UW Medicine
HARBORVIEW MEDICAL CENTER

Harborview Medical Center			
Division	Patient Care Services	**Department**	Rehabilitation Services
Effective Date	08/2017	**Policy Owner**	Kristin Kaupang; Kate Delaney
Last Review (or) Revision Date	09/2026	**Policy Reviewer**	Courtney DeRuiter

HARBORVIEW MEDICAL CENTER INPATIENT REHABILITATION UNIT SCOPE OF CARE AND SERVICES

SCOPE OF PRACTICE/SERVICE

Unit Description

The Inpatient Trauma Rehabilitation Unit, located within Harborview Medical Center (HMC), is a 24-bed inpatient unit specializing in the care of patients with functional disabilities resulting from acute, traumatic, or degenerative etiologies. It is one of two Comprehensive Integrated Inpatient Rehabilitation Programs in the UW Medicine system, accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Annual admissions to the rehabilitation unit average over 450 admissions per year and typically over 85% of diagnoses served comprise the following diagnoses: stroke, traumatic brain injury, spinal cord injury, or polytrauma. Multi-disciplinary services are provided twenty-four hours a day, seven days a week. All patients admitted to the unit receive therapy services 3 hours per day, a minimum of 5 days/wk, or a minimum of 15 hours of therapy within a 7-consecutive day period, beginning with the IRF admission date.

Purpose

The primary purpose of Harborview's Inpatient Trauma Rehabilitation Unit is to provide a comprehensive, integrated program of medical and rehabilitation services focused on restoring or developing functional skills, minimizing activity limitations, and preventing secondary impairments. Intensive individualized treatment programs are developed with patient and family input. Goals are to assist patients to progress to the next level of care in the rehabilitation continuum, maximizing the level of independence and participation in life activities. The program strives to facilitate successful return to home, community, work, and school settings, although occasionally extended care living options may be needed. Patients' strengths, abilities, needs, support systems, and preferences in each domain are assessed and considered in care planning and disposition.

Mission and Values

The interdisciplinary staff support the mission and values of the University of Washington Department of Rehabilitation Medicine, which state:

"The mission of the Department of Rehabilitation Medicine is to improve the health, function, and quality of life of those we serve. We strive to provide excellent care, enhanced by a strong

commitment to teaching, community service, and research. It is our belief that the highest quality rehabilitation is best achieved in partnership with the patient and their family. Our staff respects diversity and recognizes that every person deserves their own unique treatment plan."

Our patient and family-centered care approach focuses on processes and decision making that actively engage patients, families, and staff as partners to shape the rehabilitation unit's policies, programs, facility design, and day-to-day care interactions. We value and utilize feedback from patients, families, staff members, referring providers, community partners, and funding sources to guide our program development and department goals.

Population Served

Harborview Medical Center serves as the only level 1 trauma center in Washington, Alaska, Montana and Idaho. In addition to serving this large territorial region, part of Harborview's mission is to provide healthcare to the most vulnerable residents of King County. Many of the individuals served have minimal support systems with limited coping mechanisms and inadequate economic resources. A significant proportion of the patient population has concurrent drug/alcohol abuse and/or history of psychiatric illness. The multidisciplinary team addresses these issues to ensure a plan that will meet their rehabilitation needs as well as continue in other levels of care. Over 95% of admissions are from Harborview's acute and critical care units. Outside referrals are also accepted.

Persons admitted to Harborview's Inpatient rehab are 15 years old or older.

Common diagnoses include but are not limited to; spinal cord injury or disease (all spinal levels of incomplete and complete injuries), traumatic brain injury (mild, moderate or severe), stroke, major multiple trauma, burn, amputation, and neurological disorders. Patients dependent on mechanical ventilation are also served on the unit for rehabilitation and/or weaning from ventilation. The admissions process takes into account all co-morbidities and their impact on the rehabilitation process. The patient population spans all socioeconomic levels, educational backgrounds, and cultures.

Persons served most often demonstrate limitations in mobility, activities of daily living, communication, cognition, swallowing, bowel, and bladder management, emotional or behavioral adjustment. Other challenges may include difficulty returning to previous family, social or community roles (e.g., school, work, volunteering). While the inpatient program may begin to address some of these participation restrictions, ongoing treatment may be indicated post discharge.

