Clinical and Operational “Best Practice”
Identifying Meaningful Outcomes and Appropriate
Service Delivery in Pediatric Settings

Guidelines for Determining Frequency of Therapy Services

Rebecca Durham Reder, OTD, OTR/L

Cincinnati Children’s Hospital Medical Center

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Background

Guidelines for Determining Frequency of Therapy Services

- Developed at Cincinnati Children’s Hospital Medical Center 2005
- Large urban pediatric teaching hospital
Ethical Questions

- When is therapy discontinued? So when is enough, enough?
- Isn’t it discrimination to continue seeing patients who have milder disabilities and who continue to make progress while discontinuing therapy for children that are more severely disabled?
- Isn’t it our moral obligation to treat unconditionally those that are significantly disadvantaged by a disability?
- Isn’t it equal justice to fairly distribute benefits, regardless of outcome?
Distributive Justice

Definition of distributive justice:

- “the act of distributing goods and burdens among members of society”  
  Source: AOTA Code of Ethics

- “concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality)”.
Distributive Justice

- According to Kornblau, justice is defined as a way “of fairly distributing burdens and benefits in society and giving individuals their due” (Kornblau p. 13)

- Principle of justice is very applicable today as patients compete for limited health care resources (Kornblau, p. 13)

Distributive Justice & Rehabilitation

- What does the rehabilitation literature say about distributive justice?
  - Purtilo (1992) states that “the appropriate moral context for thinking about this situation is again to apply the allocation criterion of need first, followed by a consideration of merit (how much a person will benefit from further interventions)
  - In trying to determine equitable shares of the resource in situations of scarcity, the first question to ask would be “Which patient has had the least opportunity to gain freedom from basic impairments, in relation to other patients, if therapy is discontinued now?”

Reference: Purtilo R. Whom to treat first and how much is enough? Ethical dilemmas that physical therapists confront as they compare individual patients' needs for treatment. *International Journal of Technology Assessment in Health Care*. 1992(8):26-34.
Distributive Justice & Rehabilitation

“In general, however, to withhold an increment of service from a person for whom the difference would mean being able to eat without help, transfer from a bed to a chair, or get on to crutches should take priority over someone who is learning to do these things more efficiently. The criterion of need provides the context in which the additional important consideration of merit can appropriately be weighed, deciding the most equitable solution to this awesome challenge.” (Purtilo, 1992, p. 32)

Reference: Purtilo R. Whom to treat first and how much is enough? Ethical dilemmas that physical therapists confront as they compare individual patients' needs for treatment. *International Journal of Technology Assessment in Health Care*. 1992(8):26-34.
Distributive Justice & Rehabilitation

Cassidy (1988) states:

- “the decision as to who should be served with limited resources should be based on the occupational therapist’s assessment as to who can best benefit from those services” (Cassidy, 1988, p. 298)

Distributive Justice & Rehabilitation

- Gains today are measured within the context of producing a measurable outcome.
- If gains no longer produce a measurable outcome, they should be given a lower priority when it comes to allocation of services and resources.

Beneficence

- Beneficence is defined as looking out for the patient’s well-being.
- Distributive justice is thought by some to be a form of beneficence.
- AOTA defines beneficence as:
  - “Doing good for others or bringing about good for them. The duty to confer benefits to others looking out for the patient’s well-being.” (AOTA Code of Ethics 2005)
Beneficence

- Most common way to incorporate beneficence into therapy process is to involve the patient and caregiver in setting goals.
- It is extremely important to develop goals that are important to the patient and/or caregiver.
Duty

What does the rehabilitation literature say about duty?

