Mercy Children's Hospital MERCYHEALTH

Hospital Based PT/OT/ST Utilizing Equine Movement as a Treatment Tool





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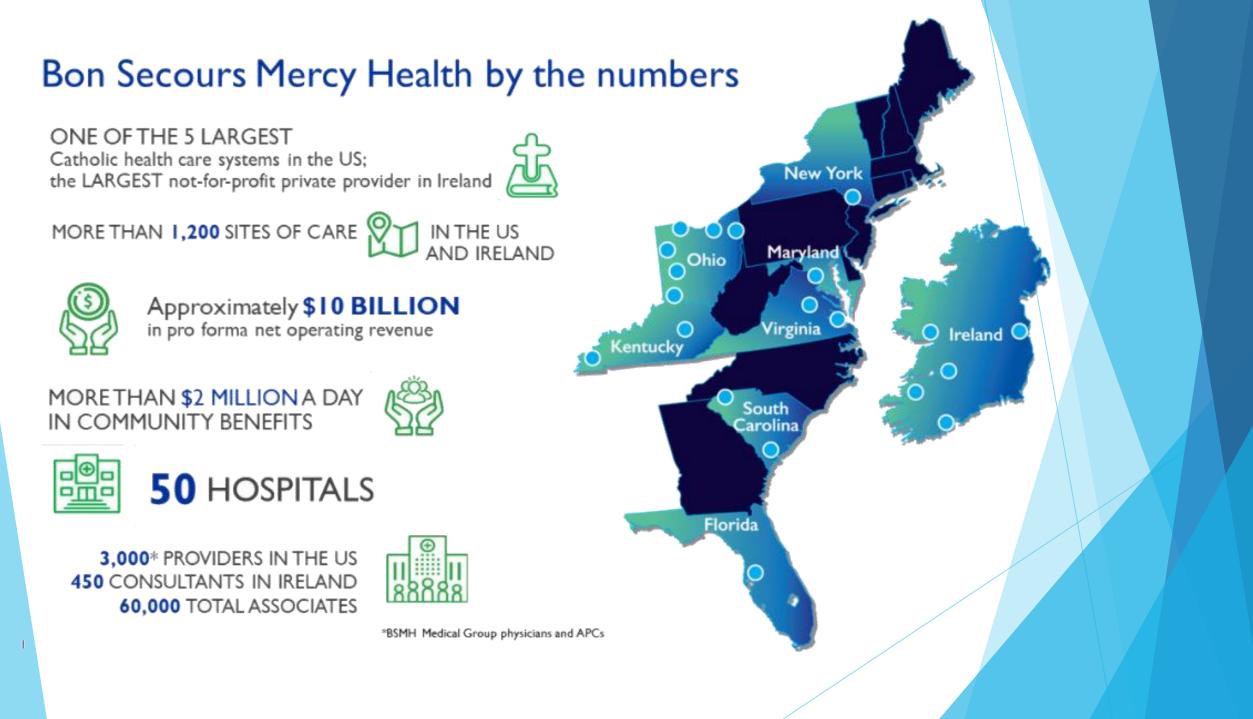




Learning Objectives

How, where and why to start incorporating equine movement (hippotherapy) through a Hospital System

- Understand the step by step process to start hospital affiliated treatment using equine movement (hippotherapy)
- Understand how to begin by approaching needed systems within your hospital for success
- Understand insurance and liability needs and options available
- Understand the options for leasing facility and horses
- Understand how to work with barn owners on horse selection and training as it relates to the needs of incorporating equine movement as a treatment tool (hippotherapy) within the scope of a hospital setting



GETTING STARTED

YOUR TEAM Co-workers Manager

HOSPITAL SYSTEMS

- Funding
- Risk Management
- Marketing
- Volunteer Services
- Clinical Supports

BUILDING YOUR TEAM

Co-workers and Management

Identify co-workers with horse experience

Specialized training requirements: Hippotherapy Treatment Principles, Part I & II

Management Engagement & Buy-In

Open to new, innovative services. Connected, respected and influential in the hospital system?

BUILDING YOUR TEAM

Hospital Systems Funding Source

- Hospital Foundation:
- Key to success
 - Is there a Foundation Board that you can present a proposal?