Patient Intake

For internal referrals, formal consultations from acute/critical care physicians are made to the Rehabilitation Medicine Consultation Team, which consists of an Attending Rehabilitation Medicine Physiatrist and Resident Rehab Medicine Physician. These cases are reviewed by a multidisciplinary team to determine if the patient meets admission criteria and is ready for admission to the inpatient rehabilitation unit. The final decision on readiness for admission comes from the Attending Physician. For external admissions, the Attending Physician on the Consultation team will also review the medical records to determine readiness for admission. External referrals include referrals from other acute care facilities, skilled nursing facilities, long term care hospitals, or clinic settings. Once a patient (either internal or external referral) is deemed ready for admission, the admissions coordinator works with the financial counseling and social work team to determine funding sources. Patients have a variety of funding sources, including but not limited to Medicare, Medicaid, managed Medicare and Medicaid plans, workers compensation, HMO/PPO, commercial insurance, and self-pay. If no funding is

available, patients are evaluated for Financial Assistance and assisted in completing an application for uncompensated care. The Financial Assistance team also supports providing cost estimates for individuals that would like to self pay for their rehabilitation stay. The admissions team also works with contracting to create single payor agreements with insurance companies if Harborview is not a preferred provider for a patient's insurance and their rehabilitation needs are not able to be met elsewhere.

Persons served must be medically stable at admission and of a medical acuity that allows them to participate in a minimum of three hours of therapy 5-6 days per week. They may not have medical or psychiatric conditions that impede them from participating and benefiting from an intensive rehabilitation program. Specific admission criteria further define which persons served will be accepted into the rehabilitation program based on their medical stability and acuity. In accordance with the Center for Medicare and Medicaid Services (CMS), 60% of patients admitted to Inpatient Rehabilitation must meet specific diagnostic criteria placing them in the following impairment groups: Stroke, Brain Injury, Spinal Cord, Neuro, Ortho, Amputee, Arthritis, Cardiac, Pulmonary, Pain, and Multiple Trauma. Patients with other diagnoses or impairments are still considered for admission if they meet all other eligibility criteria. Refer to ***UW Rehabilitation Medicine Admission Criteria policy.***

The admissions coordinator and the unit charge nurse discuss bed availability, patient placement, and projected admission date. All patients are formally admitted to the Acute Rehabilitation Service and a separate hospital record is maintained. Upon admission, the person served will be given a disclosure statement providing information about benefits, co-pays, and out-of-pocket fees.

Discharge planning begins on admission. Plans for disposition and expected discharge date are based on the person's rehabilitation diagnosis, other medical problems, discharge goals, and resources available. An initial discharge date is estimated within 48 hours of admission and communicated to the patient and family; this date may be changed for a variety of circumstances during the inpatient rehabilitation stay. The patient is discharged when:

1. The patient's discharge goals have been met or approximated to such a degree as deemed reasonable or realistic.
2. There is appropriate placement or disposition.
3. The patient, family, and caregivers have been instructed in how to provide necessary self-care or care to the patient.
4. Medical status change necessitates readmission to an acute/critical care unit.
5. The patient withdraws from treatment. In cases where the physician considers the person's discharge unsafe, attempts will be made to establish an acceptable alternative disposition that would be considered a safe discharge option.

Upon discharge, a discharge summary is sent to the patient's primary care provider. Refer to ***UW Rehabilitation Medicine Discharge Process policy.***

Interdisciplinary Team Services

Care is planned and delivered in a multidisciplinary approach. Disciplines assigned to the Inpatient Rehabilitation team include but are not limited to; Physiatrist Attending and Resident Physicians, Rehabilitation Nurses, Physical Therapists, Occupational Therapists, Speech Pathologists, Recreational Therapists, Dieticians, Social Workers, Respiratory Care Practitioners, Vocational Counselors, Patient Care Managers, Rehab Psychologists, and Medical Assistants.

In addition, the Rehabilitation team has access to support services and consultative services throughout the hospital which include Psychiatry, Medical services (Medicine, Neurology, Neurosurgery, Burn, Trauma, and Orthopedic teams), Pharmacy, Radiology, Lab services, Wound Care, Pain Management and Clinical Education teams.

Identification of Patient Care Needs and Care Coordination

There are three major areas of focus in the rehabilitation process: physical restoration, skill acquisition and prevention of secondary impairments. Patients' strengths, abilities, needs, support systems, and preferences in each domain are assessed and considered in care planning and disposition. The multidisciplinary team, in conjunction with the patient and family, focus on achieving the patient's goals and optimizing functional outcomes. Documentation of all assessments, interventions and plans are a part of the patient's medical record.

Patients are assigned a multidisciplinary team of health care professionals. The team meets every Monday, Wednesday, and Friday for a brief huddle which addresses coordination of care, review of discharge goals, update of medical issues, patient engagement in care and to review the day's care plan. Additionally, there are weekly multidisciplinary team conferences, which the patient/family attend as key members in the care partnership. The focus of these meetings is to update the patient and family on overall progress, review discharge goals, answer questions and lastly to provide a forum for discussion of expectations and what is needed before discharge. In person format is preferred for these meetings, but if family/caregiver is unable to attend they are offered to join via telephone for the meeting. More in-depth patient conferences may occur when the patient care needs are complex.

