

Department of Physical Medicine and Rehabilitation
Scope of Practice of
Comprehensive Inpatient Brain Injury Rehabilitation Program

The Comprehensive Integrated Inpatient Brain Injury Rehabilitation Program at the University of Rochester is designed to meet the inpatient rehabilitation needs of patients with both traumatic and non-traumatic acquired brain injuries including medical conditions, hemorrhage, cancer or infection causing temporary or permanent disabilities. An interdisciplinary team of competent, qualified professionals, under the direction of a physiatrist, provides rehabilitative services consistent with professional standards of practice. Team composition consists of representatives of each discipline based on the clinical needs of the person served. The team is typically comprised of rehabilitation nurses, physical therapists, occupational therapists, speech and language pathologists, recreational therapists, care managers, dietitians, and psychologists. Rehabilitation counselors, educational specialists, audiologists, chaplains, and other health care professionals are added as needed. Rehabilitative care provides persons served with the skills and support necessary to function in an environment with as much independence and choice and as little supervision and restriction as possible. The totality of this care spans the rehabilitation continuum to optimize the functionality and quality of life and prevent and or treat conditions of persons with acquired brain injuries.

The scope of the Brain injury program addresses the unique aspects of delivering care to the person served according to their level of impairment, activity level and participation in the following areas:

- Recognizing, assessing, and treating conditions related to brain injury
- Prevention of complications and co-morbidities
- Identifying and reducing risk factors for recurrent brain injury
- Facilitating functional independence and performance
- Facilitating psychological well- being, coping and social adjustment
- Facilitating community inclusion and participating in life roles
- Promoting use of assistive technology

The current inpatient rehabilitation units are located on the fifth and sixth floor of the Strong Memorial Hospital with a total of 31 rehabilitation beds. Unit 51200 has 20 beds: 10 private and 5 semi-private, and 61200 has 11 private beds. Treatment areas include a transitional living apartment, individual treatment rooms, a recreation lounge, access to the URMC cafeteria, post office, bank and lobby for community integration, and a large treatment gym for group and individual treatment. Hours of operations 24/7 nursing care, therapies 7 days a week from 730-4pm. Fees according to insurance and are discussed prior to services rendered. The hospital provides a cost estimator upon request

Service to our patients is provided without regard to race, creed, national origin, sexual orientation, gender identity, socioeconomic status, disability or nature of payment source as long as the criteria for admission are met.

Payer Sources: Primary payers include Medicaid, Medicare, commercial insurance, workers compensation, private pay and charity care. Patients without means for payment have access to financial counselors to assist with checking eligibility for Medicaid/Medicare and to make payment arrangements.

Referral Sources: Referral sources include the strong Memorial Hospitals physicians. Additional referrals are generated by community health care systems both in the local area and on occasion, out of area.

Fees: The fees for the inpatient rehabilitation stay are determined by rehabilitation administration on an annual basis during the fiscal budget process. The charge description masters are compared within the market on an annual basis to ensure that fees are competitive with similar facilities within the region. Contracts with local payers are negotiated by the health care system level.

The psychiatrist uses the following criteria to evaluate each person referred for potential admission to the inpatient rehabilitation unit. This criterion, along with the physician's clinical judgment, ensures that the patient requires care, has the potential to benefit, and that the environment of the rehabilitation unit is the most appropriate environment for that care to be delivered.

Criteria

Determination to admit patients is based first upon patient characteristics that are related to their needs for both medical management and rehabilitation programs. These characteristics apply to patients with physical and cognitive impairments for all diagnostic conditions. The patient must:

- Have significant functional deficits and medical and nursing needs that require close medical supervision by a physician specialized in rehabilitation and 24-hour rehabilitation nursing.
- Be able to tolerate at least 3 hours of therapy 5 days per week.
- Require treatment by at least two other licensed rehabilitation professionals, one of which must be physical or occupational therapy.
- Be medically stable such that management of medical or surgical co-morbidities can be managed in the rehabilitation unit and are sufficiently under control so as to permit simultaneous participation in the rehabilitation program. Patients at Rancho level III or above. Disorders of consciousness patients must be minimally or maximally conscious.
- Have the physical and or mental potential to achieve rehabilitation goals in a reasonable amount of time.
- Have adequate social support so that discharge to the home or a community-based environment is likely.
- Be at least 6 years of age, and patients 5 years or younger will be considered on a case-by-case basis.