Highlight:

- Describe hippotherapy
- Effectiveness
- Funding needs, budget
- Referrals,Innovation, Collaboration
- Patient/family popularity
- Safety
- 🗸 Plan





HOSPITAL SYSTEMS

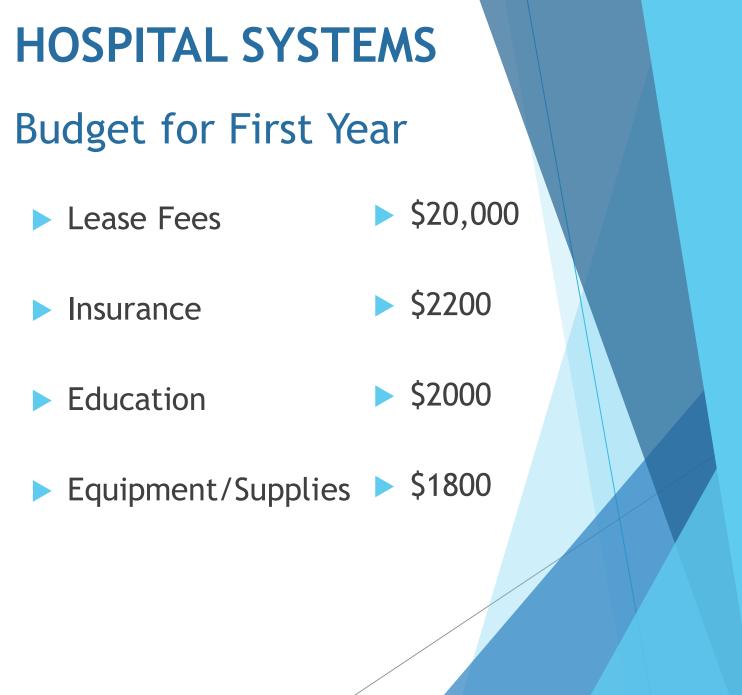
Hospital Foundation

Initial allocation request \$26,000

Cover additional costs not covered by medical insurance:

Liability insurance

- Lease fees for horse and facility
- ►Equipment
- Education



Budget Growth

Year	Fee	Treatment Sessions/yr
2008	\$25,045	835
2010	\$23,610	724
2012	\$25,710	854
2014	\$31,275	1043
2016	\$35,915	1172
2018	\$42,900	1430
2019	\$44,220	1340



Funding Source

Children's Miracle Network

Raises funds for 170 member hospitals in US and Canada

Key to securing adequate financial support and longevity Fund-raising campaign

Other Funding Sources Grants

HOSPITAL SYSTEMS Risk Management

👄 Liability Insurance

Commercial General Liability

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Umbrella/Excess Liability Insurance

Excess Accident and Medical policy





HOSPITAL SYSTEMS Risk Management

Photo Release – Patients & Volunteers

Facility Contract with Hospital 🥪

Authorization for Emergency Medical Treatment

All forms except emergency medical form are kept in patient chart Medical Participant Release
Alternative Helmet Waiver
Liability Release
Misc Forms

