**RECR 392- Program Analysis Criteria**

1. **TR Process**
   1. **Assessment**
      1. Name the assessment(s) used at your agency. If your agency does not use an assessment, identify an assessment that maybe appropriate for the agency. Include whether the assessment is standardized or an “in-house” tool.
         1. The assessment that is used at Bon Secours Southside Regional Medical Center is known as the Recreational Therapy Assessment. It is created “in-house” to meet the specific needs of the patients (Branzelle, M, June 20, 2020)
      2. Describe the on-boarding process- registration, admission, etc.
         1. In order for an individual to receive therapeutic recreation services, the patient must be admitted to the hospital and admitted to the Behavioral Health Unit. A patient is either admitted through the emergency room, by a referral from a doctor, under an ECO or TDO, or in some cases, the patient might check themselves into the hospital voluntarily (Branzelle, M, June 20, 2020).
         2. The patient is assessed in the Emergency Room and is cleared medically by having vitals and blood work evaluated. They are also evaluated by the intake staff member who relays the information to the doctor who then accepts that patient from treatment under their service. Once the patient is evaluated and meets the criteria for admission, they are admitted (Branzelle, M, June 20, 2020).
         3. Once the patient is admitted into the community hospital, the patient may be placed on the behavioral health unit where services are offered to treat the problems identified for admission.
         4. Once on the unit, the patient is assessed by the nursing staff and officially admitted to the unit at which point they can then be assessed by the CTRS and given the Recreational Therapy Assessment to help determine the patient’s needs and goals (Branzelle, M, June 20, 2020).
      3. Identify other documents or resources that assist in the assessment process (past records, families, other providers).
         1. In order for the CTRS to get a better picture of the patient, the CTRS will use collateral information/data from the patient’s chart. Since in most cases the patient has already been assessed by a doctor and a nurse, the CTRS can use this information to help gain a better picture of the needs of the patient. The CTRS can also use past medical records to further understand previous mental health history of what has triggered events for needing a hospitalization (Branzelle, M, June 20, 2020).
      4. Other- list any other aspect of the assessment process or details you deem important to include here.
         1. The Recreational Therapy Assessment is found in the Electronic Medical Records that uses a combination of free text options and checklists (Branzelle, M, June 20, 2020).
         2. Within the assessment, the patient is asked about medical health problems unrelated to their admission such as if they have a medical history of diabetes, strokes, or high blood pressure (Branzelle, M, June 20, 2020).
         3. The assessment also asks about the patient’s strengths, limitations, who do they engage in leisure activities with, and if they an active church member (Branzelle, M, June 20, 2020).
         4. Lastly, the assessment asks for the patients to explain their daily routine so the CTRS can gather more information about the patient’s daily activities and what the patient would like to accomplish while in the hospital.
   2. **Plan** 
      1. Describe the planning process at your agency. Be sure to identify the role of the assessment in planning.
         1. After the CTRS has met with the patient and has given them the Recreational Therapy Assessment, it is time for the CTRS to create a plan for the patient during their stay.
         2. The CTRS takes the information gathered from the assessment, and as a member of the interdisciplinary team one will develop goals to work towards while hospitalized (Branzelle, M, June 20, 2020).
         3. As a team, they focus on the plan of care for the patient. They use the identified problems of the patient to create the plan.
         4. The Interdisciplinary team works together in order to focus on what goals that are related to the patient’s care plan while incorporating the goals the patient stated during the assessment (Branzelle, M, June 20, 2020).
         5. The CTRS develops psychoeducation groups for the patient to participate in that are focused on the goals from the plan of care (Branzelle, M, June 20, 2020).
         6. Once in the unit, the CTRS will invite the patient to a specific intervention that will help the patient meet their goals.
      2. Identify any documents used in the planning process.
         1. In regards to the planning process, the Recreational Therapy Assessment along with past medical records are use in the planning process (Branzelle, M, June 20, 2020).
      3. Describe other departments, sources, allied professionals that are involved in the planning process.
         1. The Social Work leader is involved in the planning process. They usually lead process groups with the patients a together with the CTRS, a track is identified for education materials.
         2. The Peer Recovery Specialist is involved in the treatment for the patients that require substance abuse treatment and works specifically with those patients. They are crucial when it comes to leading substance abuse groups.
         3. Another individual that is involved in the planning process besides the CTRS is the Mental Health Tech who is responsible for making rounds on the unit to ensure safety of the patients and will lead community meetings and assist in providing materials for independent activities as identified by the CTRS. The CTRS will provide resources for independent leisure activities to these staff members to distribute (Branzelle, M, June 20, 2020).
      4. Describe how activities/interventions/programs are selected. Give examples.
