initial plan of care certification.

### **PROCEDURE**

Plan care review shall include and/or consist of the following:

1. A patient's plan of care must be reviewed 5 days before the end of the initial current certification period.
2. Restatement of Therapy goals
3. Progress Reports
4. Exception Justification
5. When submitting documentation for review, the documentation must be correct.
6. Clearly document when the certified plan of care has been modified including why it was modified and why goals have not been met.
7. Documentation of selected components of examination to update patients/clients' impairment, function, and/or disability status.
8. Interpretation of findings and, when indicated, revision of goals.
9. Documentation of Changes from previous objective findings
10. Interpretation of results
11. When indicated, modification of plan of care, as directly correlated with goals and documented.

## **CHANGES IN PATIENT CONDITION**

### **PURPOSE**

To explain procedural actions to be taken when there is a measurable change in patient's condition.

### **POLICY**

Every physical therapy employed or contracted by Excel-Lin Therapy Solutions home health services shall take clearly defined and appropriate actions in reaction to changes in every patient's condition.

### **PROCEDURE**

Changes in the condition of the patient may trigger a necessary intervention, which is the purposeful interaction of the physical therapist with the patient client and, when appropriate, with other individuals involved in patient client care, using various physical therapy procedures and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis. Changes in a patient's condition may validate the continued necessity for service continuation or discontinuation of service.

The first procedural step in evaluating patient condition is through a re-assessment. After a reassessment, the following outcomes may be justified:

1. Establishment of improvement and extent of progress (or lack thereof) toward each goal.
2. Plans for continuing treatment.
3. Additional evaluations and/or treatment plan revisions and
4. Changes to long or short-term goals,
5. Discharge or an updated plan,
6. Use of different interventions or, alternatively, the discontinuation of care or referral to another practitioner.

## **GUIDELINES FOR NOTIFYING MD**

### **PURPOSE**

To establish, practice and maintain methods and establish conditions that would trigger the notification of the patient's physician.

### **POLICY**

With the patient's written authorization, the physical therapist shall notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient.

Every patient's physician (on file) must be notified at the existence of any of the following conditions:

- a. The physical therapist shall not continue treating the patient beyond 45 calendar days or 12 visits, whichever occurs first, without receiving, a dated signature on the physical therapist's plan of care from the patient's physician, surgeon, or podiatrist indicating approval of the physical therapist's plan of care.
- b. Patients' physician must be notified if no reasonable progress is made within 30 days.
- c. Therapist must notify patient's physician if symptoms are present for which treatment is outside scope of PT.
- d. Therapist must notify patient's physician on file if re-certification is delayed for more than 90 days.

## **GUIDELINES FOR DOCUMENTATION**

### **PURPOSE**

To ensure consistency and compliance with all the applicable rules and regulations, it is necessary for all Excel-Lin Physical therapists to consistently adopt standardized guidelines to document at all times.

### **POLICY**

Standardized documentation of all contacts with patients, including but not limited to, incidents shall be documented by all qualified staff.

### **PROCEDURE**

Documentation shall include the following:

1. Date
2. Cancellation and no-shows
3. Patient/client self-report (as appropriate)
4. Subjective response to previous treatment
5. Identification of specific interventions provided, including.
  - a. Frequency
  - b. Intensity, and
  - c. Duration as appropriate
6. Changes in patient/client impairment, functional limitations, and disability status as they relate to the interventions provided.
7. Subjective response to interventions, including adverse reactions, if any
8. Continuation of intervention(s) as established by the PT or change of intervention(s) as authorized by PT.
9. Signature and title
10. Physical therapy examination,
11. Evaluation, diagnosis,
12. Prognosis, and plan of care (including interventions) shall be documented, dated, and authenticated by the physical therapist who performs the service.
13. Interventions provided by the physical therapist or selected interventions provided by the physical therapist assistant under the direction and supervision of the physical therapist are documented, dated, and authenticated by the physical therapist.

### **GENERAL GUIDELINES**

1. Documentation is required for every visit/encounter.
2. All documentation must comply with the applicable jurisdictional/regulatory requirement.
3. All handwritten entries shall be made in ink and will include original signatures. Electronic entries are made with appropriate security and confidentiality provisions.

4. Charting errors should be corrected by drawing a single line through the error and initialing and dating the chart or through the appropriate mechanism for electronic documentation that clearly indicates that a change was made without deletion of the original record.
5. All documentation must include adequate identification of the patient/client and the physical therapist or physical therapist assistant.
6. The patient/client's full name and identification number, if applicable, must be included on all official documents.
7. All entries must be dated and authenticated with the provider's full name and appropriate designation.
8. Documentation of examination, evaluation, diagnosis, prognosis, plan of care, and discharge summary must be authenticated by the physical therapist who provided the service.
9. Documentation of intervention in visit/encounter notes must be authenticated by the physical therapist or physical therapist assistant who provided the service.
10. Documentation should include the referral mechanism by which physical therapy services are initiated.

Examples include:

- a. Self-referral/direct access
  - b. Request for consultation from another practitioner
11. Documentation should include indication of no shows and cancellations.

## **GUIDELINES FOR PATIENT & FAMILY EDUCATION**

### **PURPOSE**

To facilitate positive patient health outcomes by promoting healthy behaviors involving the patient / family / significant other in-patient care and care decisions.

### **POLICY**

Patients and their families will receive specific knowledge and skills needed to meet the patient's ongoing health needs.

### **PROCEDURE**

1. Patients and family education is a collaborative and interdisciplinary process appropriate to the plan of patient care and shall actively involve the patient and/or family.
2. The patient and family educational process shall include assessment of the patient's family's learning needs, activities, preferences, and readiness to learn.
3. Considerations shall be given to:
  - a. Cultural and religious practices
  - b. Emotional barriers
  - c. Physical and cognitive limitations
  - d. Language barrier
  - e. Desire and motivation to learn
  - f. Financial implication of care choices

## **PATIENT REFERRALS**

### **PURPOSE**

Patient referral outlines the information necessary and the process to be followed for the referral of a physical therapy patient to Excel-Lin Therapy Solutions.

### **POLICY**

Physical Therapy services provided by Excel-Lin Therapy Solutions are available upon referral by a physician (M.D.)

