

Manual M-2, Professional Services. Part XXII, Recreation Service

Previously published in M-1 as Part IX, dated August 14, 1979

Chapter 2, Administration

(Sections I and II; Paragraphs 2.01 through 2.09)

This document includes:

Title page and title page verso for M-2, Part XXII, dated **June 20, 1984**

Rescissions page for M-2, Part XXII, dated **July 29, 1993**

Contents page for M-2, Part XXII, dated **July 29, 1993**

Contents pages for M-2, Part XXII, dated **June 20, 1984**

Text for Chapter 2, dated **June 20, 1984**

Transmittal sheet located at the end of the document:

Sheet dated **July 29, 1993**

9-26-87



Professional Services Recreation Service

June 20, 1984
M-2, Part XXII

Department of
Medicine and Surgery
Washington DC 20420

June 20, 1984

Part XXII, "Recreation Service," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the information and compliance of all concerned. This new part to Manual M-2 was previously published in M-1, "Operations," as part IX.



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Distribution: RPC: 1141
FD

RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manual

Part IX, M-1 dated August 14, 1979

b. Interim Issues

II 10-74-25

2. LIMITED RESCISSIONS

The following material is rescinded insofar as it pertains to Recreation Service:

a. Paragraphs

4.08 to part VIII of M-2, change 1

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

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CHAPTER 2. ADMINISTRATION

2.01 STATEMENT OF PURPOSE

Administration is the first primary functional area of the recreation program (par. 1.01b). This chapter defines the DM&S's (Department of Medicine and Surgery's) policies, general controls, functions and organizational alignment of Recreation Services in relation to the Department's mission. Therapeutic recreation principles and practices in this chapter are viewed in relation to DM&S.

SECTION I. POLICY

2.02 DEPARTMENTAL MANUAL

This manual contains the permanent policies and mandatory procedures of basic administration, management, operation, and staff development that shall be conducted by each Recreation Service. These policies are directives for results, whenever possible, rather than a series of detailed procedural steps, in accordance with MP-1, part II, paragraph 102.02.

2.03 RECREATION SERVICE MISSION

Recreation service provides all of the direct comprehensive recreation services and leisure experience opportunities for eligible beneficiaries. Through this function the service is an integral treatment component of DM&S quality health care.

2.04 RECREATION SERVICE PHILOSOPHY

a. Recreation Service in the DM&S utilizes clinical, patient education and adaptive recreation programs to deliver patient care based on the principle of assessed individual patient needs. Assessing need is an ongoing process utilized by recreation/creative arts therapists of collecting relevant data regarding patient's physical, psychological, social and environmental leisure barriers. This process converts appropriate data into leisure problems and prioritizes them in relation to their significance to the patient's medical diagnosis and/or treatment plan. Services designed to address the assessed needs are used to develop physical, social, behavioral, personal and cognitive skills which facilitate the highest level of leisure functioning in the least restrictive environment possible.

b. Recreation/creative arts therapists serve as full contributing members of the treatment team. In meeting the medical and human needs of the patients, Recreation Service facilitates the development, maintenance and expression of an appropriate leisure lifestyle significant to their health condition.

2.05 DELIVERY SYSTEM

a. The DM&S views a comprehensive Recreation Service as an important means to assist the patients in their restoration to maximum potential and improve their quality of life.

b. Recreation Service operates within a systematic service delivery model based on patients health needs. It is implemented through personal interactional functions on a continuum of clinical patient care, patient education and adapted recreational activities. The primary role of the therapist within the clinical patient care function is assessing, overcoming and preventing physical, psychological, social, behavioral and environmental leisure dysfunctions that affect the patients health condition. Through this systematic process of therapeutic intervention, improvement in the patients' health condition can be measured and documented for medical significance and consideration.

c. The patient education function is an organized combination of health education methodologies designed through patient assessment to meet specific learning needs. These procedures are performed as an integral part of the patients' total health care. The learning experiences are planned to facilitate the acquisition and/or adaptation of leisure attitudes, skills and behavior conducive to health.

d. The adapted recreation activity functions are modified participatory recreational programs which allow patients to engage in self-directed leisure experiences. The program design, planning and implementation are medically appropriate for patients' attendance and/or participation, and palliative to their health condition. Within each of these functions professional recreation therapists would include evaluative, therapeutic, restorative, preventive, adjustment and life enrichment services.

SECTION II. ORGANIZATION

2.06 ADMINISTRATIVE ALIGNMENT

a. Recreation Service is established as an independent service in the VA Central Office and is aligned under the Assistant Chief Medical Director for Professional Services.

b. Recreation programs will be established in all VA medical centers and domiciliaries where patient need exists. These programs must be under the direction of a physician. When Recreation Services, excluding Staff Functions and Sections are established, they will be responsible to the Chief of Staff.

c. A Recreation Service responsible to the Chief of Staff must have:

(1) At least 1.5 FTE professional staff.

(2) A well-qualified professional chief in the field of therapeutic recreation employed by the VA at a level of 5/8ths time or greater.

(3) An operational rationale based on recreation functions (par. 2.07). This rationale should be supported by assessed patient need workloads and contribute to the improved patient care in the majority of the medical center bed services.