- **Need to determine what our duty is to:**
  - the physician who referred the patient;
  - the patient whose mother wants her son to receive therapy & believes that he is still benefiting from it;
  - society who is paying the bill (Medicaid);
  - our professional organization that has a code of ethics that defines a code for our conduct?
Duty

- Membership in the American Physical Therapy Association (APTA) or the Occupational Therapy Association (AOTA) obligates that each professional has the duty to abide by the defined code of ethics and/or standards of practice.
Duty

- Continuing to treat a patient who is no longer benefiting from therapy violates the Code of Ethics of the American Occupational Therapy Association (AOTA) and the Standards of Practice of the American Physical Therapy Association (APTA). AOTA and APTA clearly state the following:
Duty

- “The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.” Reference: (APTA’s Criteria for Standards of Practice for Physical Therapy)

- “The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.” Reference: (APTA’s Criteria for Standards of Practice for Physical Therapy)
Duty

“Occupational therapy practitioners terminate services when the services do not meet the needs and goals of the service recipient, or when services no longer produce a measurable outcome.” (AOTA’s Guidelines to the Code of Ethics, 2005)
Summary

- Therapy is a limited resource.
- The decision as to who should be served with limited resources should be based on the assessment as to who can best benefit from those services...those who would have fewer gains, should be given a lower priority for services.
- The patient should be discharged from therapy when the anticipated goals or expected outcomes for the patient/client have been achieved.
Summary

- Services should be discontinued when the patient is unable to continue to progress toward goals or when the therapist determines that the patient/client will no longer benefit from therapy.

- We must have guidelines in place to:
  - assist with determining how we allocate these scarce resources (therapist’s time, modalities, use of specialized equipment)
  - assist with defining the type, frequency and duration of care
Thorough literature review revealed 6 resources that addressed the topic of service delivery in the pediatric setting for physical therapists and occupational therapists (see References).

Models of Therapy are guidelines for designing a plan of care in regard to type, frequency, and duration of therapy.
Development of Guidelines for Determining Frequency of Therapy Services

- Guidelines were developed by Cincinnati Children’s to provide therapists with a tool that:
  - Incorporates ethical principles noted above (i.e. distributive justice, beneficence, and duty)
  - Can be used in discussions with patients, families, and physicians about how decisions are made regarding frequency and duration of care
  - Assists therapists in educating patients and families regarding changes they may experience in frequency and duration of therapy as the patient’s needs change
Guidelines were developed by Cincinnati Children’s to provide therapists with a tool that:

- Assists therapists in treatment planning by providing them with models of treatment that outline suggested frequency of therapy based on patient’s response to treatment and expected outcomes
- Improves quality of care by decreasing unwarranted variation in care for patients with similar diagnosis and therapy needs
Key Concepts of Guidelines for Determining Frequency of Therapy Services

- Recommendations regarding type, frequency and duration of therapy should be based on the evaluation findings and the therapist’s professional opinion.
- Recommendations should be a reflection of what the therapist feels is best for the patient regardless of any limiting factors.
- The plan of care should address the type, frequency and duration of therapy and should be a realistic reflection of what the patient and caregiver feel that they can commit to for the therapy process (i.e. transportation, finances, time, etc.).
Key Concepts of Guidelines for Determining Frequency of Therapy Services

- The patient and family should be involved in goal setting and discharge planning.
- Discharge planning is an integral part of developing a patient’s plan of care.
- Models of therapy and therefore frequency of treatment may change over the course of care.

Key Concepts of Guidelines for Determining Frequency of Therapy Services

- Acknowledge that it is expected that patients may transition through the various treatment models as appropriate in order to achieve optimal outcome.

Key Concepts of Guidelines for Determining Frequency of Therapy Services

- Difference between **Recommendations** and **Plan of Care**:
  - **Recommendations** regarding type, frequency and duration of therapy should be based on the evaluation findings and the therapist’s professional judgment.
  - **Recommendations** should reflect what the therapist feels is best for the patient regardless of limiting factors.
Key Concepts of Guidelines for Determining Frequency of Therapy Services

- The **plan of care** should address the type, frequency and duration of therapy and should be a realistic reflection of what the patient and caregiver feel that they can commit to for the therapy process (i.e. transportation, finances, time, etc).