Patient/family education is an ongoing process throughout the length of stay. Various tools are utilized to facilitate patient/family education including written materials, group sessions, peer counseling and videos. Families and caregivers are encouraged to participate in daily care, therapies, and therapeutic community outings. Education is primarily completed in person with family/caregiver, but if family is unable to be present, education may be conveyed via telephone, video chat or recorded videos, pictures, handouts or coordinated by patient/family/caregiver preference. Feedback obtained from patient surveys and leader rounds are addressed and incorporated in care.

Rehabilitation care is planned throughout the continuum. Transition points are considered opportunities to ensure information about the patient and his/her care is communicated to caregivers at the next level of care to avoid repetition and redundancy. Care Managers communicate with clinic nurses to support planning for patients soon to be discharged with follow up care in the clinic. In addition, the care managers, therapists, and social workers coordinate with outside agencies and facilities to plan a successful discharge and transition to the next level of care for every patient. The feedback that we receive from our stakeholders along the continuum of care is implemented into our rehabilitation process to ensure quality of service delivery.

Unit Management

The Medical Director of Harborview Medical Center Inpatient Rehabilitation unit, with delegated authority by the Medical Director of the University of Washington Medical Center, provides physician oversight of the unit and of the medical staff.

The Nursing Manager and Therapy manager work closely together with the Medical Director to support all operational aspects of the rehabilitation unit. Both managers' report to the Director of Rehabilitation Services, who reports to the Chief Nursing Officer.

In addition, the management team is supported by two Assistant Nurse Managers, an Assistant Therapy manager, an Admissions Coordinator, a Pre-Admission Screener, a PPS Coordinator, representative leaders from Social Work and Psychology, and clinical specialists in the therapy disciplines. The entire leadership team works together to coordinate the provision of care to patients on the unit as well as assure that staff are competent to provide quality rehabilitation interventions.

Department Staffing

Staffing ratios, which are based on census and acuity, are reassessed each year during the budget process. Nursing staff are assigned daily caseloads based on acuity of patient needs, and the daily assignment is geared to assure that a CRRN is on duty each day and evening shift when a trauma patient is present. Staffing needs are assessed by the charge nurse every 4 hours and reported to the central staffing office. Therapist staffing is based on meeting regulatory compliance for rehabilitation admissions, with attention to providing consistent staffing for continuity of care for patients and families. Physician support is available 24 hours per day, 7 days per week by a team of Attending physicians and resident physicians. Dedicated Rehabilitation Psychologists, Social Workers, Care managers, Respiratory therapists, Dieticians, and Vocational Counselors are assigned to Harborview's Inpatient Rehabilitation Unit and staffed to meet the clinical needs of all patients on the unit.

Additional hospital services available by consultation include Prosthetics and Orthotics, Neuropsychology, Spiritual Care, Clinical Nurse Specialists (ostomy and wound care, pain, diabetes, behavioral health), and Peer Mentors. For persons who require special equipment or assistive devices not available on site (e.g., power wheelchairs, communication devices), arrangements are made with local vendors to provide.

Patients on Inpatient Rehabilitation also have access to a full scope of medical specialty, diagnostic, radiology, laboratory, and pharmacy services on site, via order or consultation request. All departments have demonstrated the capacity to provide necessary services to the Inpatient Rehab Unit, with the expectation of a 24-hour turn-around in reporting results (unless otherwise indicated/ordered by the physician). Results of critical or urgent diagnostic tests, imaging and/or lab results are typically available to view via the EHR within 1-2 hours of order. Emergency medical services are available immediately via rapid response/code teams, 24 hours a day.

All staff receive unit-specific orientation and discipline specific training related to the care of all rehabilitation patients. Staff members maintain clinical competencies by attending unit-based and hospital-based in-services, professional conferences, and literature review.

Outcome management

Harborview's rehabilitation team is dedicated to providing the best care for patients that are served. To continue to improve and seek the highest standards, the team continually reviews outcome measures and stakeholder feedback for opportunities where the program can improve. Implementing changes based on these reviews is essential to providing the highest quality of care.

CROSS REFERENCE:
Rehab Admission and Criteria Policy HMC UWMC
Rehab Discharge Process HMC UWMC

REVIEW/ REVISION DATES:
08/2017; 09/2018; 07/2019; 07/2020; 10/2021; 09/2022; 08/2023; 10/2024; 10/2025; 09/2026

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