### **PROCEDURE**

1. Physicians must initiate a referral to request Physical Therapy.
2. Referrals may be sent by fax, email, or phone call.
3. Referrals must include Patient's, diagnosis, complicating factors related to rehabilitation, request for services, any special instructions, and precautions.
4. Referral forms must be signed by a physician (M.D.)
5. Telephone or verbal orders may be taken to initiate treatment, but written orders must be placed in the order entry system within 24 hours for treatment to continue.
6. Referrals from case management agencies signed by a physician will be accepted.

## **PATIENT DISCHARGE**

### **PURPOSE**

To outline the process of discontinuation of physical therapy service(s) to a patient

### **POLICY**

Physical Therapy services may be discontinued upon the recommendation of the therapist.

Therapy services may be discontinued temporarily (placed “on hold”) in the event of surgery or other change in the patient status. The therapist will re-evaluate patient status and resume treatment at the appropriate level upon agreement with the physician.

### **PROCEDURE**

#### **Discontinuation may be predicated on the following:**

1. Therapy services are discontinued upon documented physician’s request at any time during the patient’s hospitalization. The patient will be reinstated upon a new order from a physician.
2. Therapy services may be discontinued if a patient has refused treatment three consecutive times. Therapy will be reinstated upon a new order from a physician if patient compliance has improved.
3. Therapy services are discontinued with the physician’s approval if, through evaluation procedures, it is determined that:
  - a. The treatment services requested are not needed by the patient.
  - b. The treatment services are not available.
  - c. The treatment services are not appropriate for occupational or physical therapy.
  - d. Referral to another agency or department may better meet the patient’s needs.
  - e. Therapy services are discontinued, and the physician is notified when re-evaluation procedures indicate that the patient has achieved maximum benefit from the treatment services, or the patient’s condition has deteriorated to the point where he is unable to benefit from the service.

#### **Patients will be discharged from therapy services when:**

1. The patient achieves functional treatment goals or has achieved maximum benefit from therapy.
2. The patient has failed to comply with the attendance policy.
3. The patient has been “on hold” for more than two weeks.
4. Treatment services are no longer needed.
5. Treatment services are not available.
6. Treatment services are not appropriate.
7. At any time upon physician’s request.



Therapists discontinuing or discharging patients from therapy services will notify the physician and complete the necessary documentation.

## **COMPETENCY VERIFICATION & SKILLS VALIDATION**

### **PURPOSE**

To ensure all physical therapists employed or contracted by Excel-Line Therapy Solution are qualified, fully trained, and licensed to practice in California.

### **POLICY**

Every physical therapist employed or on contract with the agency shall be fully trained, qualified, and licensed to practice in California. All required skills must be validated by establishing contract with a patient.

### **PROCEDURE**

1. Licenses of all therapists shall be verified at <https://search.dca.ca.gov/>
2. Competencies in gait, ROM, Therapeutic exercises, and passive modalities must be demonstrated and verified by the supervising physical therapist.
3. Educational/academic qualifications shall be verified.

### **Skills validation will include:**

- The ability to be aware of other people's reactions and understand why they react as they do.
- The ability to establish and maintain relationships.
- The ability to teach others.
- The ability to identify problems and determine effective solutions.
- The ability to apply reason and logic to identify strengths and weaknesses of possible solutions.
- The ability to understand written and oral instructions.
- The ability to communicate information orally and in writing.
- The ability to listen and understand the spoken word.
- The ability to work independently and in cooperation with others.
- The ability to determine or recognize when something is likely to go wrong.
- The ability to suggest several ideas on a subject.
- The ability to provide service and consultation to others.
- The ability to observe and recognize changes in clients.
- The ability to establish and maintain harmonious relations with clients' families/co-workers.

### **Physical and Mental Demands:**

- Good physical and mental health.

- Physical ability to stand, walk, use hands and fingers, reach, stoop, kneel, crouch, talk, hear and see.
- Mental fortitude and stability to handle stress.
- Physical and mental ability to drive a vehicle.

**Qualifications/Education**

- License from the California Board of Physical Therapy
- Current driver's license
- Proper vehicle insurance coverage

## **CREDENTIALING**

### **PURPOSE**

To ensure that only qualified applicants with no negative findings are hired to provide services to our clients.

### **POLICY**

Excel-Lin Therapy Solutions will hire only qualified physical therapists with no negative findings in their board registry and no felony convictions.

### **Required Knowledge**

- A license to practice in California.
- Completion of all requirements set forth by the Physical Therapy Board found at: <https://search.dca.ca.gov/>
- Completion of the State of California Sexual Harassment training: <https://calcivilrights.ca.gov/exitshpt-sup/>

### **The Physical Therapist Credential Evaluation includes:**

1. Time period(s) of study
2. All institution(s) attended.
3. All degrees/diplomas/certificates earned.
4. Whether or not one is licensed to practice as a physical therapist in California
5. Total educational credits awarded.
6. State board form listing categories/courses/credits for specific state boards of physical therapy.

## **SUPERVISION**

Excel-Lin Therapy Solutions will be provided by a licensed physical therapist (PT) or licensed physical therapist assistant (PTA) under the supervision of a licensed physical therapist.

### **Reporting Relationship**

1. All therapists will report to a supervisor who must be licensed and authorized to practice in California and will coordinate services with the agency staff.

### **PURPOSE**

To ensure services are provided by qualified therapists and in accordance with the plan of care.

To meet the requirements of state/federal guidelines and provide supervision and direction of the delivery of all physical therapy services.

To ensure employee performances are appropriately supervised; that care is directed toward the achievement of goals, and that services are provided based on client need and the Plan of Care.

### **POLICY**

All therapists shall be supervised by a supervisor who must be licensed in California.

### **SPECIAL INSTRUCTIONS**

1. The Excel-Lin Supervisor shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contractual staff.
2. The Supervisor shall coordinate the day-to-day operation of all physical therapy services and work with the Administrator.
3. The Supervisor will participate with the Administrator in all activities relevant to the professional services furnished. This includes the development of qualifications and the assignment of personnel.
4. The Supervisor shall participate in interviewing, hiring, disciplining, and dismissal of staff, as well as staff assignments.
5. The Supervisor or similarly qualified alternate shall always be available during operation hours.
6. The Supervisor will review client services on an ongoing basis to assure delegation of assignments are by the appropriate health care personnel.
7. On-site supervision of clients receiving services will be performed by a Licensed Therapist to direct, demonstrate, and evaluate the implementation of the Plan of Care.

## **PHYSICIAN ORDERS**

### **POLICY**

Physician's orders for pharmaceuticals and medical treatments, when required, are obtained from a licensed physician or other persons authorized by California law to prescribe such treatments.

