Department Plan for Providing Care/Services
Patient Care Departments

Department: Rehabilitation Services: Persons with Spinal Cord Injury

Scope of Service
Introduction: See Rehabilitation Center Scope of Services for details.

The Physical Rehabilitation Unit offers specific services for persons experiencing a spinal cord injury. The physical rehabilitation department is part of the individual’s continuum of care that culminates with a re-entry program into the community or discharge to a community facility for safety, care, and/or continued therapy services. Outpatient therapy services, psychological support, medical and surgical care, emergency services are examples of ongoing services that may be provided within this health system.

The spinal cord injury populations served include:
- Trauma
- Infection
- Tumors
- Surgery

General exclusions with recommendations to other acute rehabilitation facilities include:
- Ventilator requirements
- Complete high thoracic injuries
- Complete cervical injuries

Admission criteria include physical impairments that limit functional activity and potential to benefit from individualized and interdisciplinary rehabilitative services. All must be neurologically and medically stable, alert, and willing to tolerate three hours of combined therapies per day. A physician order and referral is required for admission.

Inpatient services include 24 hour Nursing Care, six days/week Physical and Occupational Therapy, Speech Language Pathology, and Recreational Therapy. Additional services include Social Services, Nutritional Services, Spiritual Care, Psychological Support and medical management. All services are directed by a board certified Physiatrist who provides overall guidance of the patient's treatment plan.

When possible and appropriate, functional activities outside of the rehabilitation unit are incorporated into the patients’ treatment to facilitate a safe transition back into community environments. All inpatient rehab based persons are encouraged to socialize and interact with each other and their families as part of their recovery process. These individuals may have varying diagnoses but each person’s rehabilitation journey may serve as a supportive component in the overall rehabilitation framework.

For the person with a spinal cord injury, the Inpatient Rehabilitation plan of care focuses on injury mechanics, bowel and bladder training, pulmonary function, skin and wound care, pain management, nutrition, psychological and social services support, patient and family education along with comprehensive discharge planning including community support and re-entry.

Functional intervention includes; activities of daily living (ADLs), equipment and environmental modifications, neuromuscular re-training, assisted weight bearing, ambulation and use of software and technology. Special equipment, seating, or orthotics needs, beyond the scope of the professional staff, is coordinated with external vendors who then provide services on site or immediately post discharge. Supportive services for the person served and their family includes but are not limited to; spiritual care, financial counseling, behavioral health intervention, peer group(s) support and comprehensive discharge planning. Follow-up patient care may be coordinated by the physiatrist in collaboration with the other physicians involved in the ongoing management of the patient’s medical needs.
Medicare, Medicaid and most private insurance carriers are accepted. All private insurances are pre-certified prior to admission. Persons with limited to no healthcare funding are referred to Patient Financial Services to establish a payment plan or be considered for charity care. Patient Financial Services provides to each patient a written letter reviewing their carrier coverage as well as a contact person who can further assist them in insurance or financial questions.

**Leadership/Staffing**

The Physical Rehabilitation Unit leadership team includes the Director of Therapy Services, Clinical Nurse Manager and Therapy Service Manager. A lead therapist and charge nurse help to facilitate care for the patients on a daily basis. Additional members of the team include the Admission Coordinator who supports the intake and screening of all new admissions and the Prospective Payment System (PPS) Coordinator who ensure accurate documentation and transfer of information required by regulatory agencies.

The nursing team includes registered nurses and support staff specially trained to support the restoration and rehabilitation of the patient population. The nursing staffing matrix is reviewed by the unit charge nurse every eight hours and adjusted according to patient census and acuity.

Other core members of the team include Physical, Occupational, and Speech/Language Therapists. In addition, a Recreational Therapist is also a key member of the team caring for the patient. The Recreational Therapist is focused on identifying the patient’s activities prior to the spinal cord injury and fostering interests which help to enhance the patient’s sense of well-being and purpose. A goal for the patient who has suffered a spinal cord injury would be to recognize that even with a loss of function, the ability to have a meaningful and productive life is still attainable.