- Patient and family should be involved in goal setting and discharge planning.
Key Concepts of Guidelines for Determining Frequency of Therapy Services

- Patients are expected to transition through various therapy models as appropriate in order to achieve optimal outcomes.

- Therapists should plan for discharge at the beginning of the therapy process, and the decision to discharge should be based on patient’s response to therapy and progress toward goals.

Key Concepts of Guidelines for Determining Frequency of Therapy Services

- Goals of intervention should be patient-centered, clear, measurable, behavioral, functional, contextually relevant, and appropriate to the patient’s needs, desires and expected outcomes.
- Discharge planning is an integral part of developing a patient’s plan of care.
Factors

“The frequency guidelines were then developed from factors found in the literature and grouped as follows…

◦ Potential to participate and benefit from the therapy process (takes into consideration age, diagnosis, prognosis, and motivation)

◦ Critical period for skill acquisition or for potential regression related to development or medical condition

◦ Amount of clinical decision making and problem solving needed from a licensed therapist

◦ Level of support present to assist the patient in attaining goals (i.e., ability to attend appointments, compliance with therapy recommendations, etc)” p. 195

4 Modes of Intervention Frequency

- 4 modes of intervention frequency were developed.
- Applied across the continuum of care from inpatient through the outpatient course of care (if applicable).
- All 4 modes assume that the family is actively involved and carrying out a home program.

4 Modes of Frequency

- **Intensive**: 3 to 11 times a week
- **Weekly or bimonthly**: 1 to 2 times a week to every other week
- **Periodic**: monthly or less often but at regularly scheduled intervals, and
- **Consultative**: episodic or as needed.

## Guidelines for Frequency of Therapy Services in a Pediatric Medical Setting

<table>
<thead>
<tr>
<th>Factors</th>
<th>Intensive 3x per week</th>
<th>Weekly/Bimonthly 1-2x/wk or Every Other Week</th>
<th>Periodic Monthly or Less Often at Regularly Scheduled Intervals</th>
<th>Consultative Episodic or as Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential to participate and benefit from the therapy process (takes into consideration age, diagnosis, prognosis, and motivation)</td>
<td>Patient has potential for rapid progress; or potential for rapid decline or loss of functional skills due to current medical condition</td>
<td>Patient demonstrates continuous progress toward established goals</td>
<td>Patient demonstrates slow rate of attainment of goals in identified areas and/or does not regress for reasons unrelated to their disease process</td>
<td>Patient/caregiver is able to meet new challenges associated with a change in life stage or medical condition. PT/OT uses clinical decision making and problem solving skills to identify problems, recommend solutions in response to new challenges or specific issues identified by the patient.</td>
</tr>
<tr>
<td>Critical period for skill acquisition or for potential regression related to development or medical condition</td>
<td>Extremely critical period</td>
<td>Critical period</td>
<td>Not in a critical period and/or episodically critical period related to development; change in life stage or medical condition</td>
<td>Specific challenges identified by patient and/or caregiver; or have a need for specific adaptive equipment</td>
</tr>
<tr>
<td>Amount of clinical decision making and problem solving needed from a licensed therapist</td>
<td>Requires the clinical skills and problem solving of a licensed therapist; a limited part of therapy program can be safely performed by patient and/or caregiver</td>
<td>Requires the clinical skills and problem solving of a licensed therapist for a significant part of the therapeutic program; some exercises/activities can be safely performed by patient and/or caregiver</td>
<td>Requires the clinical skills and problem solving of a therapist to periodically reassess condition and update home program; home program can be safely performed by patient and/or caregiver</td>
<td>Home Program can be carried out safely by patient and/or caregiver. Clinical skills and problem solving of a licensed therapist needed for specific challenges identified by the family or patient</td>
</tr>
<tr>
<td>Level of support present to assist the patient in attaining goals (i.e., ability to attend appointments, compliance with therapy recommendations, etc)</td>
<td>High level of support present to assist the patient in attaining goals</td>
<td>High level of support present to assist the patient in attaining goals</td>
<td>Level of support is adequate to maintain skills and/or various factors present that impede patient’s ability to made steady progress toward goals</td>
<td>Level of support is adequate to allow patient to meet new challenges associated with a change in life stage or medical condition, with consultative services of therapist</td>
</tr>
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Modified from Iowa Department of Education, Des Moines, IA, February 2001.
Intensive Therapy Model