### **PURPOSE**

1. To comply with state law.
2. To facilitate quality assurance in the receipt of physician orders.

### **PROCEDURE**

1. Orders from a physician or other person authorized by law to prescribe treatments are required for the agency to administer pharmaceuticals and other medical treatments.
2. All original orders for pharmaceuticals and medical treatments are incorporated in the client's service record.
3. All verbal orders must be recorded and signed by the person receiving the order.
  - a. Verbal orders for the administration of pharmacological agent and other medical treatment interventions must be given to a licensed therapist or nurse or other person authorized by state law to receive such orders.
4. Physicians or other person authorized by California law to prescribe must countersign any verbal orders within sixty days from the date given.
5. The Therapist is responsible for checking all client medications if the Agency administers pharmaceuticals or medical treatments.
  - A. The physical therapist is specifically accountable for the following relating to medications:
    1. Recognizing side effects.
    2. Recognizing toxic effects.
    3. Recognizing allergic reactions
    4. Recognizing immediate desired effects.
    5. Recognizing unusual and unexpected effects.
    6. Notifying physician on file of adverse medications effects/reactions/effectiveness and or ineffectiveness of prescribed medications.

## **GAIT TRAINING**

### **PURPOSE**

To help in the improvement of the patient's ability to stand and walk.

### **POLICY**

All therapists are required to use Gait Training – Walking on a treadmill and completing muscle strengthening activities when required or needed to aid the patient's recovery process.

Benefits to the patient include:

1. Strengthening of muscle and joints
2. Balance and posture improvement
3. Endurance building
4. Development of muscle memory
5. Retraining of les for repetitive motion
6. Lowering risk of fall, while increasing mobility
7. It may also lower the risk of other illnesses, such as heart disease and osteoporosis, by increasing physical activity and mobility.

It often involves machines that help the patient walk safely. The therapist may also assist the patient in gait training exercises.

The therapist can help support the patient's bodyweight, provide stability, and offer other assistance.

Gait training commonly involves walking on a treadmill and completing muscle strengthening activities. The patient may wear a harness while walking on the treadmill or doing other exercises. The Therapist may also ask the patient to practice stepping over objects, lifting their legs, sitting down, standing up, and other activities.

## **RANGE OF MOTION EXERCISES**

Range of motion is how far a person can move his/her joints in different directions. These exercises help the patient move each joint through its full range of motion. Movement can help keep joints flexible, reduce pain, and improve balance and strength. Active range of motion exercises help improve joint functions.

### **POLICY**

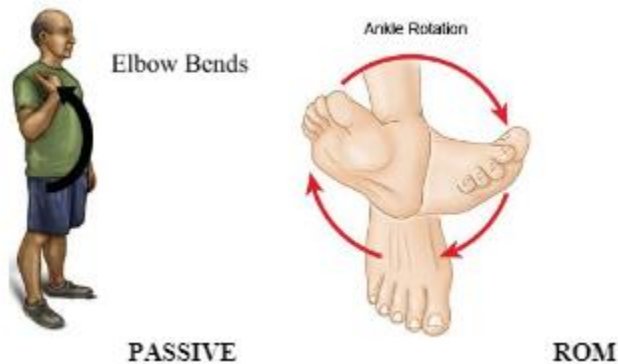
Excel-Lin therapist shall use Range of Motion Exercises to treat qualified patients after a comprehensive patient's assessment.

### **PURPOSE**

ROM exercises reduce stiffness and will prevent or at least slow down the freezing of patient joints as the disease progresses and the patient moves less often.

### **PROCEURE**

Types of Range of Motion Exercises



Range of motion (ROM) exercises are done to preserve flexibility and mobility of the joints on which they are performed.

If the patients' joints are very painful and swollen, instruct the patient to move their joints gently through their range of motion. These exercises should be done slowly and steadily. It is important with ROM exercises not to force movements and to stop a movement if it causes pain to the patient. Damage to the joint space can occur if too much force is applied. Joint range of motion is done on one joint at a time. Instruct the patient to stabilize with one hand just above the joint and place the other hand below the joint to move the part through its full range of motion.

## **GENERAL INSTRUCTIONS (FOR ROM EXERCISES):**

**All Physical Therapists are to instruct every patient as follows:**

- To know that ideally, these exercises should be done once per day.
- Each exercise should be done 10 times or more to the point of resistance and held for 30 seconds.
- Begin exercises slowly, doing each exercise a few times only and gradually build up to more.
- Patients should try to achieve full range of motion by moving until they feel a slight stretch, but don't force a movement.
- Move only to the point of resistance. Do not force the movement.
- Keep limbs supported throughout motion.
- Therapists should move slowly, watching the patient's face for response to ROM.

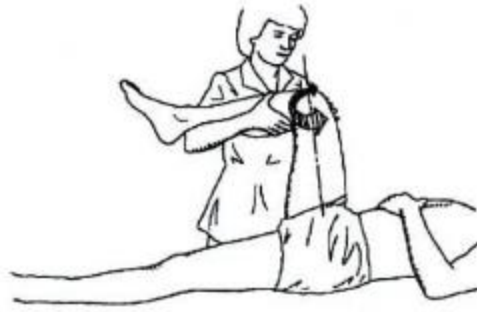
### **LOWER EXTREMITY ROM EXERCISES**

Lower extremity passive exercises are for Therapists someone else to stretch the patient's hips, legs, and knees if the patient is unable to do this unsupported. These exercises should be done slowly and gently while the patient is lying on his/her back. Each exercise should be done ten times on each leg each day.





