

Patient Admission to an Inpatient Rehabilitation Facility (IRF)

General Considerations

- Patient will benefit from or requires close medical supervision by a physician and a registered nurse with specialized training and experience in rehabilitation (24 hour availability).
- Patient can benefit from intensive therapy including PT/OT/SLP and can tolerate, or will tolerate in a short period of time, at least three hours of therapy(ies) per day.
- The program is required to provide a interdisciplinary team approach to care, including physicians, therapists, rehabilitation nurse, case management and/or psychologist.
- The program must provide documented evidence of a coordinated program of care. Team conferences at least every 2 weeks.
- Rehab care team must conclude that significant practical improvement can be expected in a reasonable amount of time.
- Patient/rehab care team must set realistic goals generally related to self care and independence in the activities of daily living.

Documentation

- Admission H & P
- Therapy Reports
 - ✓ PT
 - ✓ OT
 - ✓ SLP
- Brief discharge summary
- Discharge medication list including stop dates when applicable

Additional Considerations

- Patient/family are motivated to pursue rehabilitation
- Social support system exists following discharge from IRF (i.e., home care, transportation, etc.)
- Place of residence following discharge is (or can be made) accessible to accommodate patient

IRF Admission Process

- IRF liaison nurse conducts a pre-admission screening interviewing patient, family and caregivers along with a thorough records review
- Liaison presents findings to attending rehabilitation physician(s)
- Rehabilitation physician determines admission viability from a medical perspective
- IRF support team determines admission viability relative to discharge plan and financial considerations
- Liaison informs referring facility/patient/family of admission review outcome
- PMR Consults
 - ✓ PMR physicians are available for patient consults to referring facilities

Payment for Services

- The IRF provides the payer with the results of the pre-admission screening and requests admission certification for payment from Medicare, Medicaid, and commercial insurers.
- Payers grant payment authorization to the IRF and determine the number of days they will fund for each patient thus establishing the authorized length of stay.
- For those patients who are not insured, most IRFs have a contingency for charity care. The patient may qualify for charity care depending on the patient's financial need and the facility's policy.

Referring Facility Medical Considerations

- BP stable on oral meds (no IV anti-HTN for last 24 hours)
 - ✓ SBP less than 180
 - ✓ DBP less than 100
 - ✓ HR stable & controlled, 50-100 bpm (on oral medication)
 - ✓ If permanent pacemaker, interrogated within last 90 days
- Oxygen need determined and stable
 - ✓ Sat 91% or >
 - ✓ Flow rate 3L/min nasal cannula or less than 40% w/trach collar
- Fevers/infections: explained/plan developed and implemented
 - ✓ If temperature >38 degrees:
 - Urinalysis w/C&S
 - HPD w/Diff
 - CXR
- If patient received Ab therapy and is symptomatic:
 - ✓ C diff. toxin x 3
- Wound culture w/C&S if applicable
- Central, PICC or mid-line cultures if applicable
- Peripheral blood cultures if fevers unexplained by above
- If infection:
 - ✓ Appropriate Ab therapy initiated
 - ✓ Duration of Ab treatment established
 - ✓ Convert IV to PO if possible
 - ✓ PICC established as indicated
- DVT
 - ✓ Risk assessed (screen)
 - ✓ Prophylaxis instituted where indicated:
 - Early mobilization
 - Lovenox, warfarin
 - Pneumatic/sequential compression
 - Plexipulse
- Nutritional needs established
 - ✓ Swallowing study as indicated
 - ✓ PEG as indicated
- Precautions
 - ✓ Dropping H/H
 - ✓ Unexplained rising WBC, BUN, Creatinine, Fever
- Physical limitations determined and documented
 - ✓ Weight bearing status
 - ✓ Spine precautions
 - ✓ Cardiac precautions
 - ✓ Pulmonary precautions
- Pain
 - ✓ Adequate control
 - ✓ No IV meds for at least 24 hours
- Insulin
 - ✓ Total daily insulin need delineated for at least 24 hours
 - ✓ No IV insulin needs
- Wounds
 - ✓ Care instructions determined and available
- Anemia
 - ✓ Addressed and treated

Howard A. Rusk Rehabilitation Center

A joint venture of HEALTHSOUTH and The University of Missouri-Columbia

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**To make a referral, please call:
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