FACILITY CONTRACTS

Facility Responsibilities

Hospital Responsibilities

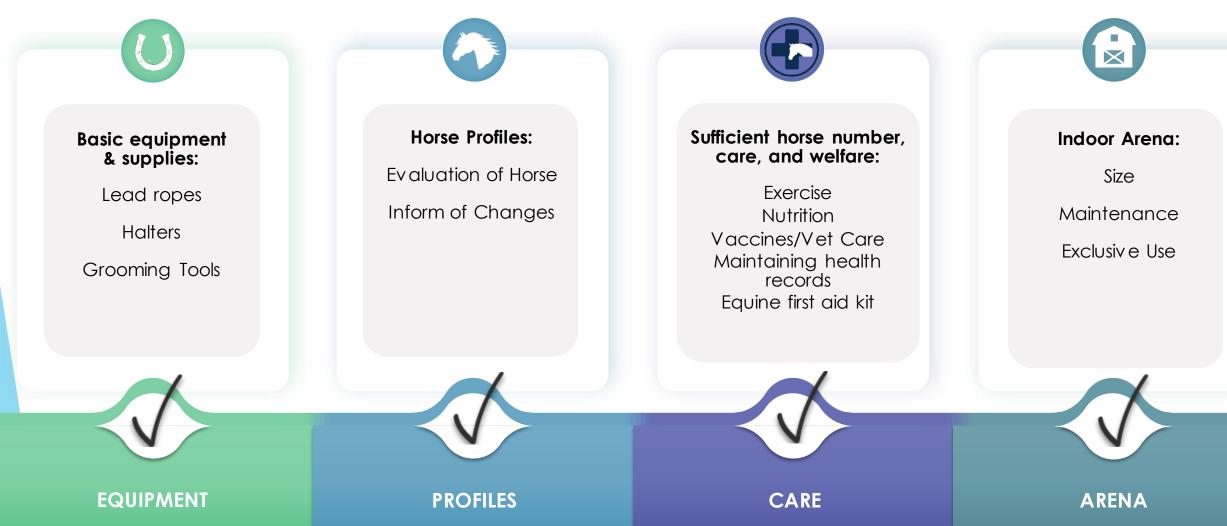




HOSPITAL SYSTEMS Facility Responsibilities







HOSPITAL SYSTEMS Hospital Responsibilities





HOSPITAL SYSTEMS Insurance & Duration

Insurance	Duration	
		1
Commerical GL	• 1 year contract	
for \$1,000,000 per	 Auto-renewed 	
occurrence	annually	
• \$3,000,000 annual	• 30 day	
aggregate	written notice for	
• Each party 30	termination from	
 day notice of 	either party	
 change cancel 		