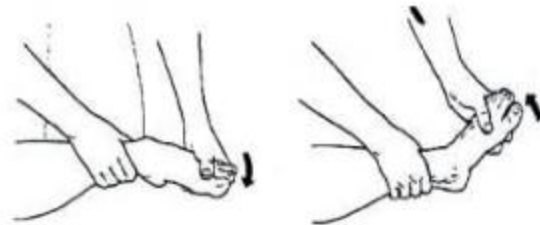
Hip & Knee Flexion



Hip Rotation

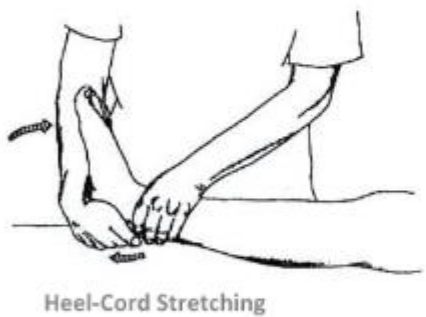
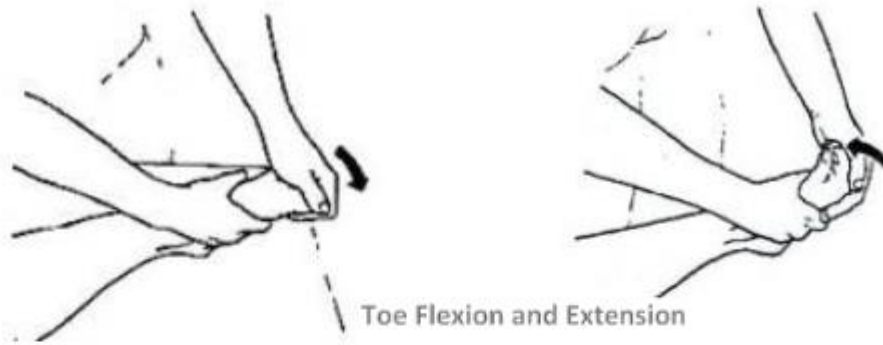


Hip Abduction



Ankle Rotation

**LOWER EXTREMITY ROM EXERCISES CONT**



**Upper extremity passive rom exercises**

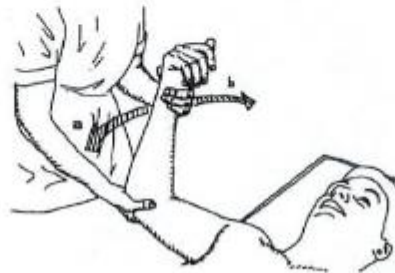
Upper extremity, passive ROM exercises for therapists / someone else how to stretch the patient's arms if patients are unable to move his /her arms independently. These exercises should be done slowly and gently and can be done with the patient sitting in a chair or lying down. Patients are to do each exercise ten times.



### Horizontal Shoulder Abduction

#### Horizontal Shoulder Abduction

Pull arm across the chest. Stretch would be felt in back of arm and shoulder



## **UPPER EXTREMITY PASSIVE ROM EXERCISES CONT**



Neck Rotation



Neck Flexion



Finger & Wrist flexion And Extension



Thumb Flexion & Extension

## **THERAPEUTIC EXERCISES**

Therapeutic Exercise is the systematic performance of planned physical movements, postures or activities intended to enable the patient/client to:

- Remediate or prevent impairments.
- Enhance function.
- Reduce risk.
- Optimize overall health.
- Enhance fitness & well-being.

## **POLICY**

Every physical therapist employed by Excel-Lin shall use therapeutic exercise along or in combination with other prescribed therapies in the treatment and coordination of the overall well-being of all patients approved and qualified for physical therapy.

## **PURPOSE**

The purpose of a therapeutic exercise program is for approved and qualified patients to regain normal mobility, strength, and endurance. Gaining optimal mobility, strength and endurance allows the patient to enjoy normal everyday activities without pain (or minimal pain) and with the least amount of restriction.

### **Therapeutic Exercises may include:**

- Agility training
- Balance training (static & dynamic)
- Body mechanics training
- Breathing exercises
- Coordination exercises
- Gait and locomotion training
- Neuromuscular re-education
- Postural stabilization
- ROM exercises & soft tissue stretching
- Relaxation exercises
- Strength, power & endurance exercises

### **Excel-Lin expects all physical therapists to formulate therapeutic exercises to:**

- Maintain ROM
- Increase Flexibility
- Increase Strength
- Promote Endurance

### **All therapists are to recognize changes in patients' condition by collecting data on the following:**

- Vital signs
- Cognition
- Skin integrity / condition
- Patient safety while using assistive devices.

- Gait
- Balance
- Manuel Muscle Tests (MMT)
- Muscle tone
- Administering standardized pain questionnaires
- Assessment of posture
- ROM Exercises
- Recognition of cyanosis & activities that aggravate or relieve edema, pain, dyspnea, etc.

## **PASSIVE PT (MODALITIES) FOR BACK PAIN**

Acutely, the physical therapist may focus on decreasing pain with passive physical therapy (modalities). These therapies are considered passive because they are done to the patient. Examples of modalities include:

- Heat/ice packs
- TENS Units
- Iontophoresis
- Ultrasound

## **POLICY**

Excel-Lin therapists are trained to use passive modalities to treat qualified patients with back pain.

## **PURPOSE**

They are especially useful in alleviating acute low back pain (e.g., an intense, debilitating episode of low back pain) for the patient. Multiple modalities are commonly employed to reduce low back pain.

## **PROCEDURE**

### **Types of Passive Modalities**

#### **HEAT AND COLD THERAPY**

Heat and/or ice are easily available and are the most commonly used type of modality. Each type of therapy helps reduce muscle spasm and inflammation.

Some patients find more pain relief with heat therapy using heat packs and others with cold therapy such as ice massage. The two may also be alternated. They are generally applied for 10-20 minutes once every two hours and are more useful early on (the first few days) during an episode of pain.

#### **IONTOPHORESIS**

Iontophoresis is a means of delivering steroids through the skin. The steroid is applied to the skin and then an electrical current is applied that causes it to migrate under the skin. The steroids then produce an anti-inflammatory effect in the general area that is causing pain. This modality is especially effective in relieving acute episodes of pain.

#### **TENS UNITS FOR ELECTROTHERAPY**

A Transcutaneous electrical nerve stimulator (TENS) unit uses electrical stimulation to modulate the sensation of low back pain by overriding the painful signals that are sent to the brain. A trial of electrotherapy with the TENS unit is usually done first, and if the patient experiences substantial pain relief, a TENS unit may be used at home for low back pain relief on a long-term basis.

#### **ULTRASOUND**

Ultrasound is a form of deep heating in which sound waves are applied to the skin and penetrates into the soft tissues. Ultrasound is especially useful in relieving acute episodes of pain and may enhance tissue healing.

## **ACTIVE PHYSICAL THERAPY – BACK PAIN EXERCISES**

In addition to passive therapist, active physical therapy (exercises) is also necessary to rehabilitate the spine. Generally, a patient back exercise program should encompass a combination of the following:

- **STRETCHING FOR BACK PAIN EXERCISES**

Almost every individual who has suffered from low back pain should stretch their hamstring muscles once or twice daily. Simple hamstring stretching does not take much time, although it can be difficult to remember, especially if there is little or no pain. Therefore, hamstring stretching exercises are best done at the same time every day, so it becomes part of the person's daily routine. There are many more stretches that can be done to alleviate lower back pain.

