

Courage Kenny Rehabilitation Institute (CKRI):
Scope of Services for the
Brain Injury Integrated Rehabilitation Program (BII)

Reference #:

Programs/Locations

Courage Kenny Rehabilitation Institute (CKRI) operates a Brain Injury Integrated Rehabilitation Program (BII) at two metro locations:

1. Abbott Northwestern Hospital (ANW): CKRI operates an inpatient rehabilitation unit on the second floor of the Sister Kenny Pavilion building, 800 E. 28th St., Minneapolis, MN 55407.
2. United (UTD): CKRI operates an inpatient rehabilitation unit on the 8th floor of the United Medical Center Building, with therapies provided on both the 8th and the 1st floor. United Hospital is located at 333 North Smith Avenue, St. Paul, MN 55102

Purpose/Goals

The program provides medical and rehabilitation care through highly skilled and qualified personnel, with the patient and family being the primary team members. Rehabilitation physician and nursing services are provided 24 hours per day, seven days a week. Skilled therapies are provided by an interdisciplinary team to all patients Monday through Saturday and Sundays as needed. Therapy schedules run from 7:30 AM -5:00 PM at both locations. All patients are scheduled to receive a minimum of three hours of therapy, five to six days per week.

The teams are directed by physiatrists who are physicians specializing in rehabilitation medicine. The overall goal of the program is to address impairments, minimize activity limitations, decrease participation restrictions, and maximize functional independence, thus helping patients achieve successful home, family, community, work, and school re-integration through an interdisciplinary rehabilitation team approach.

The focus of the program is to identify each participant's home and community needs and simulate or integrate the patient into these activities. The program strives to facilitate discharge to an environment that allows the highest level of independent functioning possible (for example, home and community); however, it may occasionally be necessary to refer to other discharge settings that provide more appropriate levels of cuing and supervision (for example, assisted living or extended care living options). These decisions are based on the current or projected needs of each individual at discharge.

Rehabilitation Management

President of CKRI, Director of Programs and Services/Nursing, Director of Therapies and Manager of Programs and Services collectively share oversight for the programs and the overall operations of the Inpatient Rehabilitation units at both ANW and UTD. Each therapy department is managed by a Rehab Therapy Manager. A Patient Care Manager

is responsible for the nursing staff and unit at each site. The Patient Care and Therapy Managers are responsible for daily operations, staffing, and interdisciplinary coordination and collaboration. Each program is run by a Program Committee (PC) that is physician led and co-chaired by a clinical team member. This committee is responsible for review, analysis and action planning to program-specific outcomes information, review and writing of necessary policies and procedures, performance improvement, program development, etc.

Persons Served

Referrals are accepted from physicians and other providers (for example, physician assistants and nurse practitioners), social workers, case managers, care coordinators, and discharge planners.

CKRI provides services to patients who suffer activity and/or participation limitations due to the following CMS defined impairment groups: Stroke, Brain Injury, Spinal Cord, Neuro, Ortho, Amputee, Arthritis, Cardiac, Pulmonary, Pain, Multiple Trauma, etc. The number served per year is in accordance with the CMS 60% rule. Patients of other impairment types may be served on the inpatient rehabilitation unit in accordance with the 60% rule and at the discretion of the consulting physician. Patients must be medically stable at admission and of the medical acuity that allows them to participate and benefit from three hours of therapy, five to six days per week.

Patients must not have co-morbid medical or psychiatric conditions that impede them from participating and benefiting from an intensive rehabilitation program. Specific admission criteria further define which patients will be accepted into the rehabilitation program based on their medical stability and acuity. The program accepts patients from the age of 15. On a case by case basis, patients under age 15 may be considered.

The Brain Injury Integrated Rehabilitation Program accepts patients who have either Traumatic or Non-Traumatic Brain Injuries. The patient must be at a Rancho Level of equal to or greater than Level IV.

Patients served in the program most often demonstrate limitations in mobility and activities of daily living; however, some patients may have difficulties with bowel/bladder continence, communication, cognition or swallowing. Patients may have participation restrictions making it difficult for them to return to their previous family, community, or social roles. Examples of participation restrictions might include difficulty becoming or maintaining employment, difficulty participating in community activities, difficulty driving, or difficulty parenting a small child, to name just a few. Additionally, patients may have unique emotional or behavioral needs that need to be addressed during the rehabilitation stay.