         1. The different interventions are selected based on the patient’s needs. For example, if the patient struggles with negative thoughts, it would be best for the patient to be placed in a Cognitive Behavioral Therapy group that would help them develop the skills to place the negative thoughts with more positive thoughts. The group the patient is in should help the patient find healthy coping strategies.
         2. The interventions are selected with the overall goal in mind that by engaging in the intervention, the patient will be on the right track to meet their treatment goals. The program that the patient is in should help the patient meet their treatment goal (Branzelle, M, June 20, 2020).
      5. Provide a monthly and weekly schedule of programming/activities at the agency/setting.
         1. Bon Secours Southside Regional Medical Center’s Recreational Therapy department operates on a daily schedule versus a monthly schedule.
         2. This is due to the flow of the unit in which the patient’s stay is very short term and the influx of admissions varies and the patient can arrive at any time throughout the process (Branzelle, M, June 20, 2020).
         3. The Daily Schedule
            1. 9:00- Nursing Group
            2. 10:00 Doctor arrives and makes rounds
            3. Hygiene- Patients take showers
            4. 11:00- One CTRS leads Psycho-educational group on the back unit
            5. 11:00- Case Manager leads a Process Group on the front unit.
            6. 12:00- Lunch Time
            7. 1:00- Educational Group on the front unit lead by the CTRS
            8. 1:00- Process Group on the back unit
            9. 2:00- Hospital wide quiet time
            10. 3:00- Leisure skills group for patients on the front unit
            11. 4:00- Substance Abuse Groups led by the Peer Recovery Specialist. Leisure skills group for patient on the back unit are not receiving Substance Abuse group at this time.
   3. **Implementation**
      1. Describe the implementation procedure. Give an example.
         1. The CTRS will select a daily group time to provide education to the patients. While the CTRS would like for the group to be mandatory, it is not mandatory. It is rare for 100% participation.
         2. During the assessment portion, the CTRS informs the patient what will be expected of them while at the hospital.
         3. The CTRS goes to each of the patient’s rooms and invites them to group. The CTRS informs the patient about how the specific treatment group relates their goals.
         4. The patient arrives at the group and engages in the given intervention.
         5. The intervention group will either be a psycho-educational group or a recreational group (Branzelle, M, June 20, 2020).
      2. Identify how implementations are documented. Explain what information is required in this documentation.
         1. The implementation is documented in the medical record by writing a group note.
         2. The CTRS will go the specific patient’s file and document the patient’s progress in the intervention and how it relates to the patient’s treatment goals.
         3. The chart is a free-text form with check lists that focus on behaviors and affects/emotional status of the patient.
         4. The CTRS will also document what intervention you facilitated, why you facilitated the given intervention, and how the given intervention meets the patient’s treatment goal with the specific goal identified in the intervention section of the note. The CTRS will ALWAYS date and time the document on the computer.
   4. **Evaluation**
      1. Describe how the client’s progress is evaluated. Be sure to mention all documents used to evaluate client progress.
         1. The patient’s progress is evaluated by the CTRS reviewing the patient’s progress to see if they reached their desired treatment goal. It is important for the CTRS to document if the patient met their goal during the intervention or made progress in the right direction.
         2. The interdisciplinary team that involves the nurses, social workers, doctors, and the recreation therapist work together to see if the patient met their desired goal by the given time-frame.
         3. The CTRS can also consider if the patients are attending and engaging in group in order to view their progress.
         4. Lastly, a lot of the evaluation is done through the treatment team and if the outcomes are met in group (Branzelle, M, June 20, 2020).
      2. Describe how the program’s progress is evaluated. Be sure to mention all documents used to evaluate programming and how programming improvement is made.
         1. The program’s progress is evaluated by using the patient’s records.
         2. This will show if by engaging the group that it will help the patient reach their desired goal.
      3. Describe how the therapist’s skills are evaluated. Be sure to mention all documents associated with this process. Describe how the therapist uses feedback to improve their skills.
         1. The therapist’s skills are evaluated on an annual basis. They are observed by their manager while the CTRS interacts with the patient.
         2. The therapist receives feedback from the evaluation and applies to the services they are facilitating.
         3. The therapist also relies greatly on the patient’s response to therapy as it is an instant evaluation that helps the CTRS know what is working and what they can improve on (Branzelle, M, June 20, 2020).
2. **Program Outline**
   1. Programming- create an outline of all RT programming offered at your assigned agency/setting
      1. Expressive Art/Leisure Skills
      2. Music Appreciation Groups
      3. Leisure Education
      4. Living Skills
      5. Stress Management
      6. Coping Skills
      7. Healthy Thinking
      8. Family Education Session
   2. Interventions/activities (no more than 10)- list all the activities/interventions, with a brief description and the expected outcomes.