- **STRENGTHENING FOR BACK PAIN EXERCISES**

To strengthen the back muscles, 15 to 20 minutes of dynamic lumbar stabilization or other prescribed exercises should be done every other day. Core muscle strengthening is also important in lower back pain treatment. It is important to perform the exercises correctly to see benefits, so they are best learned with the help of a physical therapist or other qualified health professional.

- **LOW-IMPACT AEROBIC CONDITIONING**

Low impact aerobics are important for long term pain reduction. There are many options available, such as walking, bicycling, swimming, or water therapy. Aerobic exercise is often best done for 30 to 40 minutes three times weekly, on alternate days from the strengthening exercises.



Even patients with a busy schedule should be able to maintain a moderate back pain exercise regimen that encompasses stretching, strengthening, and aerobic conditioning. These exercises suffice as physical therapy for back pain relief.

**TYPES OF LOW-IMPACT EXERCISE**

There are several types of aerobic exercise that are gentle on the back and, when done on a regular basis, highly effective in providing conditioning.

**WALKING**



In general, walking for exercise is very gentle on the back, and walking two to three miles per week is very helpful for patients. Walking also has the advantage of not requiring special equipment (except a good pair of shoes suitable for walking) and it can be done inside or outside, in almost any location, including at home on a treadmill.

### **Stationary bicycling**

For those patients who are more comfortable seated rather than standing, biking or stationary biking may be preferable. Bicycling or “spinning” classes have grown in popularity over the last decade as more people realize the benefits of this lower impact form of exercise. There are several upright and recumbent (reclining) bikes that can be purchased for home use, and many come with programs preloaded so that patients have a good variety of sessions from which to choose.

### **Elliptical trainer or step machine**

These machines provide a low-impact workout because the participant is using pedals suspended above the ground to move in a continuous oval motion, as opposed to continuously stepping on a hard surface. The motor on the machine facilitates a smoother step or forward glide motion, which is less jarring than walking. The benefit of these machines is that they provide an aerobic workout as well as strengthening or resistance training because the arms of most cross-training machines can be pushed and pulled, thus working the upper body, and the resistance of the pedaling motion increased to require greater muscle exertion to maintain the movements.

### **Water therapy**

Doing exercise in the water provides for effective conditioning while minimizing stress on the back because the buoyancy of water counteracts the gravitational pull that can compress the spine. When “unweighted” in water, a patient becomes more mobile, and stretching and strengthening exercises are less painful. Exercises such as hip abduction lifts, bicep curls, arm circles to exercise deltoids and shoulders, and triceps kickbacks are easier done in water for most people. All these muscles build strength in the lower back or neck and reduce back pain. Water therapy exercise is especially useful for patients in too much pain to tolerate land exercises on a mat or hard floor, or for elderly patients.

Whatever low-impact exercise is used, the exercise should be vigorous enough to increase the heart rate to the target zone (which is scaled to the age of the patient) and keep it elevated. Elevating the heart rate for at least 20 minutes is required to improve cardiovascular strength, burn excess calories, and make noticeable strides in fitness.

### **Abdominal exercises**

The abdominal muscles and back muscles are key components of this muscular network and provide the strength to keep the body upright and for movement. When these core muscles are in poor condition, additional stress is applied to the spine as it supports the body, and back injury or back pain is more likely.

Different abdominal exercises focus on the muscles that support the spine, which are grouped in three categories:

#### **Extensor (back and gluteal muscles)**

These muscles are used to strengthen the back (stand), lift and extend, and abduct the hip (move the thigh away from the body).

### **Flexors (abdominal and iliopsoas muscles)**

These muscles are used to bend and support the spine from the front. The flexors also control the arch of the lumbar (lower) spine, and flex and adduct the hip (move the thigh in toward the body)

### **Obliques or Rotators (paraspinal (side) muscles)**

These muscles are used to stabilize the spine when upright. The obliques also rotate the spine and help maintain proper posture and spinal curvature.

### **Benefits of Back and Abdominal Exercise**

Weak and/or overly tight supporting muscles can have painful spasms and suffer injuries themselves, which then prevent them from supporting the spine as needed. Compromised muscles can also lead to problems with bone structure of the spine due to poor posture from the weak muscles, thereby creating an increased risk of back pain or back injury. Consequently, developing combined strength in stomach muscles and back muscles can:

- Reduce the likelihood of back pain episodes.
- Reduce the severity of back pain.
- Protect against injury by responding efficiently to stresses.
- Help avoid back surgery in some cases.
- Facilitate healing from a back problem or after spine surgery.
- Improve posture.

## **GUIDELINES FOR ABDOMINAL EXERCISES AND BACK EXERCISES**

**It is expected that all Excel-Line therapists shall observe these general guidelines:**

- Do not start exercises for the first time during an acute back pain episode without first consulting a physician or a spine specialist.
- Do not stop exercising just because pain diminishes, or an injury appears “healed”; rather add back and abdominal exercises into a daily routine.
- Patients should complete a combination of flexion and extension exercises to balance the trunk muscles.
- In general, patients will do exercises in sets of 3 to 5 repetitions a minimum of 4 times a week.
- Teach all patients to be patient and understand that strength building may take 6 weeks or more to show results.

**To be most effective, abdominal exercises should include focus on working the following muscles:**

- The abdominal muscles
- The lower abdominal muscles
- The outside (oblique) muscles

### **Pelvic Tilt**

- Patient is instructed to lie on floor with knees bent, feet parallel and arms to the side.
- Patients are instructed to tighten lower abdominal muscles, pulling the navel and lower back toward the floor, without using buttocks or leg muscles.
- Hold for 4 second
- 5 – 10 repetitions

### **Trunk Curl**

- The patient is instructed to lie on the floor with knees bent and arms crossed on the chest.
- Using upper abdominal muscles, raise trunk of body off the floor slightly, to about 15 degrees.
- Hold 5 seconds.
- Lower trunk slowly to the floor
- To be effective, motion should raise the chest, rather than the head or neck, and only be only a slight lift.
- Raising too far, to a sitting position, works leg muscles not the abdominals.