MARKETING



Brochures, volunteer flyers, website- hospital and facility



Press, media - local news channels, local papers, city and community



PT, OT and ST in the area - other hospital systems, pediatric private practice



Educate/notify physiciansreferring physicians

GET STARTED Volunteer Services



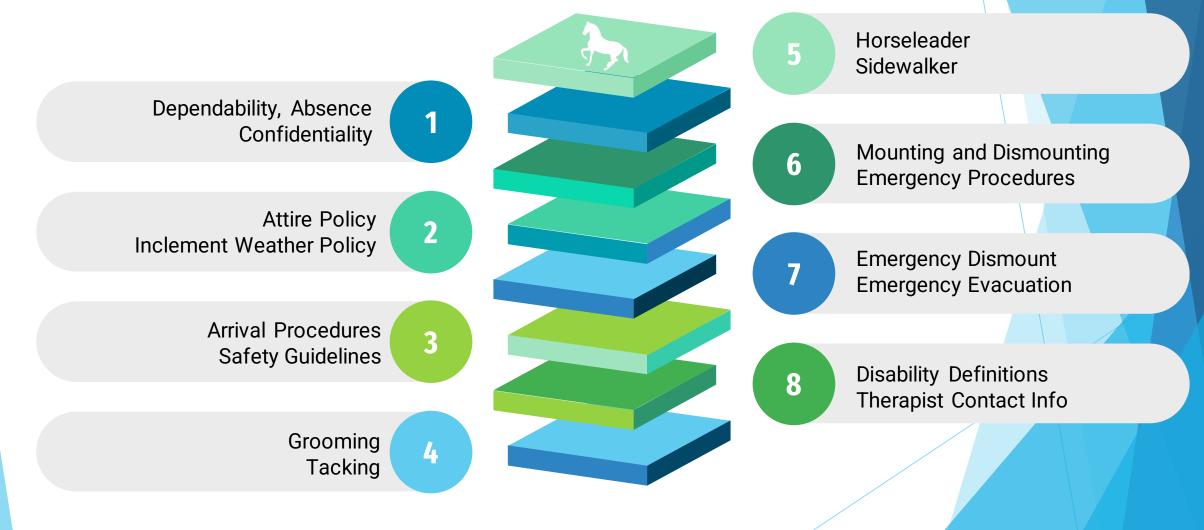
Hospital Volunteer Dept. requirements

Volunteer training at the facility



Volunteer Manual

HOSPITAL SYSTEMS Volunteer Manual Chapters

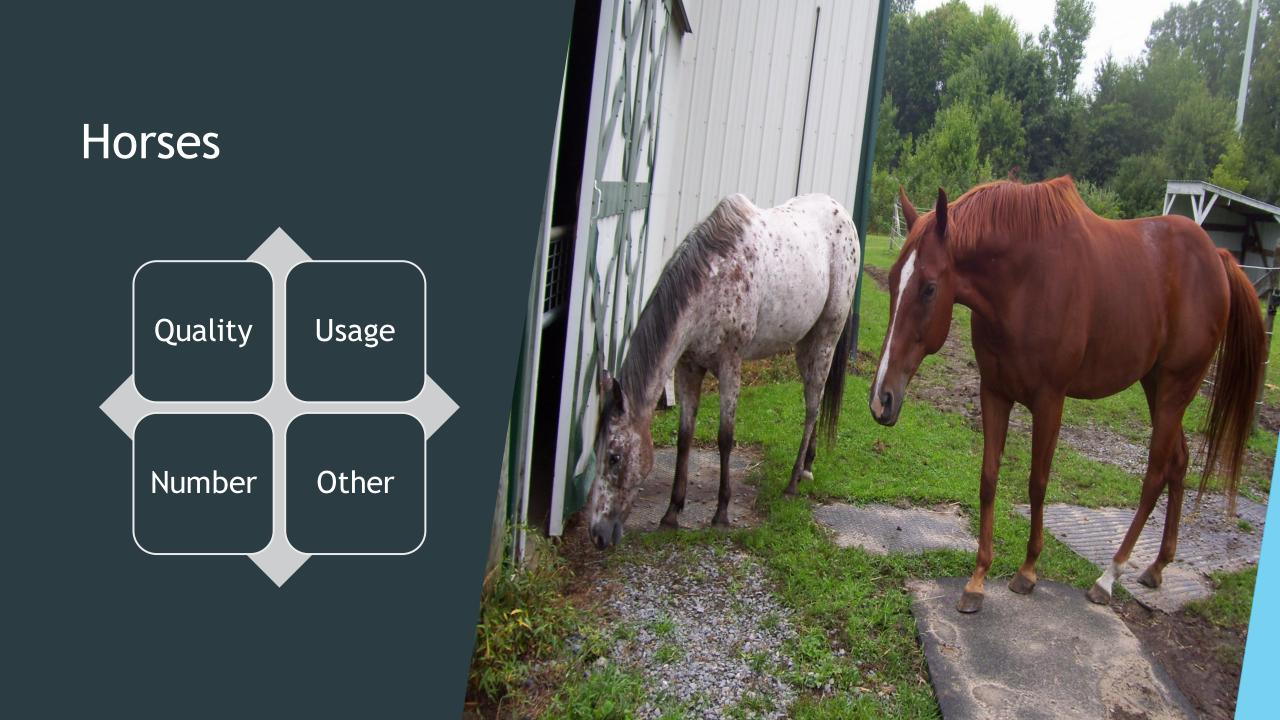


GET STARTED Location Considerations

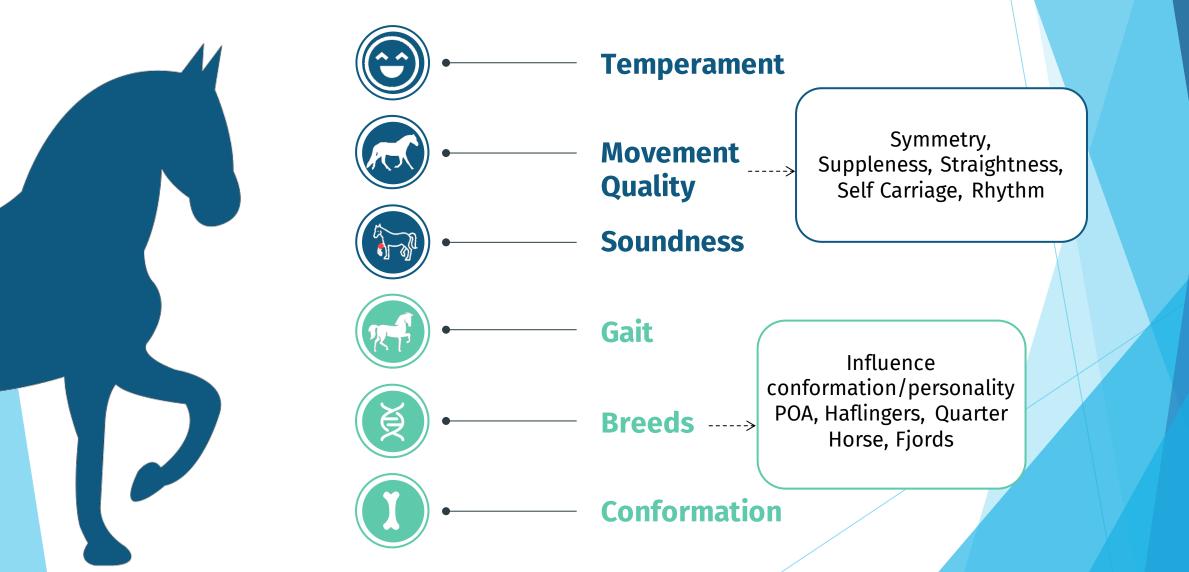
Facility

- Indoor arena- in
- Industry standard min 60 x 100 ft.
- Exclusive use
- Stall size- at least 10 x 10 ft
- Adequate turn out for horses
- Accessibility-patients and location
- Treatment Space / storage space
- Mounting system
- Climate control
- Access to horses on therapy days
- Leasing options-private residence, existing AR program