Available Services

The following services are provided directly by the BI I at CKRI:

- Physiatry
- Rehabilitation Nursing
- Psychology/Neuropsychology
- Care Coordination
- Social Work
- Physical Therapy

- Occupational Therapy
- Speech Therapy
- Recreational Therapy

Additional services are directly available and will be arranged for as needed, including:

- Dietary
- Respiratory Therapy
- Chaplaincy
- Aquatics Therapy
- Community Reentry
- Vocational Reentry
- School Reentry
- Balance and Vestibular Therapy
- Behavioral Management
- Pharmacy
- Wheelchair/Seating Evaluations
- Other services, as needed and available

Most all CKRI inpatients receive care from other physician specialists including hospitalists, referring physicians/surgeons, and consultants in other areas. Referrals for other services not directly provided, will be arranged as needed and may include:

- Orthotics/Prosthetics
- Ophthalmology/Neuro-ophthalmology
- Audiology
- Chemical Use/ Abuse/Dependency Counseling
- Psychiatry
- Urology
- Other services, as needed

For persons who require special equipment or assistive devices, such as wheelchairs, walkers, canes, reachers, etc, the program provides opportunities for individuals to discuss and try different in-house equipment and devices and/or will make arrangements with a local vendor to experience additional options. Assistance is provided to secure equipment as needed.

The Brain Injury Integrated Rehabilitation Program addresses aging with a disability as it affects the impairments, activity limitations, and participation restrictions of each person served with a brain injury. Team members focus on prevention of potential risks and complications due to utilization, time, aging and any other variables (e.g. cardio-vascular health, nutrition, weight management, diabetes prevention, skin care, cognitive stimulation, etc.). Ongoing instruction and discharge recommendations are geared towards ensuring the safety of each person served in the environments in which they participate.

The program provides education and training to patients and families/caregivers specific to each individual's impairments, activity limitations and participation restrictions. The BII program is further committed to providing education, outreach, and training to related professional associations and to the local community and general public. The CKRI Research Center is available as a support to the program and has been active in national

presentations, rehabilitation publications, and development of rehabilitation innovations that will benefit the rehabilitation industry for years to come.

Referral to outpatient single and multi-disciplinary services and/or vocational services is made on an as-needed basis by all programs. For patients who are post-secondary students, the program engages with the school district in which the student was enrolled to facilitate a smooth reintegration into the academic environment. The program interacts with the school and arranges for tutoring services, as appropriate. The team submits recommendations to the school to inform the Individualized Education Plan. The BII program serves as a resource to school personnel regarding the unique physical or learning needs of the school-aged patient and seeks to educate school personnel on the challenges faced by individuals served with brain injury.

Abbott Northwestern and United Hospitals have the full scope of medical, diagnostic, laboratory and pharmacy services available on site. A comprehensive listing of these services is available at the following web locations: www.abbottnorthwestern.com or www.allina.com/ahs/united.nsf/. At both hospitals all departments have demonstrated the capacity to provide the necessary services to the inpatient rehabilitation facility with the expectation of a 24 hour turn-around in response to orders and reports unless otherwise indicated/ordered by the physician. Emergency medical services are available immediately on-site but are subject to a triage process per policy. At both ANW and United, on a 24/7 basis 365 days a year, physicians by hospital policy, respond to emergencies anywhere in the hospital by means of Rapid Response teams, code teams, radiology services, emergency departments, lab services, pharmacy services, etc. Other non-critical medical services will be arranged for within 24 hours, as possible. Critical diagnostic tests, imaging and/or lab results will be reported to the responsible licensed caregiver as soon as possible or within one hour of results being available.

Rehabilitation Team

The rehabilitation teams of each program consist of the following disciplines:

- The Physiatrist is a medical doctor (MD) who specializes in rehabilitation medicine. The Physiatrist evaluates and addresses medical and rehabilitation needs. This individual provides or arranges for and coordinates the medical care of each patient and directs the rehabilitation team. At ANW, the Physiatrist works with a Nurse Practitioner who also provides care to the inpatient rehabilitation patient. A Physiatrist is available 24 hours per day, 7 days per week.
- The Clinical Psychologist evaluates and addresses psychological, cognitive, emotional, and behavioral functioning. This individual also works with the physiatrist to monitor patient response to medication protocols. Psychologists often address questions and concerns related to sexual adjustment deferring physical concerns to the physiatrist or other specialist as appropriate. Additionally, the Psychologist works closely with the treatment team to assist with recommendations related to behavioral management, independence, return to work, etc. CKRI Psychologists have extensive training in Health Psychology and Neuropsychology.
- Rehabilitation Nursing is provided on a 24/7 basis. The Rehabilitation Nurse implements the nursing plan of care which relates to medical management, ensuring the safety of the person served through implementation of ordered safety

precautions and integration of therapeutic goals into the care process for the purpose of carry over.