### **Water Exercise/Leg Lifts**

#### **Patient is instructed as follows:**

- Stand in the pool next to the side wall with one hand on the edge.
- Raise one straight leg slowly to the front.
- Lower slowly to the starting position
- 5 repetitions per leg

### **Exercise Ball/Sit-ups**

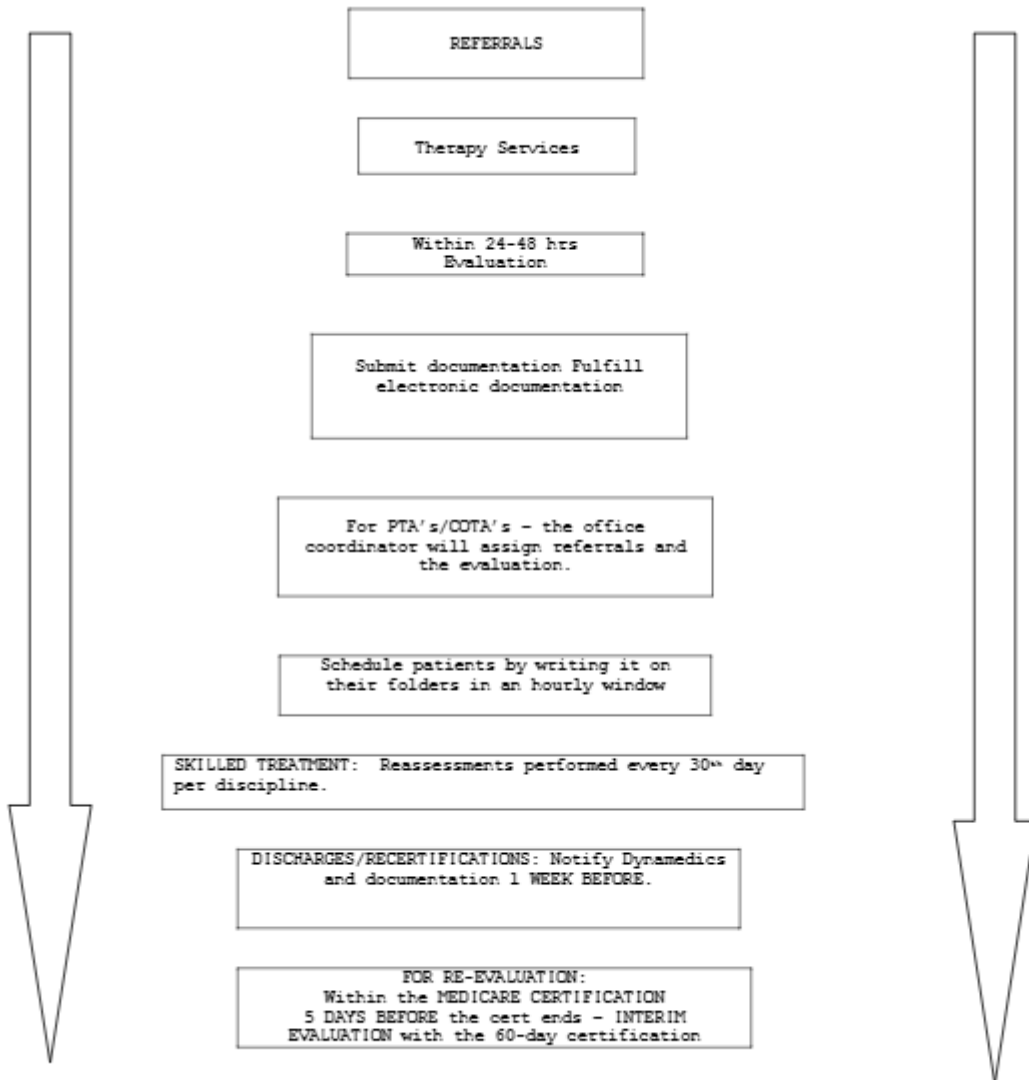
Patient is instructed to do the following:

- Sit on the exercise ball with back in neutral position, feet flat on floor and arms straight overhead.
- Lean back, flexing at hips, and pointing goes to ground.
- Hold for 5 second
- Sit up slowly, setting heels back on the ground.
- 5 – 10 repetitions



## **PROCEDURAL SEQUENCE OF EVENTS**

## Referrals, Acceptance and Service Provision by Excel-Lin Therapy Solutions



### **FACTS TO CONSIDER**

MEDICARE: 60 days or 9 weeks

INSURANCE: Requires approval before treatment starts on a given period only. For extensions, call the agency first.

THERAPY PATIENTS ONLY (without nursing): PT/OTR, Evaluations same day with the nurse

MEDICAID patients: 60 minutes always

### **INITIAL EVALUATIONS**

Upon assignment of referrals from the agency, Initial Evaluations should be submitted within 24 – 48 our via electronic documentation at:

### **REASSESSMENTS**

Reassessments are performed every on or before 30 days to assess the patient’s progress and ascertain short term and long-term goals. It includes a comparison of the initial fluctional status and the current status in measurable values to scale its degree of progress in terms of objectivity.

### **INTERIM EVALUATION**

If the patient requires a continuation of therapy for the next 60-day episode, an interim evaluation should be performed 5 days before the end of the certification period.

A doctor’s order will have to be obtained prior to continuing the services.

### **SCHEDULING OF TREATMENTS**

Each patient has a folder that contains medical records at their homes. Schedule them in an hourly window frame, indicate the day and time.

Call the patient ahead of time before you make a visit to ensure their availability. You will not be reimbursed for attempted visits even as scheduled.

### **SKILLED TREATMENTS**

Skilled Treatments should be in accordance with the care plan signed by the Physician. Safety should always be addressed in every treatment and should follow the standards of professional practice and principles. For additional treatment modalities that were not included in the care plan, call the agency, and write a Telephone Order to update the Care Plan.

**E.g., PT Clarification Order as of 7/21/23**

**PT treatment includes Electrical Stimulation on Left Quads with IFC x 20 minutes for pain relief 3w1. Continue with Therapeutic Ex, Neuromuscular Reeducation, and Gait. Training to facilitate functional independence and assist during stair climbing.**

### **VITAL SIGNS**

For every treatment, therapists are required to take Vital Signs before, during and after Treatment. And this includes the following: Blood Pressure, Heart Rate, and Respiratory Rate.

### **DISCHARGES**

Only PT/OT/ST are ONLY allowed to discharge a patient.

For patients that have almost reached their Long-Term Goals before the certification ended, notify the agency and initiate discharge planning on your notes a week before the discharge date.

### **MISSED VISITS**

Document the missed visit only when the 2 scheduled visits were not met in that week.

