INTEGRIS HEALTH

Jim Thorpe Rehabilitation

Scope of Services

POPULATION SERVED

INTEGRIS Health Jim Thorpe Rehabilitation is a comprehensive inpatient rehabilitation program serving patients 18 years and older and providing care to eligible patients of all cultures. We serve patients with rehabilitation diagnoses for a variety of medical, physical and functional needs. Medical conditions and diagnoses of the program include:

- Stroke
- Brain injury
- Spinal cord injury
- Amputation
- Orthopedic
- Multiple trauma
- Cardiac
- Pulmonary
- Myopathy
- Neurological disorders
  - Multiple sclerosis
  - Muscular dystrophy
  - Parkinson's disease

SETTING AND TIMES OF SERVICE

Services in the rehabilitation setting and nursing services are provided 24 hours a day. Therapy services are offered daily from 7:30 a.m. to 5 p.m. Comprehensive inpatient services, including diagnostic case management/social work, orthotics/prosthetics, dietary, wound care, imaging, respiratory, laboratory, pharmacy, consult services, chaplaincy, dialysis and other traditional services are provided.

REFERRAL SOURCES AND PAYERS

Referrals are made from local and regional health care facilities through internal and external medical centers. Referrals are captured through Careport/Wellsky, EPIC and electronic faxes. Referrals are reviewed through the standard admitting procedures of INTEGRIS Health Jim Thorpe. INTEGRIS Health Jim Thorpe accepts Medicare, Medicare HMO, Medicaid, workers' comp, Indian Health, self-insured and contracted commercial insurance plans, but admission is non-discriminatory to payer source. Fees are based on payer agreements and federal regulations. INTEGRIS Health Jim Thorpe caregivers assess patients' cultural and behavioral needs on admission. Physicians with staff privileges may follow their patients through the rehabilitation program or refer them to the INTEGRIS Health Jim Thorpe medical director for overall management. Physicians who follow their patients through the program agree to the program's general medical management plan.

SERVICES AND FREQUENCY

Pre-admission screening is performed to assess the best placement within the continuum of care. INTEGRIS Health Jim Thorpe provides the clinical staff, including, but not limited to, physicians, nurses, therapists, social workers and case managers. They assess the patient's impairments, activity limitations and participation restrictions, and evaluate the potential for improvement, preparing an individualized treatment plan and plan of care. Nursing and medical services are provided daily. Patients receive three hours of therapy at a minimum of five days a week.

Therapy disciplines include physical therapy, occupational therapy and speech language pathology. Behavioral and psychological factors are considered in determining the most appropriate rehabilitation unit placement. The person served gives input into the goal-setting process. The intended discharge environment is identified early in the rehabilitation process to allow for appropriate and timely recommendations to be made by the treatment team and to facilitate planning for the patient and family.

In addition to quality medical, psychological and social services, the patient and family have a variety of educational opportunities, which are designed to improve the understanding of the existing illness or disability. Family conferences are scheduled as needed to bring the patient, his/her family and the treatment team together to discuss concerns and problems facing them. These sessions are designed to encourage and assist patients and families in thinking about the future and taking the steps necessary to achieve desired outcomes.

When appropriate, the patient and his/her caregivers will be able to practice what they learn by taking scheduled therapeutic passes. The passes are planned by the treatment team and approved by the attending physician to assist the patient and family to adjust to physical disability in a positive way. Home, job and school assessments are also planned as necessary to make recommendations to the patient, family, employer and school for modifications to the environment to minimize participation restrictions.

Follow-up contact of a representative sample of patients is made at three months post-discharge. Information gathered from the follow-up sampling is used to evaluate the durability of outcomes and program efficiency.

ADMISSION AND CONTINUED STAY CRITERIA

The patient must:

- Be medically stable.
- Be able to tolerate an intensive rehabilitation therapy program consisting of three hours of therapy per day at least five days per week or consist of at least 15 hours of intensive rehabilitation therapy within a seven-day consecutive period, beginning the date of admission.
- Require two or more therapies, one of which will be physical or occupational therapy, as well as a coordinated interdisciplinary approach to rehabilitation.
- Have experienced a functional decline.
- Have potential for improvement.
- Be cooperative with the treatment plan.
- Require supervision by a rehabilitation physician to assess the patient both medically and functionally.

Nursing care must be provided seven days a week.

PROGRAM RESTRICTIONS

- Ventilator dependency
- Persons under the age of 18
- Patient is non-responsive or unable to follow commands
- Severe dementia
- Combative behavior is not corrected through behavior management or modification
- Physician assesses spinal cord injuries at C4 or higher on a case-by-case basis.
- Unstable labs
- Certain airborne precautions for respiratory conditions, such as tuberculosis

SCOPE OF SERVICES: STROKE PROGRAM

Stroke patients will fall under the standard scope of service and include evaluations related to the diagnosis and treatment of stroke including, but not limited to, evaluations of sensorimotor performance and functional abilities, evaluation of swallowing and communication disorders. Services are provided for patients who have experienced an ischemic stroke, hemorrhagic stroke or transient ischemic attack. Other treatments include, but are not limited to, stroke prophylaxis, education and training, ambulation and gait training, exercise and joint mobilization, stroke education, feeding and self-care training, transfer training, family training, assessment for equipment needs,

language, swallowing and other speech therapies, blood pressure management and neurodevelopmental therapies. INTEGRIS Health Jim Thorpe is equipped with specialized equipment including a Lokomat, Bioness, Bioness Integrated Therapy System, Galileo Vibration system and LiteGait. Speech language services include VitalStim or AmpCare. Aquatics therapy, driving safety services and a mobility center are available.

SCOPE OF SERVICES: SPINAL CORD INJURY PROGRAM

Spinal cord injury patients will fall under the standard scope of service and include evaluations related to the diagnosis and treatment of spinal cord injuries including, but not limited to, evaluations of performance and functional abilities. This includes individuals with spinal dysfunction due to traumatic injury, a non-traumatic disease or surgery. All levels of traumatic and non-traumatic incomplete spinal cord injury are accepted. The physician assesses spinal cord complete injuries at C4 or higher on a case-by-case basis. Ventilator-dependent patients are not accepted into the program. Additional patient populations, including those with multiple sclerosis, Guillain-Barré syndrome, transverse myelitis or motor neuron disease may also be considered for admission. We provide 24-hour rehabilitation nursing, rehabilitation physician coverage, evidence-based therapies, family training, education and support to address each patient's needs, including bladder, bowel, respiratory function, mobility, skin integrity, nutrition, cognition, emotional, behavioral or sexual concerns and other issues/co-morbidities. This comprehensive approach to SCI rehabilitation provides a strong continuum of care post-discharge.

SCOPE OF SERVICES: BRAIN INJURY PROGRAM

Individuals may be admitted to the brain injury program with an acquired BI, including, but not limited to, traumatic, non-traumatic or anoxic BI, brain tumor or aneurysm. They must also be assessed at Level V or higher on the standardized Ranchos Scale of cognitive functioning to be considered for admission. Traumatic brain injuries may result from motor vehicle crashes, sports, recreational activities and falls. Non-traumatic brain injuries may result from tumors, cervical stenosis with myelopathy or surgical interventions. Patients in a coma or persistent vegetative state who do not demonstrate a purposeful response to their surroundings are not appropriate candidates for admission. Inpatient rehabilitation focuses on restoring the individual's strengths, skills and functional independence. Our program provides comprehensive post-acute community re-entry services, helping prepare persons with acquired brain injury to return to independent living and productive activity at home and/or in the community.