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Stakeholders: Case Management, Medical Staff, Nursing, Inpatient Therapy

GENERAL ADMISSION CRITERIA INPATIENT REHABILITATION PROGRAMS

POLICY:

Acute Inpatient Medical Rehabilitation at St. Luke's Rehabilitation is designed to provide an intensive rehabilitation therapy program in a resource intensive inpatient hospital setting for our patients who, due to medical management, rehabilitation nursing and rehabilitation needs, require and can reasonably be expected to benefit from an inpatient stay and an interdisciplinary team approach to care for the delivery of rehabilitation.

Acute Inpatient Medical Rehabilitation is not to be used as an alternative to completion of the full course of treatment from the referring hospital. A patient who has not yet completed the full course of treatment from the referring hospital is expected to remain in the referring hospital, with appropriate therapy / rehabilitative treatment provided, until such time as the patient has completed the course of treatment.

Patients will require ongoing medical management and must be able to participate in and benefit from the intensive rehabilitation therapy program provided at St. Luke's Rehabilitation Institute prior to transfer to the acute inpatient rehabilitation setting.

Patients who are still completing their course of medical treatment while in the acute care setting and who therefore, are not able to participate in and benefit from the intensive acute medical rehabilitation therapy services provided will not be considered reasonable and necessary for this level of care at St. Luke's Rehabilitation Institute.

Conversely, this level of care is not appropriate for patients who have completed their full course of medical management and treatment from the referring hospital, and do not require intensive rehabilitation. Alternative settings are available to these patients in a less-intensive setting.

The following diagnoses are deemed priority for eligibility for admission within the above parameters but the patient must still meet all the requirements of medically reasonable and necessary to qualify for an acute inpatient medical rehabilitation stay:

1. Stroke
2. Spinal Cord Injury
3. Congenital deformity
4. Amputation
5. Major multiple trauma (DRG 484, 485, 486 and 487, all of which deal with multiple significant trauma - must be documented at the Acute Care Hospital level)
6. Fracture of femur (hip fracture)
7. Brain Injury
8. Neurological disorders, including but not limited to, multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson's disease.
9. Burns
10. Active, polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies

- a. Resulting in significant functional impairment of ambulation and other activities of daily living and no improvement after an appropriate aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or
 - b. Recent systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.
11. Severe or advanced osteoarthritis (osteoarthritis or degenerative joint disease)
- a. Involving two or more major weight bearing joints (elbow, shoulders, hips, or knees, but not counting a joint with a prosthesis) with joint deformity and
 - b. Substantial loss of range of motion, atrophy of muscles surrounding the joint
 - c. Significant functional impairment of ambulation and other activities of daily living that have not improved after the patient has participated in an appropriate aggressive and sustained course of:
 - i. outpatient therapy service or
 - ii. services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission but has the potential to improve with more intensive rehabilitation. (A joint replaced by prosthesis is considered no longer to have osteoarthritis, or other arthritis, even though this condition was the reason for the joint replacement.)
12. Knee or hip joint replacement, or both, during an acute hospitalization immediately preceding the inpatient rehabilitation stay and also meet one or more of the following specific criteria:
- a. The patient underwent bilateral knee or bilateral hip joint replacement during the acute hospital admission immediately preceding the IRF admission
 - b. The patient is extremely obese with a Body Mass Index of at 50 at the time of admission to the IRF.
 - c. The patient is age 85 or older at the time of admission to the IRF.
13. All other diagnoses will be considered on a case by case basis and demonstrate the need for medically reasonable and necessary inpatient rehabilitation care.

Acute Inpatient Medical Rehabilitation candidates will be considered reasonable and necessary if the patient meets the following criteria:

1. The patient must require physician supervision by a rehabilitation physician, defined as a licensed physician with specialized training and experience in acute medical rehabilitation.
 - a. The patient will require face-to-face visits from the physician at least 3 days per week throughout the patient's stay.
 - b. The patient will need both the medical and functional aspects of rehabilitation medical management to treat and modify the course of treatment as necessary to optimize the care of the patient.
2. The patient requires the services of 24 hour rehabilitation nursing.
3. The patient must require active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics / orthotics), one of which must be physical or occupational therapy.
4. The patient must generally require an intensive rehabilitation therapy program. This intensive rehabilitation therapy program generally consists of at least 3 hours of therapy per day at least 5 days per week. In certain well documented cases, this intensive rehabilitation therapy program might instead consist of at least 15 hours of intensive rehabilitation therapy within a 7 consecutive day period. The External Case Manager will note this on the preadmission screen. This will continue to be addressed throughout the stay via the team conference and / or physician's treatment plan.
5. The patient must be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program at the time of admission to St. Luke's.
 - a. Patient's condition and functional status are 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 program and made within a prescribed period of time.
6. The patient will require an intensive and coordinated interdisciplinary approach to providing rehabilitation.