- **Frequency**: varies according to patient individual needs (may be from 3-11 visits weekly).
- **Projected Outcomes**: patient has potential for rapid progress towards goals to enhance function or for rapid decline or loss of functional skills due to current medical conditions. Frequent modifications are made to address rapid changes.
Intensive Therapy Model

- Intensive Therapy Model is appropriate for patients who:
  - Are in an extremely critical period for skill acquisition or for potential regression related to development or medical condition.
  - Have a condition that is changing rapidly, which requires frequent modifications in the plan of care.
Intensive Therapy Model

- Intensive Therapy Model is appropriate for patients who:
  - Require a high frequency of intervention for a limited duration to achieve a new skill or recover function lost due to surgery, illness or trauma (i.e. home exercises as the only method of intervention would not be effective).
  - Have such complex and immediate needs that education of the caregivers cannot be accomplished through less frequent sessions.
Weekly/Frequent Therapy Model

- **Weekly**
  - **Frequency:** 1-2 visits per week
  - **Projected Outcomes:** Patient demonstrates continuous progress toward established goals.
Weekly/Frequent Therapy Model

- **Weekly Therapy Model** is appropriate for patients who:
  - Are in a critical period for skill acquisition or for potential regression related to development or medical condition.
  - Make changes steadily, requiring the therapeutic program to be updated or adapted frequently.
  - Require frequent intervention for a limited duration to achieve functional skills or recover function lost due to surgery, illness or trauma.
Weekly/Frequent Therapy Model

- **Weekly Therapy Model** is appropriate for patients who:
  - Have complex needs requiring ongoing education of caregivers.
  - May have a program of home activities that is safely performed by the caregivers; however need frequent revisions or updates of home program.
  - May have complex equipment needs requiring problem solving, frequent modification or adaptation.
Weekly/Frequent Therapy Model

- **Frequent**
  - **Frequency:** 2x/month or every other week
  - **Projected Outcomes:** Patient demonstrates steady progress toward established goals.
Weekly/Frequent Therapy Model

- **Frequent Therapy Model** is appropriate for patients who:
  - Continue to make steady progress and are in a period of skill development.
  - Do not regress with every other week therapy; medical condition is stable.
  - Are transitioning from weekly to less frequent therapy.
Weekly/Frequent Therapy Model

- **Frequent Therapy Model** is appropriate for patients who:
  - Have a continuing need for education and home programming.
  - May have equipment needs that require regular modification or adaptation.
  - Have some community resources in place or are in the process of developing those resources.
  - Have some therapeutic needs being met through intervention elsewhere.
Periodic Therapy Model

- **Frequency**: monthly or less often as appropriate.

- **Projected Outcomes**: patient demonstrates improvements in identified areas and/or does not regress for reasons unrelated to their disease process.
Periodic Therapy Model

- **Periodic Therapy Model** is appropriate for patients who:
  - Are not in a critical period for skill acquisition or potential for regression.
  - Continue to make progress but at a slow rate of attainment.
  - Are maintaining skills and require periodic therapeutic intervention to continue functional progress.
Periodic Therapy Model

- **Periodic Therapy Model** is appropriate for patients who:
  - Have medical/therapy/education needs that are reassessed and addressed on a periodic basis as part of comprehensive management in a specialty clinic.
  - Have caregivers who are able to safely carry out a home program with periodic modifications by a therapist.
  - Have equipment needs that require intermittent modification or adaptation.
  - Cannot yet cooperate or participate in therapy sessions (i.e. stranger anxiety, behavior problems).
Consultative Therapy Model

- **Frequency**: episodic or as necessary

- **Projected Outcomes**: Patient/caregiver is able to meet new challenges associated with a change in life stage or medical condition.

