



**Comprehensive Inpatient Rehab Services  
Scope of Service**

**Introduction:**

Peterson Health's Acute Rehabilitation Unit (ARU) supports the hospital's mission of providing exceptional, compassionate, patient-centered care. The ARU serves people in Kerr County and surrounding counties who are in need of intensive rehabilitation services after surgery or illness.

**Populations Served:**

Peterson Health's ARU treats patients with a variety of diagnoses including stroke, neurologic impairments, hip fractures, orthopedic injuries, amputation, cardiac issues, pulmonary and other disabling impairments. Traumatic and non-traumatic spinal cord injury patients with complete or incomplete level C5 or below will also be considered. The ARU accepts patients 17 years of age and over. Patients younger than 17 will be considered on a case by case basis. A pre-admission assessment is conducted on all admissions to determine whether the patient meets admission criteria and the patient is able and willing to participate in an intensive rehabilitation program (5 days per week for at least 3 hours per day). Due to co-morbidities such as cancer, the patient may need a less intensive therapy program thus a modified schedule can be offered which would include 15 hours of therapy over 6-7 days, rather than 5 days.

**Location/Setting and Hours of Operation:**

The ARU patient rooms are located in the south end of the 3rd floor of the main hospital and the therapy gym is located on the north end of the same floor. The ARU is open every day, 365 days per year. Therapy services are offered 6 days per week and on Sunday for new patients. Patients will receive physical, occupational, and speech therapy as ordered by the physician for a total of at least 3 hours per day five days per week. Therapy hours of operation are from approximately 8am to 4pm. Telecommunication options are available for families, caregivers or other stakeholders who would like to participate in family conferences or education sessions, but cannot do so in person.

**Payer Sources:**

The ARU accepts most insurance plans, Medicare, Workers' Compensation, Medicare Replacement policies and self-pay. If the patient does not have the ability to pay, they can meet with a financial counselor and make payment arrangements.

**Referral Information:**

Referrals can be initiated by physicians, case managers, discharge planners, self/family or by the patient's insurance company.

**Services Available at the ARU Include:**

- 24-hour Nursing Care
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Orthotics/Prosthetics (through referral)
- Psychology (through referral)
- Diagnostic Imaging-available 24 hours per day. Routine results will be returned the same day, urgent orders will be returned within 2 hours and stat orders will be completed within 30-60 minutes.
- Laboratory-available 24 hours per day-routine results will be returned the same day, urgent orders will be returned within 2 hours and stat orders will be completed within 30-60 minutes.
- Respiratory Therapy-available 24 hours per day
- Pharmacy Services-available 24 hours per day-stat order turnaround will be 15 minutes and routine medicine turnaround will be 30 minutes
- Nutritional Services
- Chaplain
- Telemetry
- Wound Care
- Social Services/Case Management
- Activities/wellness

**Parameters/Practice Guidelines:**

The scope and intensity of services is related to each person's unique needs. During assessment and throughout the rehab program, the goal is to enable each individual to achieve maximum functional potential through a patient-centered care model thereby making it possible for the patient to live their best quality of life.

**Age:** Patient are typically age 17 or over. Patients younger than 17 will be considered on a case by case basis.

**Activity limitations:** depending on the impairments of the person served, there may be limitations in the ability to perform functional activities such as eating, talking, grooming, toileting, bathing, dressing, walking, etc.

**Behavioral status:** patients may have behavioral issues which may or may not be associated with their diagnosis that can be addressed by the psychologist and other members of the rehab team. However, if behavioral issues continue to limit progress, alternative discharge options may be considered.



## ARU Scope of Service

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**Cultural needs:** ARU and Peterson Health are sensitive to the cultural, gender, gender identity, ethnic, religious, and personal needs of the persons served. The program gathers information on these needs from the individual and their family members prior to and upon admission. Every effort is extended to meet these needs through program modification and, if required, additional services.

**Impairments:** patients in ARU may have limitations in body function or structure such as limited strength and range of motion, bowel/bladder problems, medical co-morbidities, speech/language issues, memory/cognition issues, loss of limb or loss of vision or hearing. This issues will be considered in development of the plan of care for the person served.

**Participation restrictions:** each individual will be assessed for their participation in life, work and social activities and will be encouraged to resume these activities as they transition into life in the community.

**Psychological status:** Persons served may require assessment, monitoring and treatment in relation to family dynamics, adjustment to disability and other psychosocial factors. If appropriate, patients can be referred to the psychologist, chaplain or other counseling service after discharge.

### Medical acuity/stability:

<i>Medical Need</i>	<i>Able to Accommodate</i>	<i>Not able to Accommodate</i>
IV Antibiotics and Medication	X	
Cardiac Telemetry	X	
Peritoneal Dialysis*	X	
Telesitter	X	
Lab Draws and Transfusions	X	
Imaging (CT, MRI, X-Rays, etc.)	X	
Tracheostomies	X	
Feeding Tubes	X	
High Flow Oxygen*	X	
IV Nutrition*	X	
Specialized Wound Care	X	
Bariatric Rehab	X	
Dietary/Nutritional Care	X	
Complex Neuro/Multiple Trauma	X	
Hemodialysis		X
Drips: Heparin, etc.		X

\*May require additional review by Medical Director

**Intended discharge/transition environment:** Patient/caregiver input will be considered for discharge planning. Safe patient discharge planning begins at admission.

**Admission Criteria:**

All patients must be evaluated prior to admission and must meet the specific admission criteria listed below to be approved for admission. The criteria are uniformly applied to all patients, regardless of payer source.

Patients must:

1. Demonstrate the need for close medical supervision by physiatrist or other physician qualified by training and experience in rehabilitation.
2. Require the 24-hour availability and involvement of nurses skilled in rehabilitation.
3. Require the intensity of an inpatient rehabilitation program, generally defined by the ability to endure and receive a minimum of three hours/day of combined, appropriate therapy for five to seven days/week.
4. Require the involvement of an interdisciplinary team (physical therapy, occupational therapy, speech therapy, and orthotics/prosthetics) in the delivery of care.
5. Demonstrate the cognitive skills to be able to benefit from instruction and training/retraining of functional skills.
6. Demonstrate medical stability to be able to participate in an intensive rehabilitation program.

**Continued Stay Criteria:**

For continued stay in the ARU the patient must:

1. Exhibit the ability to make improvements/functional gains during their stay.
2. Be able and willing to participate in the program.
3. Demonstrate ongoing progress toward appropriate functional goals and objectives established by the interdisciplinary team, in conjunction with the patient/family/caregiver. Goals will be focused on the patient achieving the highest level of function possible.

4. Demonstrate the ability to benefit from intense therapy treatment of at least three hours/day for five to seven days per week.

**Discharge/Transition Criteria:**

A patient will be discharged from the ARU when:

1. The patient's goals have been met and the patient is ready to transition to the next level of care.
2. The patient's progress plateaus and no functional improvement is noted by the rehab team.
3. The patient is unable to tolerate or participate in the three hours of therapy per day required by the program.
4. The patient becomes medically unstable and requires a different level of care.
5. Patient is non-compliant with the program despite coaching, counseling and education.