Candidates will show evidence of the need for an interdisciplinary rehabilitation program that relates to specific goals which may include training for self-feeding, dressing, mobility, hygiene, bowel and bladder management, etc. .

Criteria for Admission:

The criteria define contraindications to admission, questionable admissions and special preparations required for patients to be admitted.

1. The patient must meet the above definitions medically reasonable and necessary on admission and demonstrate evidence that the patient or identified caregiver is able and/or willing to participate in an intensive rehabilitation program, be trained in care needs as necessary, or require short-term assessment for this determination.
2. An appropriate documented anticipated discharge disposition must be identified prior to admission, including the type (s) of anticipated post-acute discharge services. This may include care in the home, community and in some cases, a skilled nursing facility. The patient must meet the criteria for an inpatient admission but may still require additional services in a less-intensive setting with potential to return to home or community at a later time.
3. Contraindications to admission are the following:
 - a. Medical treatment which may interfere with the rehabilitation program.
 - b. IV push medications that require cardiac monitoring for any length of time.
 - c. Any patient exhibiting hemodynamic and / or respiratory instability requiring IV medication management and / or advanced monitoring.
 - d. Any patient that is on complete bed rest or is completely dependent for all activities for daily living without the potential for improvement or mobilization.
 - e. Any patient that is in a vegetative state with questionable rehabilitation potential.
4. The following will require physiatry review and communication between the physician and External Case Manager prior to admission:
 - a. A fever greater than 100.8 orally in the last 24 hours prior to anticipated admission
 - b. Unstable blood pressure and / or pulse that requires the above advanced monitoring and / or medication management.
 - c. Presence of a deep venous thrombosis or pulmonary embolus with acute treatment in progress.
 - d. Supplemental oxygen requiring greater than 5 liters (non-rebreather).
 - e. Increasing purulent or bloody drainage of a postoperative wound.
 - f. Significant changes from baseline and / or abnormal findings that may lead to hemodynamic and /or respiratory instability.
 - g. Questionable or unstable orthopedic conditions or unstable fractures, or questionable stability of orthotic devices (i.e. halo, external fixators, etc.)
 - h. Work up completed with identified medical conditions without clear medical management of plan documented by the acute care physician.
 - i. Behavioral and / or mental health issues interfering with the rehabilitation potential (including refusal to participate in the current setting, disruptive and / or uncontrolled aggression).
 - j. Moderate to severe dementia and unable to participate in rehabilitation program or with no support systems to assist in incorporation of the rehabilitation program after discharge from the rehabilitation facility.
 - k. Complex care needs that may require greater than 24 hours to establish needed equipment / management of the patient i.e. LVAD, ventilator dependency.
 - l. Pending surgical interventions.
5. The following conditions require administrative and / or medical director approval prior to admission, including but not limited to:
 - a. Requirement for chemotherapy or radiation therapy.
 - b. Pediatric cases under the age of two.
6. External Case Manager will notify the receiving Internal Case Manager of pending admissions of non-English speaking patients so an interpreter can be made available.
7. External Case Managers will notify the receiving Internal Case Manager of pending admission of patients receiving hemodialysis / peritoneal dialysis. The External Case Manager will work in conjunction with the acute care social worker / case manager to coordinate the initial dialysis appointments and then ongoing treatments for care will be coordinated by the Internal Case Manager in conjunction with the respective nursing personnel.

PROCEDURE:

Preadmission screening and / or case reviews will be completed on all rehabilitation candidates prior to admission. The Preadmission Screen will be completed within 48 hours immediately preceding the admission and sent to the physician for review and approval / non-approval for the Acute Inpatient Medical Rehabilitation level of care.

A preadmission screen that includes all the required elements, but that has been completed more than 48 hours immediately preceding the inpatient rehabilitation admission, will be accepted as long as an update is conducted in person or by telephone to document the patient's current medical and functional status within 48 hours immediately preceding the inpatient rehabilitation in the patient's medical record at the rehab institute.

The preadmission screening document completed by the External Case Manager and maintained in the patient's medical record serves as the primary documentation by St. Luke's Rehabilitation Institute clinical staff of the patient's status prior to admission and of the specific reasons that led to the conclusion that this stay will be medically reasonable and necessary.

A preadmission screening by the External Case Manager will indicate the patient's prior level of function, expected level of improvement, and the expected length of time necessary to achieve that level of improvement. The preadmission screen will also include an evaluation of the patient's risk for clinical complications, the conditions that caused the need for an acute inpatient medical rehabilitation stay, the treatments needed (i.e. physical therapy, occupational therapy, speech – language pathology, or prosthetics / orthotics), expected frequency and duration of treatment in the rehab setting, anticipated discharge destination, any anticipated post-discharge treatments, and other information relevant to the care needs of the patient. (See "Patient Admission Assessment – Collection and Dissemination prior to Admission" for further details.)