- Therapist applies highly specialized knowledge/skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time on behalf of the patient.
Consultative Therapy Model

- **Consultative Therapy Model** is appropriate for patients who:
  - Have previously been seen in therapy.
  - Have new challenges or specific issues that require the skilled knowledge of a therapist to problem solve possible options.
  - Have a need for newly available assistive technology.
Consultative Therapy Model

- **Consultative Therapy Model** is appropriate for patients who:
  - Have a need for specific adaptive equipment.
  - Have therapeutic needs that are being met through intervention elsewhere and/or through community resources.
Transition and Termination of Services

- **Transition**: the passage from one state or stage of services to another.

- **Discharge**: the process of ending therapy services that have been provided during a single episode of care when the anticipated goals and expected outcomes have been achieved.

- **Discontinuation**: the process of ending therapy services that did not result in the desired outcome.
Transition of Services

The therapist should facilitate the transition process with the patient, family, team, community and other significant individuals.

(AOTA’s Standards of Practice)
Transition of Services

- Before it is determined that a patient should be discharged and/or that therapy should be discontinued, the therapist should evaluate whether the patient would benefit from a transition to a different model of therapy.
  - **Example:** when a patient is “not making progress” the therapist should re-evaluate therapy activities and model, and then consider if a different therapy model and frequency may be more appropriate for that child’s rate of progress.
Termination of Therapy Services

- Therapy services are terminated by:
  - discharge of the patient from therapy or by
  - discontinuation of services.
Discharge from Therapy Services

- Discharge is the process of ending therapy services that have been provided during a single episode of care.
  - It should occur in consultation with the appropriate individuals (i.e. referring physician, team, community resources, etc.)
- It is appropriate to discharge a patient when the anticipated goals and outcomes have been achieved.
Discontinuation is the process of ending therapy services provided during a single episode of care when:

- Therapy services no longer produce a functional and measurable outcome.
- Patient or caregiver declines to continue intervention.
- Patient is unable to progress toward anticipated goals and/or expected outcomes because of medical/psychosocial complications.
Discontinuation of Therapy Services

- Discontinuation (continued):
  - Financial/insurance resources have been expended and guardian makes choice to discontinue therapy.
  - Therapist determines that patient will no longer benefit from therapy.
AOTA and APTA Standards of Practice Regarding Discontinuation or Discharge of Services

- “Occupational therapy practitioners terminate services when the services do not meet the needs and goals of the service recipient, or when services no longer produce a measurable outcome.” (AOTA’s Guidelines to the Code of Ethics)

- “A registered occupational therapist discontinues services when the client has achieved predetermined goals, has achieved maximum benefit from occupational therapy services, or does not desire to continue services.” (AOTA’s Standards of Practice)
AOTA and APTA Standards of Practice Regarding Discontinuation or Discharge of Services

- The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client, taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.” (APTA’s Standards of Practice for Physical Therapy)

- “The physical therapist discharges the patient/client from physical therapy services when anticipated goals or expected outcomes for the patient/client have been achieved.” (APTA’s Standards of Practice for Physical Therapy)
AOTA and APTA Standards of Practice Regarding Discontinuation or Discharge of Services

“The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient will no longer benefit from physical therapy.”

(APTA’s Standards of Practice)
Implementation

- Developed a performance improvement plan using the Plan – Do – Check – Act cycle.
- Planned extensively.
- Provided intensive education and tools to aid therapists and families in understanding the new guidelines.
Implementation

- Therapists met with families and began education.
- Therapists completed a log that detailed each patient, current mode of therapy and recommended mode.
- Supervisors once again met with therapists to assist with integration and application of new guidelines.
- Provided education around how to deal with difficult situations and families resistant to change.
Best Practice

- Shared guidelines with colleagues at:
  - Children’s Health System, Birmingham
  - Primary Children’s Hospital, Salt Lake City
- Developed a patient and family brochure
Therapy Recommendations:
Child’s Name: ______________________
  ____Occupational Therapy
  ____Intensive @ ________ frequency
  ____Weekly/Bimonthly @ ________ frequency
  ____Periodic @ ________ frequency
  ____Physical Therapy
  ____Intensive @ ________ frequency
  ____Weekly/Bimonthly @ ________ frequency
  ____Periodic @ ________ frequency

Please call at your earliest opportunity to schedule your child’s first therapy treatment appointment. We appreciate the privilege of serving you and your child and look forward to working with your family to improve your child’s abilities.

