

Rehab Center Scope of Services

1. Department Description

The Inpatient Rehabilitation Center provides specialized rehabilitation programs designed to enhance the independence, self-sufficiency and productivity of persons with disabilities. The goals of the Inpatient Rehabilitation Center are to improve functional abilities, maximize independence, provide patient/family education to enhance health promotion and continued functional gains, ensure the utilization of appropriate community resources, and facilitate the transition of persons served into an active role within the community following discharge.

2. Location

Cone Health Rehabilitation Center is a 49-bed comprehensive inpatient rehabilitation facility located on the fourth floor of the Moses H. Cone Memorial Hospital. The department consists of two nursing units (4West and 4Midwest) therapy gyms, an Activities of Daily Living (ADL) apartment, day room, additional treatment areas and office/documentation areas.

3. Populations Served

The Rehabilitation Center provides services to adult and geriatric patients requiring comprehensive rehabilitation services. Diagnoses include, but are not limited to, the following:

- A. Amputation
- B. Brain Injury
- C. Debility/Medically complex
- D. Major Multiple Trauma
- E. Neurological Disorders
- F. Orthopedic
- G. Spinal Cord Injury – Traumatic, Nontraumatic, and any vertebral level (complete, incomplete, Brown Sequard, Central Cord, Cauda Equina) will be considered unless they require ventilator support
- H. Stroke

4. Admission Criteria

Patients who, due to the complexity of their nursing, medical management and rehabilitation needs, require an intensive inpatient rehabilitation hospital environment may be admitted to the Cone Health Rehabilitation Center. Admission decisions are based on medical necessity, as well as, ability defined below:

Medical Necessity basis:

- A. The patient must have experienced a loss in functional independence with activity limitations in the areas of mobility, self-care, and/or communication/cognition/perception and require the active and ongoing therapeutic intervention of multiple therapy disciplines (Physical Therapy, Occupational Therapy, and/or Speech

- Therapy), one of which must be Physical Therapy or Occupational Therapy.
- B. The patient must require an intensive rehabilitation therapy program. This is generally defined as consisting of at least 3 hours of therapy per day 5 out of 7 days. In certain well-documented cases, this can consist of 15 hours of therapy over 7 consecutive days.
 - C. The patient's condition and functional status must be such that the patient can reasonably be expected to make measurable improvement that will be of practical value to improve the patient's functional capacity or adaptation to impairments as a result of the rehabilitation treatment. This improvement should be expected within a prescribed period of time.
 - D. The patient must require physician supervision by a rehabilitation physician throughout the stay (face-to-face visits with the patient at least 3 days per week) to assess the patient both medically and functionally as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process.
 - E. The patient must be free from any acute psychiatric or behavioral disorder that would prevent benefit from rehabilitation, must not have a primary medical diagnosis of alcoholism or drug addiction.
 - F. The patient must require an intensive coordinated interdisciplinary rehabilitation program.
 - G. Patients with Left Ventricular Assisted Device (LVAD) may be admitted once medically stable and cleared by LVAD team to discharge from acute care. Medically stable is defined as off cardiac drips, no longer requiring cardiac monitoring, and ability to tolerate therapy intensity.

Ability basis:

- H. The patient must be reasonably expected to actively participate in and benefit significantly from an intensive rehabilitation program at the time of admission to the inpatient rehabilitation center.
- I. The patient must be 18 years of age or older.
- J. Eligibility for admission to the Rehabilitation Center is based upon the above admission criteria without regard to race, color, religion, sex, disability, sexual orientation, or national origin.

Persons outside the scope of service include patients who:

- Require telemetry monitoring
- Require ventilator support (excluding Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP))
- Require Intracranial pressure monitoring
- Are Ranchos Level I – II
- Require a negative pressure room

5. Discharge/Transition Criteria

Discharge from the Rehabilitation Center is a planned event in the rehabilitation process and comes at the time when:

- The patient no longer requires an inpatient setting with close medical management and 24-hour rehab nursing.
- The patient has achieved the goals for rehabilitation.
- The patient is unable to participate in the program for more than three days for medical, surgical, or psychiatric reasons.
- The patient's medical condition changes while on Rehab requiring frequent monitoring or frequent medical intervention.
- The patient fails to progress towards the goals identified by the team over a five-day period.
- The patient becomes noncompliant with the program.
- The patient refuses treatment on three consecutive days without medical reasons.
- The patient/family requests an alternate facility/venue.
- Payer denies continued services in inpatient rehabilitation center.

Exceptions to the discharge criteria may be made at the discretion of the rehabilitation physician and the treatment team.

The discharge plan that was formulated on admission to the Rehabilitation Center is reviewed weekly at each team conference. This review includes a discussion of the overall plan for discharge and any barriers to this plan. All necessary home evaluations, recommendations for modifications and follow-up services, and equipment are completed prior to discharge. The patient's payer representative is contacted during the discharge planning process to determine resources available for follow-up services. Information is provided to the payer as needed to obtain appropriate authorizations and approvals.

The Social Worker informs the patient and family about options for follow-up services. Once options have been selected, the Social Worker finalizes all referrals for follow-up. The patient, family, and referral sources are provided as much notice as possible regarding the discharge date. Appropriate information, including a discharge summary, is faxed to the referral source and the provider within 72 hours of discharge.