- Care Coordinators coordinate care by guiding patients through the various services, specialties, and resources involved in rehabilitation care. The Care Coordinator supports CKRI's goals as they relate to referral development, admitting, discharge planning, patient care, and financial management. This integral position is designed to decrease fragmentation of care, enhance patient access, and ensure a smooth transition from one unit in the continuum of care to the next. Care Coordinators support the clinical and educational needs of the patient. They are responsible for communicating with internal and external referral sources, payers, and others who either are or will be involved in the care of the patient. They manage resources considering the long-term needs of the individual served, provide information and education about the hiring and management of personal care assistants (with other team members), when needed, and coordinate discharge/transition to outpatient program(s) and follow up for the persons served.
- Social Workers assess and address psychosocial needs, needs for counseling (chemical dependency, family/support system, etc.) provides support to patients and families relative to coping with new challenges; provides advocacy and support resources as well as resources for independent living and community integration. Social Workers meet with families, provide tours, and provide information about the program and services available in the Rehabilitation Programs at CKRI. The Social Workers communicate with payers and referral sources as needed and assist with securing funding and resources for the patients. The Social Workers also address any cultural, financial, psychosocial needs/issues, etc. and assist with discharge planning. Counseling and support services to the patient/family support system is available by our Social Workers or Psychologists on an as needed basis.
- Physical Therapists evaluate and address physical impairments and activity limitations due to mobility. Physical Therapists work on improving strength, balance, and endurance. Physical Therapists also make appropriate durable equipment recommendations, environmental modifications, seating systems, orthotics/prosthetics, etc. to facilitate improved independence with mobility.
- Occupational Therapists evaluate and address impairments in the areas of upper extremity or fine motor performance and any activity limitations caused by these impairments. Occupational Therapists assess each patient's ability to complete basic Activities of Daily Living (ADLs), visual-motor functioning and cognitive functioning and address any adverse interference with participation in family roles, community involvement, return to work, driving, etc. Occupational Therapists may make recommendations about vocational re-entry or need for vocational rehabilitation services as well as recommendations regarding driving, assistive devices, environmental modifications, environmental controls, etc.
- Speech/Language Pathologists evaluate and treat impairments/ disorders of swallow function, motor speech ability, communication, and cognition.

- A Certified Recreational Therapist works to restore ones ability to participate in prior recreational and leisure pursuits and/or introduce to new activities; conducts community integration activities; addresses emergency preparedness, and generalizes therapeutic skills to recreational activities.
- Person Served--CKRI believes that the person (patient/client) served is the most important member of any treatment team. From preadmission, to admission, to goal setting, to therapy involvement to discharge planning, the patient's individual preferences and goals are considered.
- Others--In addition to providing comprehensive medical rehabilitative support, we believe that success is best achieved through networking and involving the patient's support systems including family members, care givers, employers, academic institutions, service organizations, payers, external case managers and other community agencies. We encourage these individuals to participate as part of our team and welcome them to attend weekly staffings either in person or via teleconference as approved by the person served.

Services available to the family/support systems

- Supportive counseling for coping and adjustment to the changes and disabilities of a family member is available with the Social Worker and/or Psychologist as needed.
- Family/Support system conferences are held as requested by the family/caregiver and or staff as needed.
- Family/Support system training is completed by nurses and therapists during 1:1 sessions.
- The team serves as a resource to family for any educational, informational or training needs as they relate to the rehabilitation needs of their family members.
- Resources for local lodging and transportation options are provided.
- Information regarding local and regional resources for civil rights and advocacy is available in patient manuals, on the CKRI website, and upon request from the Social Worker.
- The program seeks to keep patients, families and significant others informed of local and regional support groups, advocacy agencies, and community resources. Assistance is provided to access these resources as needed.

Educational opportunities are available to patients and their families throughout the rehabilitation stay. Families and caregivers are encouraged to participate in therapies and in the daily cares of the person served, as appropriate.

Non-Discrimination Policy

The Rehabilitation Programs at CKRI do not discriminate against individuals of varying age, disability, race/ethnicity, religion, gender, or sexual preference and strive to understand and be sensitive to these characteristics and to patient-specific preferences.

Funding Sources

CKRI accepts various funding sources, including but not limited to, Private Insurance, Worker's Compensation, Self-Pay, HMO/PPO, Medicare, In-state Medicaid, Out-of-State Medicaid, and CHAMPUS. CKRI also accepts patients with no funding but will assist with applications for uncompensated care as available for individuals who are uninsured and cannot afford to pay. Upon admission, the patient will be given an individualized disclosure statement providing information about co-pays and maximum out-of-pocket fees.

Related Regulations and Laws:

CARF: The Rehabilitation Accreditation Commission Standards

Document Owner:

Manager of Quality and Reimbursement

Document Developers:

Senior Leadership (CKRI)

CKRI Quality and Reimbursement

Performance Leadership

CIIRP, SSP, SCSC, and BII PC leaders

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