The Comprehensive Integrated Interdisciplinary Approach to Care in the Inpatient Rehabilitation Hospital

Objectives

- Gain understanding of what role an Inpatient Rehabilitation Hospital (IRH) has within the continuum of healthcare
- Gain understanding of admission criteria to an IRH and the associated Medicare guidelines which guide its practice
- Gain understanding of the interdisciplinary model utilized within this type of setting and how it plays into the rehabilitation of patients

What is Rehabilitation?

Acute Hospital  Inpatient Rehab Facility  Home
Inpatient Rehab Criteria

General Criteria

Patient is 16 years of age or greater
Patient’s life expectancy is greater than 6 months
Beds are available for admission

Functional Criteria

The Patient has experienced a substantial loss in more than one domain of function due to the recent onset or change in their medical condition.
There is the potential to achieve substantial improvement in one or more domains of function if they are provided with a physician directed goal driven program.
The program must consist of rehabilitation including two or more skilled therapies totaling at least 3 hours of therapy time 5 days per week. The only exception may be for a specific patient who can participate in 15 hours of therapy over a 7 day period as determined by the physician.
Patient requires daily physician oversight by physician with specialized rehabilitation training.
Patient requires 24 hours per day specialized rehabilitation nursing care and oversight.

Medical Criteria

The patient has achieved moderate medical stability
A patient’s special medical needs are within the scope of services of the facility
The patient’s medical work-up and/or outstanding diagnostic tests have been completed

Psycho-Social Criteria

The patient wants to fully participate in the rehabilitation process
The patient intends to be discharged home or to a community-based setting
Family support when needed is available
Insurance approval and/or other financial arrangements have been secured
One criterion Medicare uses for classifying hospital or unit of a hospital as IRF is minimum percentage of facility’s total inpatient population must fall within at least one of 13 medical condition categories.

- Stroke
- Spinal cord injury
- Congenital deformity
- Amputation
- Major multiple trauma
- Fracture of femur (hip fx)
- Brain injury
- Neurological disorders including:
  - MS, Motor neuron diseases, Polyneuropathy, MD, PD
  - Burns
  - Active polyarticular rheumatoid arthritis, psoriatic arthritis
  - Systemic vasculidities
  - Severe or advanced osteoarthritis
  - Knee/Hip Replacements with specific caveats

Both are needed and fill a specific need. So how do you decide?
Characteristics of IRF and SNF

- **IRF**—“Inpatient Rehabilitation Facility” is licensed hospital for patients who require intensive (at least 3 hours a day, 5 days a week), interdisciplinary rehabilitative services/programs that are medically directed, reasonable and necessary. Requires multidisciplinary coordinated team approach to upgrade patient’s ability to function.

- **SNF**—“Skilled Nursing Facility” is licensed nursing home (or unit) that provides skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services. Many SNFs offer “sub-acute rehabilitation” programs.

### Intensity of Services Comparison

<table>
<thead>
<tr>
<th>Services</th>
<th>Typical IRF</th>
<th>Typical SNF</th>
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<tbody>
<tr>
<td>Physician Visits</td>
<td>Daily</td>
<td>1 to 3 X per week</td>
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<tr>
<td>Type of Physician</td>
<td>Physiatrist - 24 hour availability</td>
<td>Geriatrician, internist, family practitioner - limited availability</td>
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<tr>
<td>Consultants</td>
<td>All specialties readily available</td>
<td>Limited specialist availability</td>
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<tr>
<td>Radiology &amp; Lab</td>
<td>On site</td>
<td>Limited - usually contracted service</td>
</tr>
<tr>
<td>Nursing Hours of Care</td>
<td>5.5 and higher hours per day primarily RN’s, 24 hour availability</td>
<td>2 - 5 hours daily, primarily CNAs</td>
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<tr>
<td>Nursing Skill Mix</td>
<td>Professional registered nurses specializing and certified in Rehabilitation Nursing</td>
<td>Non-professional nursing assistants certified in long-term care with LPN and RN supervision</td>
</tr>
<tr>
<td>Function</td>
<td>Complex level of care</td>
<td>Basic level of care</td>
</tr>
<tr>
<td>Integration of care</td>
<td>Patient and Family education</td>
<td>Support</td>
</tr>
<tr>
<td>Typical Length of Stay</td>
<td>10 – 35 Days, depending on diagnosis</td>
<td>24 – 60 Days</td>
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<tr>
<td>Therapy Intensity</td>
<td>3 – 5 hours daily</td>
<td>1 – 2 hours daily</td>
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- **Team Meetings**: Coordinated multidisciplinary team meetings led by physician and includes several individual disciplines.
- **Neuropsychologists**: Full time, Limited.
- **Physical Therapy & Occupational Therapy**: Registered Physical & Occupational Therapists.
- **Audiologist, Therapeutic Recreation, Social Worker**: Full time, Limited.
- **Speech Language Therapist**: Full time, Limited.
- **Accreditation**: Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Community Health Accreditation Program (CARF)
- **Quality Improvement**: QA/UR, Program Evaluation Programs
- **Driver Training**: Full time
- **Prosthetist/Orthotist**: Full time, Limited
Admission Process