All of these interventions can be implemented throughout the duration of the patient’s stay at the agency and are evidence based in order to further support the benefits of engaging in the intervention (Branzelle, M, June 20, 2020).

* + 1. Expressive Art/ Leisure Skills
       1. Groups utilize structured arts and craft activities and assist patients to cope, express, and communicate their selves in a therapeutic way.
    2. Music Appreciation
       1. Use music as a way to management stress and cope. It can provide a channel for communication and expression and as a source of relaxation.
    3. Leisure Education
       1. Provide group discussions that assist patients in establishing a healthy leisure lifestyle and provide education on resources available.
    4. Living Skills
       1. Provide group discussion to identify ways to improve self-care and establish goals to work on healthy living skills
    5. Stress Management
       1. Utilize group discussions, structures games and guided relaxation techniques to assist patients in identifying symptoms, coping strategies, and techniques to decrease stress and anxiety.
    6. Coping Skills
       1. Utilize structured group games, activities, and group discussions to introduce a variety of coping skills, and to distinguish between positive and negative coping styles.
    7. Healthy Thinking
       1. Utilize skills to recognize and challenge problematic thinking through the use of developing a thought record, safety plan, cognitive distortion, and identify defense mechanisms.
    8. Family Education Session
       1. Provide group discussion of introducing/defining depression and anxiety, and recognition of symptoms of the mental health diagnosis.

1. **TR** **Process Delivery Flow Chart**
   1. Flow Chart- a flow chart is a visual model depicting a process. There are several types of flow models. You will make a detailed flow model. The Institute for Healthcare Improvement (2013) has an excellent tutorial on how to make a flowchart (<http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard11.aspx>) (Lloyd, R, October 7, 2013). You will make what they refer to as a detailed flowchart. You will use circles, boxes and diamonds as they instruct to identify parts of the process. It will begin with the client’s entry point to the agency, will follow the client through the APIE and/or service delivery process, and end with their exit.

CTRS documents the progress of the patients

When the group is over, CTRS asks follow up questions (self-reflection)

CTRS leads group and makes note of who attended

CTRS gives introduction and establishes the goals and objectives with the group

Bring patient to group

Ask the patient if they would like to attend group

Place patient in intervention that best suits the patient’s needs

Patient is assessed by the RT

Patient receives routine evaluation by the nurse and evaluated for admission by medical providers

Patient is admitted to the unit

Ask: What interventions will be best for the patient?

Does the patient want to attend group? Yes- invite to group or No- let the patient remain as is

1. **SWOT Analysis- conduct a SWOT analysis of your agency. It should be based upon all the information gathered thus far to include the agency summary, market scan, population summary and program analysis. The SWOT analysis should be used to help identify a course project for you to pursue for the remainder of the internship.**
   1. Strengths- what are the strengths of the RT program?
      1. The longevity of the CTRS’ working there
      2. The CTRS’ have built rapport and developed sense of trust with patients
      3. Doctors and nurses come to CTRS’ if they need help in regards to getting a patient to take their medicine (Branzelle, M, June 20, 2020).
   2. Weaknesses- what are the weak areas of the RT program?
      1. The CTRS might not get to work with everyone due to the time-frame of the patient’s stay at the hospital, or the acuity of the patient’s mental health status or lack of commitment for treatment from the patient.
      2. There is not enough time in the day to see each patient (Branzelle, M, June 20, 2020).
   3. Opportunities- what are potential opportunities to expand, obtain resources, or broaden the market?
      1. Expand into the community more and focus on community involvement
      2. Attend conferences in order to increase knowledge about new ways to manage the program and educate themselves on the ever-changing field of TR.
      3. Apply new strategies to the agency (Branzelle, M, June 20, 2020).
   4. Threats- are there areas that threaten the existence of the program? This may include non-compliance with regulatory bodies, lack of funding, or loss of resources.
      1. There are no threats to the existence of the program. The hospital recognizes the importance of RT and has not had their hours eliminated due to COVID-19 and it is documented service that is part of the policy/procedures provided to the patients (Branzelle, M, June 20, 2020).

References

Branzelle, M. (2020, June 20). Personal Interview

Lloyd, R. (2013, October 7). Whiteboard: Flowchart [Video]. Institute for Healthcare Improvement. Retrieved from <https://www.youtube.com/watch?time_continue=258&v=tq7dQVaTbcc&feature=emb_logo>

Whitely, K. & Lynch, S. (2018). Documentation flowchart Figure from Healthy innovations documentation process handbook In RECR 260 Children with Disabilities: Spring 2019. Retrieved from <https://canvas.longwood.edu/courses/1291071/files/search?preview=54787353&search_term=handbook>