### **EXTENSION OF ORDERS**

Call the office prior to extension of orders for continued coverage. Unapproved visits will not be reimbursed.

## **INCIDENTS DURING A VISIT**

In some unavoidable instances, a patient may exhibit irregular vital signs during the treatment E.g., High/Low BP, Low FBS or complaints of dizziness that may intervene with therapy, do the following steps:

1. Notify the nurse – the number can be found on the folder.
2. Call the agency.
3. Call the family, Emergency Contact – found on the folder.
4. For assistants, call your direct supervisor.
5. DOCUMENT THE INCIDENT EVERY 5 – 10 MINS IF NEEDED.
6. DO NOT LEAVE THE PATIENTS HOUSE UNTIL EVERYTHING GETS RESOLVED.

## **ATTIRE**

A Therapist is expected to wear an appropriate clothing during home visits. Wearing skirts, flip flops, or shirts that expose the shoulders are discretely discouraged. Wearing an Identification Document E.G., name tags or I.D. from the agency are encouraged for identification purposes.



**EXCEL-LIN  
THERAPY  
SOLUTIONS**

**We Bring The Therapy To You!**

# **OCCUPATIONAL THERAPY SOP**



## **OCCUPATIONAL THERAPY**

### **SCOPE OF SERVICES**

#### **PURPOSE**

This document establishes the extent of professional practice and scope of patient assessment for patients assessed and qualified to receive Occupational Therapy Service from Excel-Lin Therapy Solutions.

#### **POLICY**

Excel-Lin Therapy Solutions will provide quality patient care to all patients within their scope of practice.

#### **SCOPE OF SERVICE**

Excel-Lin Therapy Solutions hires qualified and certified Occupational Therapists. These professionals provide clinical, home care, and contracted facility OT services to patients referred by their physician or insurance company. Clinical services and patient education are available for all approved. All interventions are based upon their results of assessments from the agency's therapists or qualified contractors and are aimed at maximizing the patient's functional independence and performance.

#### **ASSESSMENTS**

All assessments are performed by an Occupational Therapist who is licensed to practice in the state of California. Assessments are based on referral, patient diagnosis, and clinical presentation. Evaluations may include, but are not limited to:

- Cognitive performance, including memory, sequencing, problem solving, concentration, and attention.
- Psychosocial performance, including behavior management, social skills, and communication skills.
- Occupational performance includes ability to perform physical tasks of job, endurance, pain tolerance, and cardiovascular function.
- Need for orthotics and selective equipment.

## **SERVICE AVAILABILITY**

### **POLICY**

The agency provides Occupational Therapy services to clients in their place of residence.

### **PURPOSE**

1. To provide Occupational Therapy services in accordance with California laws and regulations.
2. To provide standards of high-quality client care.
3. To promote good professional relationships between all community organizations.
4. To ensure that every agency Occupational Therapist engages only in those activities which are recognized to constitute approved practice.

### **PROCEDURE**

1. Services defined herein will be offered Monday through Friday from 8:00 a.m. to 5:00 p.m. apart from holidays approved by the agency. After hours, holiday, and weekend services can be scheduled by staff when necessary to meet client needs.
2. The office will be staffed during the hours of 10:00 a.m. till 4:00 p.m. In addition, continuous supervision is available during any hours when all allied health personnel are scheduled to provide care to clients in their homes.
3. All services offered by the home care agency are available throughout the geographical area served by the agency.
4. Agency office is located at: 432 Collard Way, Placentia CA 92870-8212
5. All services provided by the agency will be in accordance with California occupational practice laws, acts, as applicable.
6. The agency will notify the California OT licensing for home health in writing 30 days in advance to request an expansion of the geographical service area without opening an additional site.
7. This staffing pattern will ensure that clinical and home health services are available on site, 6 – 7 days a week for Occupational Therapy.
8. The Administrator on call is assigned to schedule weekend and holiday coverage.
9. The Administrator on call will be on-call for weekend/holiday coverage. Schedules and telephone numbers will be made available to each clinical area. Any unusual occurrences or incidents involving patients or staff, problems in scheduling, etc. (whether or not they can be resolved by the staff) must be communicated as soon as possible to the on-call administrator.
10. In the event of illness, the Administrator on call will first make an attempt to find coverage and coordinate coverage for the day.

## **REASSESSMENT**

### **PURPOSE**

To ensure all patients are reassessed for continuation, discontinuation, measurement of treatment progress and to adjust treatment plan as needed.

### **POLICY**

All patients must be reassessed and reevaluated every 30 days.

### **PROCEDURE**

- A. All patients must be re-evaluated every 30 calendar days.
- B. A patient's progress or lack thereof must be assessed and documented.
- C. Re-establishment of short and long-term goals.
- D. Comparison of the initial functional status with current status in measurable values.
- E. Treatment progress must be clearly documented in an updated Plan of Care Current progress summary signed by the therapist.

## **PLAN OF CARE**

### **PURPOSE**

To develop a plan for patients, care.

### **POLICY**

Every Occupational Therapy patient must have an individual plan of care consistent with the Physician's prescription and rehabilitation objective.

### **PROCEDURE**

1. A plan of care will be developed after each patient's initial assessment.
2. The plan of care shall contain, at a minimum:
  - a. Diagnoses
  - b. Long-term goals
  - c. Type, amount, duration, and frequency of therapy
  - d. Services must relate directed and specifically to the written plan of care.
  - e. Must be established by an Occupational Therapist who would provide the service(s)
  - f. Must be signed by the prescribing ordering physician.
  - g. Must be dated.
  - h. The plan of care must be certified by the physician/non-physician provider's signature and date acknowledging the certification period being signed.

## **PLAN OF CARE REVIEW/REVISION**

### **PURPOSE**

To define how Excel-Lin OTs would review and/or revise an approved plan of care.

### **POLICY**

Every patient that requires continuation of Occupational Therapy service(s) plan of care should occur whenever there is a significant change in the plan or every 90 days from the initial plan of care certification.

### **PROCEDURE**

Plan care review shall include and/or consist of the following:

1. A patient's plan of care must be reviewed 5 days before the end of the initial current certification period.
2. Restatement of Therapy goals.
3. Progress Reports.
4. Exception Justification.
5. When submitting documentation for review, the documentation must be correct.
6. Clearly document when the certified plan of care has been modified including why it was modified and why goals have not been met.
7. Documentation of selected components of examination to update patient's client's impairment, function, and or disability status.
8. Interpretation of findings and, when indicated revision of goals.
9. Documentation of Changes from previous objective findings.
10. Interpretation of results.
11. When indicated modification of plan of care, as directly correlated with goals as documented.

