**POSITION DESCRIPTION / PERFORMANCE EVALUATION**

**Job Title:** Outpatient Rehabilitation Administrator

**Supervised by:** Governing Body

**Prepared by:**

**Approved by:**

**Date:**

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**Job Summary:** Responsible for directing the Outpatient Rehabilitation Facility. Coordinates and supervises operations of the facility, administers physical agents prescribed by a referring and/or facility physician. Maintains performance improvement activities within the department and participates in CQI activities. Assures competency of all staff. Formulates a budget, evaluates facility performance versus budget and takes appropriate action to remain in budget guidelines. Maintains efficient and effective facility operation while requiring compliance with all state, federal and local regulatory laws, standards and protocols.

**DUTIES AND RESPONSIBILITIES:**

<table>
<thead>
<tr>
<th>3 = Exceeds Performance</th>
<th>2 = Expected Performance</th>
<th>1 = Needs Improvement</th>
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**Demonstrates Competency in the Following Areas:**

- Responsible for the daily operations of the Outpatient Rehabilitation Facility.
  - Responsibilities: 3

- Responsible for direction of the Outpatient Rehabilitation Facility staff. Supports and empowers staff to embrace the mission and value statements of the organization.
  - Responsibilities: 3

- Acts as a liaison between the Governing Body, the Medical Director and all departments of the facility.
  - Responsibilities: 3

- Participates in the development of strategic plans, budgets, resource allocations, operational plans and policies of the facility.
  - Responsibilities: 3

- Negotiates and controls all external contracts, such as those with physicians, ancillary services, plant maintenance and purchasing agreements.
  - Responsibilities: 3

- Plans and implements long-term and short-term goals and objectives for the facility.
  - Responsibilities: 3

- Manages physical therapy, occupational therapy, speech-language pathology, social/psychological services and medical records, and supervises the contracted services and environmental services.
  - Responsibilities: 3

- Oversees the development of standards of performance, determines areas of responsibility, assigns responsibility and accountability, and delegates authority to the various supervisory and professional members of the staff.
  - Responsibilities: 3

- Provides requested reports to the Administrator and Governing Body as requested.
  - Responsibilities: 3

- Monitors/provides assistance in the credentialing process, as applicable.
  - Responsibilities: 3

- Ensures staff are knowledgeable of regulatory standards applicable to the Outpatient Rehabilitation Facility and ensures these standards are met.
  - Responsibilities: 3

- Ensures all staff receives ongoing inservice education, on-the-job training, evaluations and open staff meetings.
  - Responsibilities: 3

- Participates in information management, performance improvement and infection prevention and control programs.
  - Responsibilities: 3

- Ensures that the facility is clean, neat, professional, well maintained.
  - Responsibilities: 3
POLICY:

- ________________ (organization name) shall provide quality and culturally sensitive care for patients requiring outpatient rehabilitation services.

- This facility and its staff shall operate and furnish all services in compliance with applicable federal, state and local laws and regulations pertaining to licensure and any other relevant health and safety requirements (i.e., FDA, HIPAA, OSHA).

- According to Title VI of the Civil Rights Act of 1964 and its implementing regulation, this Outpatient Rehabilitation Facility shall directly or through contractual or other arrangement admit and treat all persons without regard to race, color, religion, sex, sexual orientation, disability or national origin in its provision of services and benefits, including assignments or transfers within facilities.

- The Outpatient Rehabilitation Facility shall provide care Monday through Friday _____:_____ AM to _____:_____ PM.

PATIENT POPULATION:

The patient population served by the facility shall consist of the newborn through geriatric patient requiring outpatient rehabilitation therapy due to loss of function from injury or illness.

STAFFING:

- The Facility maintains:
  - _____ Physical Therapists
  - _____ Occupational Therapists
  - _____ Speech-Language Pathologists
  - _____ Physical Therapy Assistants
  - _____ Occupational Therapy Assistants
  - _____ Social Workers or Psychologists

- All staff shall meet the applicable qualifications, scope of practice, and board and licensure requirements in effect in the state in which they are employed.

- All staff members shall practice within the licensure and/or certification requirements for their degree, practice setting and scope of practice as defined by their individual state.
POLICY:

- Initial patient assessment and evaluation for benefits of Outpatient Rehabilitation Facility services shall be performed on all patients.

- All assessments/evaluations shall be performed by a Licensed/Registered Rehabilitation Therapy professional.

- Each patient shall be assessed within the capabilities and knowledge of the treating therapy provider, and those observations recorded. The patient’s physical, occupational and/or speech-language therapist shall have the responsibility for determining the overall effectiveness of the established treatment plan.

- Treatment plans shall be developed for all patients who are determined to be candidates for beneficial outcome from outpatient rehabilitation services.

- Patient information shall be obtained from all available sources, i.e., the patient, patient’s family, other patient care providers, medical jewelry, paper/electronic documentation and/or databases the patient may belong.

- A functional status screening shall be completed during the initial visit when warranted by the patient’s needs and/or clinical condition.

- Each patient shall have a medical record of care and treatment which shall include subsequent referrals, copies of progress notes and treatment plans.

PROCEDURE:

- An initial evaluation of every patient shall be performed by a Licensed/Registered Physical/Occupational Therapist and/or Speech-Language Therapist to determine a treatment plan that is based upon the prescription of the referring physician, as applicable, and the specific individual needs of the patient as they present.
POLICY:

- Physical Therapy staff shall provide care, treatment and services as follows:
  - Coordination and Control Training:
    - Graded activity to improve coordination
    - Recommend positioning for optimal function
    - Train in compensatory techniques
  - Functional Therapeutic Exercise:
    - Graded activity that requires active assistive, active or resistive movement
    - Graded activities of daily living to improve strength
    - Instruction to family and patient regarding range of motion techniques
    - Train in body positioning to facilitate motor control and increase or maintain patterns
    - Utilize techniques to inhibit abnormal reflexes and abnormal movement patterns
    - Utilize techniques to facilitate normal developmental reactions and other normal movement patterns, including oral musculature, trunk and extremities
    - Techniques to facilitate reduced muscle tone
    - Techniques to inhibit increased muscle tone
  - Endurance Training and Energy Conservation:
    - Train in energy conservation techniques during functional activity
    - Provide graded activities to increase level of endurance
POLICY:

The Speech-Language Pathologist shall plan care, treatment, and services for patients with developmental or acquired impairments of verbal and written language, voice, articulation, fluency, auditory and visual processing, cognition, memory, alternative/augmentative communication and swallowing.

PROCEDURE:

- The following impairments shall be addressed by the Speech-Language Pathologist:
  - Apraxia of Speech:
    - Apraxia of speech is a neurogenic speech disorder.
    - Patients with apraxia have sensorimotor problems in positioning and sequentially moving muscles for volitional speech production.
    - Apraxia is caused by impaired motor planning. Most often patients have unimpaired reflex and automatic acts. The difficulty patients have is mostly in executing the voluntary movements in speech.
    - Pure apraxia is rare, and is not caused by muscle weakness or neuromuscular slowness.
    - In its pure form apraxia should not affect language skills; however, language skills are affected if there is a coexisting aphasia, which is common.
    - Apraxia of speech is known to be the most difficult disorder for Speech-Language Pathologists to treat and is extremely frustrating for the patient.
    - Oral apraxia can also occur, which results in imprecise and inconsistent articulatory movements during other oral-motor-activities.