A dedicated social worker/care manager and psychologist are also vital members of the team. The social worker is responsible for collaborating with the patient and family to ensure a smooth transition to the community. This role helps to identify concerns that may be of psychological or socio-economic focus. Our clinical psychologist is available to support patients and families who may need additional mental health support or assistance in developing coping strategies while adjusting to the physical and psychological demands of rehabilitation.

The therapy and nursing staff matrix is adjusted daily based upon the volume of patients as well as the number of new admissions and discharges. Both the Therapy and Nursing matrices are available upon request.

With all patient and staff assignments, cultural diversity, language needs and/or patient and family dynamics are evaluated when assigning staff to the persons served.

**Qualifications of Staff**

Educational opportunities are provided in a variety of methods: See Rehabilitation Center Scope of Services for details.

Education examples for spinal cord injury may include:

- Physiological changes
- Wound care, skin assessment
- Fertility
- Pain Management
- Wheelchair or adaptive equipment selection and safety
- Autonomic Dysreflexia

- Wellness and adaptive sports
- Bowel/Bladder Management
- Spasticity Management
- Seating modification and selection
- Community resources and how to access
- Comorbidities and their impact on the healing process
Description of Communication/Collaboration/Functional Relationship with Other Departments and Services

The interdisciplinary team that cares for each patient meets for a daily huddle to communicate any pertinent information about the patient and to serve as the formal team coordination of care for the day. Team staffings are held for an in-depth review of the patient’s plan of care on a weekly, or as needed basis. Attendees at the team staffings may include nurses, therapists, psychologist, pharmacist, chaplain, care manager, dietitian, social worker, and medical staff. Results from the staffings are communicated with the person served, family and support systems at least weekly for collaboration as well as review of progress and anticipated length of stay.

The inpatient rehabilitation leadership team communicates to all team members through regularly scheduled department meetings. Other avenues of communication include weekly and daily communication via email as needed. Morning huddles are also used to communicate key safety as well as general information to all members. This method is utilized to ensure all staff members are aware of critical information in a timely manner.

Additional medical specialists for the person served will be consulted by the Physiatrist as needed. All service specialty providers are considered part of the patient care team and are encouraged to participate in the daily staffing huddles and patient conferences. If attendance is not possible, the provider is expected to communicate with the Physiatrist or unit nursing/therapy staff. Contracted services may also be used for patient/family needs such as prosthetics, orthotics, seating modifications, or assistive technology.

When emergent medical care is necessary and is beyond the scope of the rehabilitation unit staff the services are provided using the acute hospital’s Rapid Response Team (RRT). This team can be activated by the unit staff, physicians, patients, or family members.

Persons served that require a higher level of medical care are transferred to the appropriate care level within the Rush-Copley Medical Center. The person served is discharged from the rehab unit with the ability to return, pending bed availability, once medically stable and able to meet the rehab unit admissions criteria.

Goals of Department/Service

Our commitment is to continuously improve the health of our community, by identifying needs of our populations with respect to individual cultures. While collaborating with our interdisciplinary team in order to improve the quality of life and well being of our patients we will provide leadership and talent to achieve the vision of making our physical rehabilitation program the best place in which to live, work, grow, heal and enjoy life. Turning disabilities into possibilities is our main goal.

Plan to Improve Quality of Care (See Rehabilitation Center Scope of Services for details)

Any Additional Standards of Practice Adopted/Adapted by Department/Service

We will be providing our persons with spinal cord injury the following:
- A serene and supportive environment
- Alternative therapies to support the patient and families with special needs such as animal assisted therapy
- Continuity of care by utilizing a consistent team of caregivers
- Critical thinking skills utilized for assessment and collaboration with the physician to optimize care
- Comprehensive approach to pain management
- Hourly rounding to ensure patient needs are met in a proactive manner
- An environment that fosters understanding of spiritual and cultural needs. Language barriers are addressed using credentialed medical interpreters, Pacific Care phone service, In Demand video interpreting system (ENVY).