# HIPAA Privacy Rule

## PURPOSE

All Excel-Lin Therapy Solutions Physical Therapists and Occupational Therapists will comply with and understand the HIPAA privacy rule in dealing with the patients and medical records.

## Health Insurance Portability & Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules protect the privacy and security of health information and give patients' rights to their health information.

HIPAA establishes standards to safeguard the protected health information (PHI) that you hold if you're one of these covered entities or their business associate:

- Health plan
- Health care clearinghouse
- Health care provider that conducts certain health care transactions electronically

## Privacy Rule

The Privacy Rule protects your patients' PHI while letting you securely exchange information to coordinate your patients' care. The Privacy Rule also gives patients the right to:

- Examine and get a copy of their medical records, including an electronic copy of their medical records
- Request corrections
- Restrict their health plan's access to information about treatments they paid for in cash

Under the Privacy Rule, most health plans can't use or disclose genetic information for underwriting purposes.

You're allowed to report child abuse or neglect to the authorities.

## PHI

The Privacy Rule protects PHI that you hold or transmit in any form, including electronic, paper, or verbal. PHI includes information about:

- Common identifiers, such as name, address, birth date, and SSN
- The patient's past, present, or future physical or mental health condition

- Health care you provide to the patient
- The past, present, or future payment for health care you provide to the patient

## Requirements

The Privacy Rule requires you to:

- Notify patients about their privacy rights and how you use their information
- Adopt privacy procedures and train employees to follow them
- Assign an individual to make sure you're adopting and following privacy procedures
- Secure patient records containing PHI, so they aren't readily available to those who don't need to see them

Sharing Information with Other Health Care Professionals To coordinate your patient's care with other providers, the Privacy Rule lets you:

- Share information with doctors, hospitals, and ambulances for treatment, payment, and health care operations, even without a signed consent form from the patient
- Share information about an incapacitated patient if you believe it's in your patient's best interest
- Use health information for research purposes
- Use email, phone, or fax machines to communicate with other health care professionals and with patients, as long as you use safeguards

## Sharing Patient Information with Family Members & Others

Unless a patient objects, the Privacy Rule lets you:

- Give information to a patient's family, friends, or anyone else the patient identifies as involved in their care
- Give information about the patient's general condition or location to a patient's family member or anyone responsible for the patient's care
- Include basic information in a hospital directory, such as the patient's phone and room number
- Give information about a patient's religious affiliation to clergy members

## Incidental Disclosures

The HIPAA Privacy Rule requires you to have policies that protect and limit how you use and disclose PHI, but you aren't expected to guarantee the privacy of PHI against all risks. Sometimes, you can't reasonably prevent limited disclosures, even when you're following HIPAA requirements.

For example, a hospital visitor may overhear a doctor’s confidential conversation with a nurse or glimpse a patient’s information on a sign-in sheet. These incidental disclosures aren’t a HIPAA violation as long as you’re

## **following the required reasonable safeguards.**

The Office for Civil Rights (OCR) offers guidance about how this applies to health care practices, including.

incidental uses and disclosures FAQs.

Visit HHS HIPAA Guidance Materials for information about:

- De-identifying PHI to meet HIPAA Privacy Rule requirements
- Patients’ right to access health information
- Permitted uses and disclosures of PHI

## **HIPAA Basics for Providers: Privacy, Security, & Breach Notification Rules MLN Fact Sheet**

### **Security Rule**

The Security Rule includes security requirements to protect patients’ electronic PHI (ePHI) confidentiality, integrity, and availability. The Security Rule requires you to:

- Develop reasonable and appropriate security policies
- Ensure the confidentiality, integrity, and availability of all ePHI you create, get, maintain, or transmit
- Identify and protect against threats to ePHI security or integrity
- Protect against impermissible uses or disclosures
- Analyze security risks in your environment and create appropriate solutions
- Review and modify security measures to continue protecting ePHI in a changing environment
- Ensure employee compliance

### **When developing compliant safety measures, consider:**

- Size, complexity, and capabilities
- Technical, hardware, and software infrastructure
- The costs of security measures
- The likelihood and possible impact of risks to ePHI

## **Visit HHS Cyber Security Guidance Material for information about:**

- Administrative, physical, and technical PHI safety measures
- Cybersecurity
- Remote and mobile use of ePHI

## **Breach Notification Rule**

When you experience a PHI breach, the Breach Notification Rule requires you to notify affected patients, HHS, and, in some cases, the media. Generally, a breach is an unpermitted use or disclosure under the Privacy Rule that compromises the security or privacy of PHI. The unpermitted use or disclosure of PHI is a breach unless there's a low probability the PHI has been compromised, based on a risk assessment of:

- The nature and extent of the PHI involved, including types of identifiers and the likelihood of re-identification
- The unauthorized person who used the PHI or got the disclosed PHI
- Whether an individual acquired or viewed the PHI
- The extent to which you reduced the PHI risk

You must notify authorities of most breaches without reasonable delay and no later than 60 days after discovering the breach. Submit notifications of smaller breaches affecting fewer than 500 patients to HHS annually. The Breach Notification Rule also requires your business associates to notify you of breaches at or by the business associate.

HIPAA Basics for Providers: Privacy, Security, & Breach Notification Rules MLN Fact Sheet

## **Visit the HHS Breach Notification Rule for information about:**

- Administrative requirements and burden of proof
- How to make unsecured PHI unusable, unreadable, or indecipherable to unauthorized individuals
- Reporting requirements

## **Who Must Comply with HIPAA Rules?**

Covered entities and business associates must follow HIPAA rules. If you don't meet the definition of a covered entity or business associate, you don't have to comply with the HIPAA rules.

Learn more about covered entities and business associates, including fast facts for covered entities.

For definitions of covered entities and business associates, see 45 CFR 160.103.



## Who Enforces HIPAA Rules?

The HHS OCR enforces the HIPAA Privacy, Security, and Breach Notification Rules. Violations may result in civil monetary penalties. In some cases, U.S. Department of Justice enforced criminal penalties may apply.

Common violations include:

- Unpermitted PHI use and disclosure
- Use or disclosure of more than the minimum necessary PHI
- Lack of PHI safeguards
- Lack of administrative, technical, or physical ePHI safeguards
- Lack of patients' access to their PHI

Learn more about the HHS HIPAA Enforcement, including actual case examples.