- Pre Admission Screening
  - Utilization of Clinical Liaisons
  - Completed 48 hours prior to admission
  - Oversight & Approval by MD prior to admission
- Post Admission Evaluation by MD to confirm appropriateness
- Rehabilitation Therapy must begin within 36 hours of admission

3 Hour Rule

- Patients must tolerate at least 3 hours of therapy, 5 days per week (7 days)
- Day 1 is day of admission.
- Discharge day can count for rule

Clinical Pathways

- Tools to allow clinicians to guide thought process during patient’s rehabilitation stay
- Should challenge clinician to critically think and properly progress patient from admission to discharge
- Should be created for each diagnosis (or group of diagnosis) seen at hospital and utilized as form of clinical competence
Inpatient Rehab: Programmatic Structure

- The defining quality of rehab program is programmatic structure that guides delivery of care.
- Programs (e.g. Stroke, SCI, BI) led by committees who assess and challenge overall development and progression of quality of care provided to each patient
- Program Qualities:
  - Quality Outcomes
  - Performance Improvement
  - Development of Staff and Patient Education
  - Availability of Patient Resources (educational series, support, etc)
- Credentialing Bodies: CARF (Gold Standard for Rehab), Joint Commission Specialty

Inpatient Rehab: A Typical Day

- Early AM & Evening Activities:
  - In Room ADLs: Grooming, Hygiene, Dressing, Bathing
  - Patient Mobility on the Unit
  - Med Pass
  - Breakfast & Dinner (Dysphagia Breakfast & Dinner, Dining Areas)
  - Patient/Family Educational Series, Support Groups
- AM & PM Activities:
  - PT, OT, SLP, Psych, RT, CM
  - Safety Captain/Coach Areas
  - Dysphagia Lunch, Lunch Dining Areas
  - Group Outings / Community Re-Entry
  - Group Activities
  - Home Evaluations
  - Team Conference
  - Patient/Family Educational Series

Inpatient Rehab Flow: From Pre Admission to Discharge

- Admission Screen
- Admission & Preadmission Evaluation
- Daily Treatment & Interdisciplinary Encounters
- Weekly Assessment & Interdisciplinary Team Conference
- Discharge
- Follow-Up
Interdisciplinary Approach

What Makes A Strong Interdisciplinary Team?
- **Shared Goals:** articulated, understood and supported by all
- **Clearly Defined Roles:** clear expectations for function, responsibilities and accountability
- **Mutual Trust:** earned trust and opportunities for shared achievements
- **Effective Communication:** candid and complete communication
- **Measure Performance Improvement:** feedback on successes and failures

Interdisciplinary Communication
- **Immediate Handoff Communication**
  - Goal: facilitate safety, recovery and rehabilitation of patient
- **Interdisciplinary Team Conference**
- **Daily Rounds**
- **Shift to Shift Report**
- **Communication Boards, Cards, Etc.**
- **Medical Record**
The Interdisciplinary Model at Work

- Does Therapy End In The Gym?

Strong interdisciplinary teams are associated with greater functional outcomes for our patients!