Persons admitted to the rehabilitation unit must meet the above criteria and be able to benefit from intensive therapy, must have reasonable goals, and there must be an expectation that they will demonstrate significant practical improvement. Continued stay in the rehab unit requires that these criteria continue to be met, that the rehabilitation hospitalization continues to be medically necessary, and that the rehabilitative care in process can only be provided in an inpatient setting. Patients are discharged from the rehab unit once they have met their established goals or have reached maximum benefit from an inpatient rehabilitation level of care. When the person served meets the discharge criteria, an appropriate alternative level of care within the rehabilitation continuum is recommended.

Services Provided

Physiatrist Services: Every patient's medical and rehabilitative care is provided under the direction of a physician specializing in rehabilitative medicine. The Physical Medicine and Rehabilitation (PM&R) attending physicians are also faculty members in the Department of Physical Medicine and Rehabilitation, an academic department of the School of Medicine of the University of Rochester. The attending physiatrists serve as clinical instructors to residents in PM&R. Rehabilitation physician coverage is available 24 hours daily, seven days per week.

Specialty and Sub-Specialty Medical and Surgical Services: Services are provided by onsite consultation from within Strong Memorial Hospital.

Rehabilitation Nurses: Nurses provide care for patients 24 hours daily, seven days per week. Primary interventional areas for the rehabilitation nurse include assisting with activities of daily living, safety, nutrition, maintaining skin integrity, elimination, medication management and counseling, and instructing both the person served and family or primary caregivers in preparation for discharge. The nurse provides a supportive environment in which the person served may maximize his/her functional abilities and, to the extent possible, regain self-sufficiency.

Respiratory Therapy, Radiology, and Clinical Lab Services: These services are available 24 hours daily, seven days per week onsite.

Emergency Care: A Rapid Response Team approach has been implemented to manage medical events before they escalate to a crisis situation. The Behavioral Response Team can be implemented for aggression, agitation, or combativeness that requires immediate assistance. Code Blue support is provided for medical emergencies. A MERT (medical emergency response team) can be activated for staff and visitor medical emergencies. The DPS (department of public safety) services can be activated for security concerns.

Physical Therapy, Occupational Therapy, and Speech Therapy: Depending on the patient's clinical needs, a combination of these services are provided for at least three hours daily for five out of seven days for each patient's stay. Therapists work as an integral part of the interdisciplinary team and work seven days a week to facilitate the functional recovery of their patients.

Recreational Therapists: These therapists are part of the interdisciplinary team and provide individual and group activities to help with community re-entry and to improve independence with recreation and leisure participation and access after discharge.

Neuropsychological and or Psychological Services: These services are provided for all patients who clinically require their services based on a referral from the physiatrist. Rehabilitation psychologists are responsible for neuropsychological evaluation, the development and coordination of interventional programs designed to guide cognitive retraining, behavioral modification plans, and psychological adaptation and support. Counseling services are provided upon physician referral for patient and family support.

Social Work and Discharge Coordinator: Care management is provided to all persons served. Social Workers provide support to the patient and family during the patient's stay, facilitate family involvement and education, and assist with the coordination of the team's plan and assist the discharge coordinator with the discharge process.

Nutritional Services: These services are provided by clinical dietitians, are available as needed and include, but are not limited to, conducting a nutritional assessment; developing a nutritional care plan and provision of nutritional education to persons served, their families and to other health care professionals.

Pharmacy Services: A registered pharmacist is available 24 hours daily, seven days per week and serves as a consultant to the rehabilitation team in medication management and recommendations. For Pediatric patients, a specially trained pediatric pharmacist is assigned to the team.

Prosthetic and Orthotic Services: These services are provided as needed and are a division of the University of Rochester Medical Center. Upon physician referral, prosthetic and or orthotic needs are assessed and provided to patients as needed

New York State ACCESS-VR (Adult Career and Continuing Education Services) Vocational Rehabilitation Services: This service is provided on a consultation basis accessed via the Social Worker through an off-site counselor. Upon discharge or at follow up visits, each person appropriate and interested in services is referred to the agency and is followed by a local counselor for determination of eligibility and provision of services.

Other services available by consultation on-site include **Pastoral Care, Audiology, Wound Care, and Dialysis.**