EQUINE CONSIDERATIONS Horse Selection



EQUINE CONSIDERATIONS Therapist Responsibility



Evaluation: Selection of new horse coming in or initial eval of existing horse



Expertise: Safe and effective treatment



Basic knowledge:

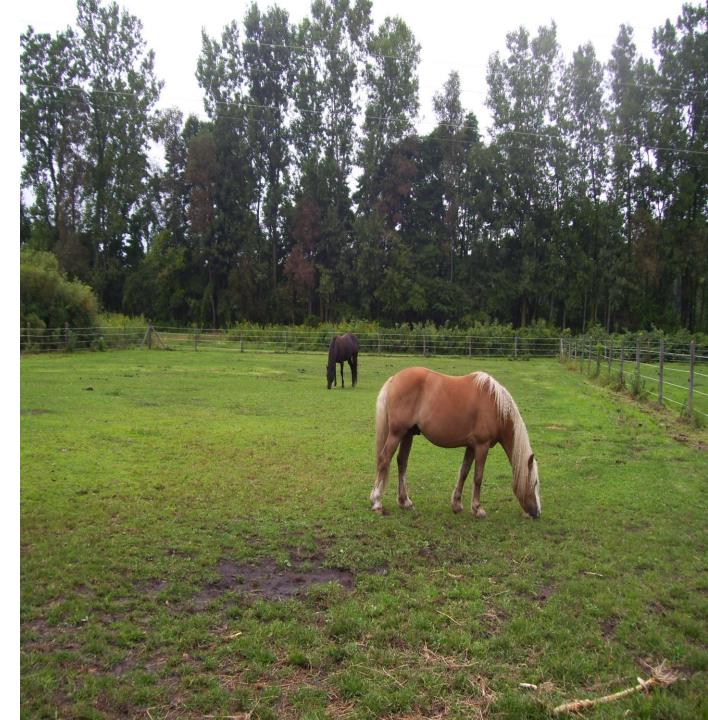
- Behavior: body language, stress
- \cdot Conformation
- Movement analysis
- Sit astride bareback to assess gait/pelvic mvt.



EQUINE CONSIDERATIONS Horse Evaluation

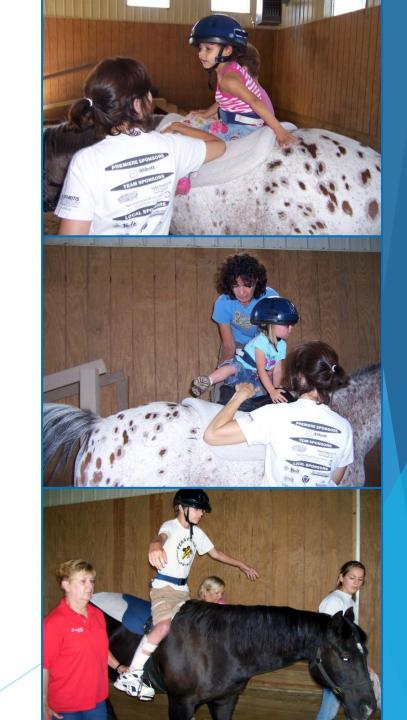
Temperament/Soundness

- Release/catch in arena
- Walk on lead, observe willing to move forward, ears/body- stop, turn left, turn right
- Disengage hind-quarters
- Rubbing head, ears, back, legs- fear/discomfort
- Check legs for swelling, scars, nose/discharge, teeth/gums, eyes clear
- Watch horse walk on lead for lameness, view from back, side and front- hip/leg conformation, tracking up
- Movement produced astride
- Reaction to toys-noises, balls



EQUINE CONSIDERATIONS Therapy Horse Training

- Desensitization
 - Sidewalker
 - Mounting block/ramp
 - Alternate positions
 - Activities/toys (balls, bubbles, bean bags)
 - Sounds of toys/noises of pt, erratic pt. mvt.,unbalanced
 - Pt equipment- walkers, WC





EQUINE CONSIDERATIONS Horse Desensitization Progression

MOCK SESSIONS INCLUDE

- Mounting system
- 1 side walker
- 2 side walkers
- Toys/therapy activities
- Non-patient rider- mount/dismount, thigh/ankle hold, reach out of BOS, horse contact, alternate positions, off center, leg squeeze

EQUINE CONSIDERATIONS Horse Training

- PATH Equine Welfare Standards
 - Turn out daily: min of 2 hrs./day, min 4 full weeks off/yr.
 - Work 5 days/off 2 days
 - Max 3 sessions/day, 2 sessions in a row

Exercise and Training

- 2x week under saddle, 3x /wk. in ground work/long line
- Walk/trot/canter- dressage principles
- Mounting/dismounting using mounting system
- Grooming daily/stable routine
- ► WHO IS RESPONSIBLE?