Therapist’s Signature: __________________________ Date: ____________

The purpose of this brochure is to describe the guidelines used for determining the frequency of therapy services by the following children’s hospitals:

- Cincinnati Children’s Hospital Medical Center – Cincinnati, OH – Division of Occupational Therapy and Physical Therapy
- Children’s Health System – Atlanta, GA – Division of Occupational Therapy and Physical Therapy
- Intermountain Primary Children’s, Salt Lake City, UT – Division of Occupational Therapy and Physical Therapy

Frequency of Therapy

The focus of therapy is to equip children and their families with the knowledge and skills needed to manage daily challenges after therapy has ended. The goal of therapy is to help each child develop the skills necessary for the job of living.

Therapy programs are short term with clearly identified functional goals. Progress toward these goals is assessed continuously and the determination is made at least every three months as to whether or not therapy is still necessary.

Studies have shown that children achieve targeted goals, acquire functional skills and show accelerated rates of developmental progress when caregivers who are able to safely carry out a routine home program.

Therapists use Guidelines for Determining the Frequency of Therapy to help decide how often and for how long therapy services are needed.

There are four frequencies of therapy used: Intensive, Weekly/Bimonthly, Periodic and Consultative.

Intensive Therapy - Three to 11 visits each week

This frequency is for children who need intensive therapy to achieve immediate and complex needs.

- Intensive Therapy is frequent and for a limited length of time, and it is for children who are quickly moving toward their goals.
- Intensive Therapy is also for children at risk for losing function due to a current medical condition.
- Changes to the therapy plan are made often and intensive family education is provided.

Weekly/Bimonthly Therapy - One to two times each week, every other week

This frequency is for children who need frequent therapy and are making continuous progress toward their goals.

- The child needs to see a skilled therapist for regular visits for a limited time.
- Parents learn to safely perform exercises and activities with their child.
- A routine home program is being established.

Periodic Therapy - Monthly or at regularly scheduled intervals

This frequency is best for children who show slower progress toward their goals and for caregivers who are able to safely carry out a routine home program.

- Periodic sessions with a therapist are needed to check on function, provide treatment and update the home program.

Consultative Therapy - As necessary

Once your child has been discharged from therapy, consultative services are available as necessary.

These services may be needed when:

- Your child improves or regresses
- Medical interventions that occur in stages are planned
- Your child is ready to perform a new task as a result of changes in age, developmental stage, life cycle, physical environment or social environment
- New assistive technology is available

When appropriate, re-enrollment in therapy for a defined period of time may be recommended.

Changing Frequencies and Ending Therapy

Transitioning from one frequency of therapy to another is to be expected. Transition occurs when your child moves from one life stage to another, from one functional level to another, from one program to another or from one environment to another (i.e. going from hospital inpatient to home, going from preschool to school).

Discharge occurs when:

- Expected goals and results have been reached.
- The family chooses not to continue therapy.
- When therapy services no longer produce a functional and measurable outcome.
References

References


References


References


References


22. Purtilo R. Whom to treat first and how much is enough? Ethical dilemmas that physical therapists confront as they compare individual patients' needs for treatment. *International Journal of Technology Assessment in Health Care*. 1992(8):26-34.


Contact Me!

Rebecca Durham Reder, OTD, OTR/L
Cincinnati Children’s Hospital Medical Center
Division of Occupational Therapy and Physical Therapy

rebecca.reder@cchmc.org