6. Services Provided

Individual needs, functional limitations, and responses to treatment determine the scope and intensity of services delivered to each patient. The Rehabilitation Center utilizes an interdisciplinary approach to patient care. Services provided by the Rehabilitation Center include:

- A. Rehabilitation Medicine
- B. Rehabilitation Nursing
- C. Case Management/Social Work Services
- D. Physical Therapy
- E. Occupational Therapy
- F. Speech Therapy
- G. Therapeutic Recreation Services

- H. Neuropsychology
- I. Nutrition Management

The Rapid Response Team is available for medical emergency situations twenty-four hours a day, seven days a week. The Acute Stroke Team is available to respond to a Code Stroke (called for sudden onset of neurological symptoms associated with a stroke) twenty-four hours a day, seven days a week.

Pharmacy, laboratory, diagnostic radiology, respiratory therapy, dialysis services, and pastoral care are available onsite at the Moses H. Cone Memorial Hospital 24 hours a day, 7 days a week. All orders are addressed within 12 hours. Physicians are alerted with critical values per hospital policy. The majority of results are available to clinicians within 24 hours.

Consulting medical and surgical specialties, clinical psychology, psychiatric and audiology services are available through arrangements within Cone Health. Additional services such as vocational rehabilitation, prosthetics/orthotics, rehabilitation engineering, and chemical dependency counseling are available through referral to community specialists and community programs. These services are available Monday through Friday only during normal business hours.

The Rehabilitation Center delivers services via information and communication technologies for safety monitoring and through the peer support program (teleconferencing technology) as needed.

Translation Services: Cone Health provides equal access to and equal participation in health care activities for persons with Limited English Proficiency (LEP) and for persons who are deaf or hard-of-hearing through the use of qualified medical interpreters, written materials in the individual's identified language, Telecommunication Devices for the Deaf (TDD) and other assistive devices for patients who are deaf or hard-of-hearing in accordance with applicable state and federal laws. Cone Health provides communication assistance and services at no cost to the patient.

Referral Sources and Process: A physician referral is required for patients who are referred from inpatient settings. Patients referred from community settings will be reviewed for appropriateness of admission by Board Certified Physical Medicine & Rehabilitation (PM&R) physician. Majority of referrals are from internal physicians and case managers within Cone Health. Our secondary market includes referrals from non-Cone Health facilities.

7. Staffing Plan/Ratios

Nursing care is provided twenty-four hours per day, seven days a week by Rehabilitation RN's supported by LPN's, nurse technicians and nursing secretaries. Patient assignments are based on patient diagnosis and acuity, with patients placed on diagnostic-based treatment teams,

including teams for Brain Injury, Stroke, and Spinal Cord Injury. Budgeted nurse ratios are for 5-6 patients per nurse and 6-8 patients per nurse tech. Staffing ratio may be adjusted based on patient acuity or intensity of services needed.

Therapy services are provided from early morning to early evening seven days per week. Various disciplines are provided as follows**:

- Therapeutic Recreation - 20 hours/week
- Physical Therapy – Seven days per week (7:30am – 6:00pm)
- Occupational Therapy – Seven days per week (7:00am – 4:30 pm)
- Speech Pathology – Seven days per week (8:00am – 5:00pm)
- Dietary - Monday through Saturday PRN
- Neuropsychology – various days/hours as needed
- Case Management/Clinical Social Work - Monday through Friday (8:00am – 4:30pm); as needed after hours & weekends

**Hours listed above may be modified based on census and staffing.

Most patients receive at least three hours of therapy 5 out of 7 days. In certain cases, 15 hours of therapy services in a week may be spread over 7 days to meet special needs.

The rehabilitation physician and/or physician assistant is on the unit or available on-call twenty-four hours a day, seven days a week for the medical management of rehabilitation patients.

8. Specialty Services include:

- Advocacy Training
- Airway Clearance Techniques
- Aromatherapy
- Assistive Technology
- Balance and Fall Prevention
- Behavior Assessment/Management
- Bioness Integrated Therapy System
- Body Weight Supported Gait
- Cognitive Rehabilitation
- Community Reintegration
- Education on topics related to brain injury, stroke, spinal cord injury, limb loss, and other diagnostic areas
- Fiberoptic Endoscopic Evaluation of Swallow/Modified Barium Swallow Studies
- Functional Electrical Stimulation
- Group Therapy
- Hydrotherapy
- Iowa Oral Performance Instrument (IOPI)
- Leisure Education
- Lymphedema

Neurodevelopmental Treatment
Orthotics & Prosthetics Management
Neuropsychology Services
Pain Management
Palliative Care Involvement
Peer Support
Pet Therapy
Respiratory Muscle Strengthening
Support Groups
Spasticity Management
Therapeutic use of Music
Vestibular Rehabilitation
Wheelchair seating
Wound Care

Individualized Care:

Individual preferences are assessed on admission and throughout the patient's stay. Clinicians include patient preferences and cultural considerations in treatment planning, goal setting, and discharge planning.

9. Payor Sources

The Cone Health Rehabilitation Center accepts patients with Medicare, Medicaid, Veterans Administration, most major managed care plans and commercial insurances. The financial counselors of the organization and the rehab admissions coordinators work with each individual patient and family to allow access when there is no funding. The Rehabilitation Center fee schedule is available upon request.