HOSPITAL SYSTEMS Clinical Supports

REFERRALS

In-house from clinical staff, other area hospitals, private practice, EI, facility websites, family/patient inquiry **INSURANCE** Office staff verify insurance coverage

WAITLIST

Avail for all clinic staff to access and input referrals

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EVALUATIONS

Done at our clinic, same procedures as all new pt/evalstandardized testing, pt health questionnaire, obj measures

BILLING

Submit daily charge sheets to office managers inc name, date, time, proc code, units, facility by email

REIMBURSEMENT Hospital systems represents JCAHO/OSHA standards, trust

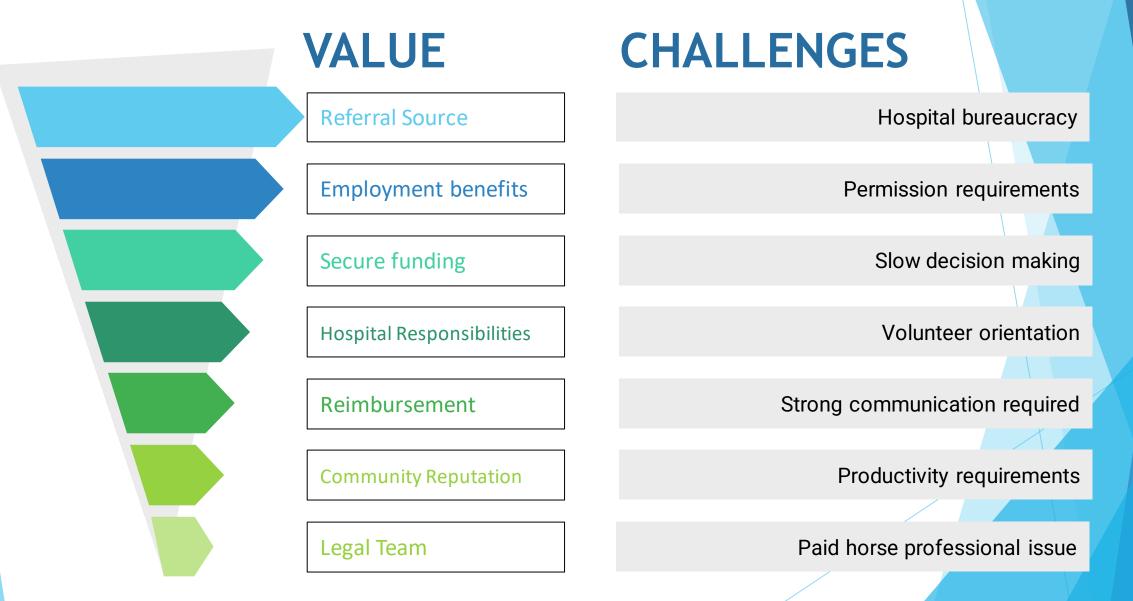
DOCUMENTATION

EMR/Epic- Ad access to other hospital/MD pt records – clinical verbiage

SCHEDULING

We do own scheduling but in EMR system, hpot barn schedule on google sheets for volunteers INFORMATION TECHNOLOGY Laptop, hot spot, IT support, Volgistics laptop

Why get started



Questions?

Contact Info: oakwoods10@gmail.com 419-509-7318



REFERENCES

- Hippotherapy Treatment Principles- Level One, An American Hippotherapy Association, Inc. approved course, workshop manual, 1st edition.
- Hippotherapy Treatment Principles- Level Two, An American Hippotherapy Association, Inc. approved course, workshop manual, 1st edition.
- Hippotherapy Clinical Specialist Review Manual, Compiled by Susie Rehr, PT, HPCS. Contributions by Bonnie Cunningham MSPT, HPCS, Jane Burrows PT, DPT, HPCS.
- Professional Association of Therapeutic Horsemanship International Standards for Certification and Accreditation, 2021 Edition.
- DeTurk Peloso, D (2020), Responsible Risk Management, PATH International STRIDES, Winter 2020, 50-53.