If the patient is being transferred from an out-of-town referring hospital, the preadmission screening may be done in person or through a review of the patient's medical records from the out-of-town facility (either hard copy or electronically), as long as those medical records contain the necessary assessments to make a reasonable determination. Review of the records (hard copy or electronically) must be completed by the External Case Manager and the physiatrist authorizing the inpatient rehabilitation stay.

The External Case Manager will forward the Preadmission Screening document to the physiatrist prior to admission. The physiatrist must document that he or she has reviewed and concurred with the findings and results of the screen through use of the Preadmission Screening Documentation form.

A physical medicine and rehabilitation consult completed by the physiatrist in the acute care setting may serve as the preadmission screening as long as the physiatrist's consultation note contains the required information as above and is written within the 48 hours immediately preceding the inpatient rehab admission.

You, as a patient, have the right to:

- Help plan your care.
- Get the care you need no matter what race you are, where you came from or how you will pay your bill.
- Be treated well and to have your beliefs respected, within the limits of the law.
- Have your questions answered, within the law. If St. Luke's can't give you the care you need, you have a right to be sent to another caregiver and St. Luke's will tell you why you are being sent somewhere else.
- Be free of any abuse, neglect, financial (or other) exploitation, retaliation, humiliation or harassment from those who are giving you care. You will be treated and cared for with dignity and respect.
- Be free from any restraint that is not needed for your care.
- Refuse to talk with or see anyone that is not giving you care.
- Wear personal clothing and religious or other items as long as they do not get in the way of your care.
- Be talked to and cared for in private. Be treated confidentially with privacy and security.
- Expect that people not caring for you will not be in the room without your permission during treatment.
- Expect that all information and records of your care will be private and confidential.
- Know the names and jobs of all the people caring for you, and to know the name of each of your doctors.
- Be told about any research during your treatment. You have the right to say that you do not want to be in a research project.
- Have research guidelines and ethics followed, if you are involved in a research project.
- Be informed and agree to care. If you do not want to get care and to be told what will happen if you don't have the care. If you say that you don't want the care, you need to notify your doctor and the St. Luke's staff. You have the right to be involved in resolving problems with care decisions.
- Take part in making your pain less.
- Have St. Luke's get you a translator if you do not speak or understand English.
- Have family or significant others participate in your rehabilitation care.

- Have St. Luke's tell your family and doctor when you arrive at and leave St. Luke's.
- Give an "advance directive" that St. Luke's will follow when you are in the hospital.
- Be told about the hospital bill when you ask, and be told ahead of time if your insurance company will no longer pay the bill. Read or get copies of your medical record when you ask. For more information contact the Health Information Department at 509-473-6912.
- Have access to medical staff input and information pertinent to you in sufficient time to facilitate your decision making.
- Give informed consent, or refusal, or expression of your choice regarding service delivery, release of information, concurrent services and composition of the service delivery team.
- Be given information about the results of your care, including why the results were not what you expected.
- Have access or referral to legal entities for appropriate representation, self-help support services and advocacy support services.
- Receive care in a safe environment.
- Receive pastoral care or other spiritual services.
- Receive communication and be told if there are limits to communication that are necessary for your care and safety.
- Access protective services, if needed.
- Have your family give input regarding care decisions.
- Request no resuscitation or life-sustaining treatment.
- Receive end-of-life care and have your end-of-life care decisions respected and arrangements made to provide care at the most appropriate facility, based on your request.
- Donate organs or other tissues, as directed by you or your family or surrogate decision-makers.
- Have your cultural needs respected that may be distinct from your health care.
- Give an explanation about certain "health information" about you, if you feel it is wrong or incomplete.
- Request an "accounting of disclosures" of information about you that St. Luke's has given to others, except if the information was given out for treatment, payment or health care operations.

- Request to limit some of the information about you that we use or disclose about you for treatment, payment or health care operations. We are not required to agree to a restriction that you may ask for.
- Ask, in writing, that private contacts with you about medical matters be made in a certain way or at a certain location/address.
- Receive a paper copy of the Inland Northwest Health Services "Notice of Privacy Practices".
- Have an investigation and resolution of an alleged infringement of your rights.
- Make a complaint about your care without fear that you will not receive the care that you need or be denied care. You may contact the hospital Administrator at (509) 473-6298. You may also contact the Washington Department of Health toll free at 1-(509)-568-3086 or Child Protective Services at (509)363-3333 or 1-800-562-5624. You have a right to a timely response to your concerns.

You, in turn, have the responsibility to:

- Give information about your health to your doctor and others who give you care.
- Tell your caregivers of any changes in your health and to ask for more information if you do not understand the care that is being given to you.
- Follow the treatment plan and to tell us your concerns about your care. If you have any needs that are important to you, you need to tell your caregivers about those needs.
- Tell your caregivers if you are unhappy with your care, and to know you don't need to fear that telling us that you are not happy will change the way that we care for you.
- Follow rules about patient care and conduct.
- Respect other patients, employees and volunteers.
- Tell us about things that may affect your safety.
- Help hospital staff to not make errors in your care.