(4) Provisions to assure therapist coverage at all appropriate times, particularly nights, weekends and holidays.

d. Organizational components which meet the above criteria can be accorded an exception from full service status by local facility management if it is in the best interest of patient care.

e. Staff Functions and Sections must be aligned under the direction of a physician. Where one bed service has the predominate assessed patient needs for which recreation functions (par. 2.07) and resources are appropriate, consideration shall be given to alignment under that bed service.

f. The position of Chief of Recreation Service is centralized to the Chief Medical Director and is subject to the provisions of DM&S Supplement, MP-5, part I, paragraphs 250.01 and 250.02a, and MP-5, part I, chapter 511, paragraph 16.

2.07 FUNCTIONS

a. Comprehensive Recreation Services are designed to enhance or restore leisure functioning as they relate to the patients' health condition. The services will be conducted in conjunction with a broad range of programs within DM&S and the overall policies issued by the Chief Medical Director. These policies and procedures reflect the objectives established for implementation by VA medical centers and provide the basic structure by which effective operations will be maintained.

b. Recreation Service will provide professional expertise in concert with other health professions. This collaborative relationship with other disciplines will integrate the recreation treatment component with the total health plan. This component is designed to restore the client to maximum health potential, and provide continued satisfying life experiences.

c. Recreation Service will assess, design, direct and evaluate comprehensive programs for eligible beneficiaries. This will include activities for: physical, social, and psychological health restoration; self-actualization; sustaining quality of life; leisure support; community reentry; enhancing human dignity, and ensuring individual worth. Comprehensive design and program content will be developed for all Medicine, Surgery, Neurology, Psychiatry, Rehabilitation Medicine, Spinal Cord Injury, Blind Rehabilitation and

Extended Care Bed Services. Implementation strategies shall be along the full continuum of care, encompassing acute and chronic care, convalescence, rehabilitation and outpatient treatment. These programs will enable patient's participation at their level of physical, mental, emotional and/or social abilities. Program resources will include tangible services, professional knowledge, use of community facilities and intervention in community systems to render them more responsive to patients' needs. This service requires an assessment of the patient's leisure functional abilities in relation to their health condition. The assessment will place special emphasis on the socioleisure aspects of the problem, determine treatment goals, develop treatment objectives, plan with the clients to meet their health needs, execute treatment plans and evaluate results. Individual needs of patients are met through implementation of the systematic (clinical, patient education and adapted recreation activities) service delivery model (par. 2.05).

d. Therapeutic recreation, research and education projects will be planned, developed and implemented in accordance with VA Manuals M-3 and M-8.

2.08 RESPONSIBILITIES

a. Recreation Service, as an integral treatment component of the VA health care system, supports and advances the mission of the DM&S. Primary areas of responsibilities in which recreation personnel are accountable include:

- (1) Participation in agency, district, medical center and service policy formulation and operational planning.
- (2) Multidisciplinary collaboration, coordination, consultation and training.
- (3) Planning, identifying, organizing, coordinating and integrating community recreation services, programs and resources for the benefit of the patient.
- (4) Contribution to improved therapeutic recreation competencies through education, research, clinical application of theory and contribution to professional literature.
- (5) Administration, development, implementation and evaluation of treatment effectiveness of recreation programs to meet patient needs in accordance with VA quality assurance policies and procedures.
- (6) Provide cost-effective services at all times, including all evenings, weekends and holidays.
- (7) Promotion of professional development learning experiences that will enable the therapist to assess patient needs, develop and execute treatment plans and evaluate treatment plans and treatment outcomes.
- (8) Foster a professional climate that will stimulate excellence in the therapist's professional performance standards.
- (9) Encourage investigation, anticipation, innovation and implementation of new developments and practices in therapeutic recreation.
- (10) Maintain a balanced systematic service delivery model (par. 2.05) of clinical, patient education and adapted recreation programs in association with the full spectrum of patient leisure health needs.

2.09 ELIGIBILITY

The following persons are eligible for recreation services in compliance with local VA medical center guidelines:

- (1) Veterans receiving hospital, domiciliary or nursing home care at VA health care facilities.
- (2) Family and/or friends when their attendance contributes to the veterans treatment, support and/or well-being.
- (3) Spouse and children of deceased veterans who are receiving health care as a result of legislation.

- (4) Nonveterans who are provided health care in the VA system through sharing agreements or other arrangements.
- (5) Veterans receiving authorized care in day hospital or day treatment programs at a VA health care facility.

July 29, 1993

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

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

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

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

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

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

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

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

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

3. **Filing Instructions**

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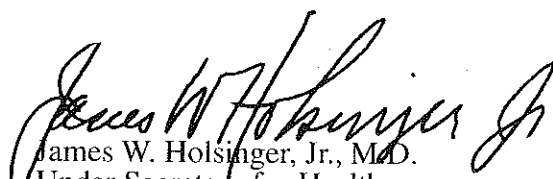
Insert pages

iii through iv ✓

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6-1 through 6-5

4. **RESCISSIONS:** None.


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Under Secretary for Health

Distribution: **RPC: 1158 is assigned**
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Printing Date: 7/93

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