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Stakeholders: Case Management, Medical Staff, Nursing, Inpatient Therapy  
File: Provision of Care

Pursuant to WAC 246-320-141(6)-(8), if St. Luke's makes changes or additions to this policy, St. Luke's must submit a copy of the changed or added policy to the Washington Department of Health within thirty days after the hospital approves the changes or additions. St. Luke's must submit the updated policy to the following email address: [HospitalPolicies@doh.wa.gov](mailto:HospitalPolicies@doh.wa.gov). See DOH Website, <https://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalPolicies>. Any updated policies must also be posted on St. Luke's website. See <https://www.st-lukes.org/Patients-and-Visitors/Hospital-Policies/Hospital-Policies---Notices/>. Please submit the updated policy to INHS's Marketing and Communication Department.

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### **GENERAL ADMISSION CRITERIA INPATIENT REHABILITATION PROGRAMS**

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#### **POLICY:**

Acute Inpatient Medical Rehabilitation at St. Luke's Rehabilitation is designed to provide an intensive rehabilitation therapy program in a resource intensive inpatient hospital setting for our patients who, due to medical management, rehabilitation nursing and rehabilitation needs, require and can reasonably be expected to benefit from an inpatient stay and an interdisciplinary team approach to care for the delivery of rehabilitation.

Acute Inpatient Medical Rehabilitation is not to be used as an alternative to completion of the full course of treatment from the referring hospital. A patient who has not yet completed the full course of treatment from the referring hospital is expected to remain in the referring hospital, with appropriate therapy / rehabilitative treatment provided, until such time as the patient has completed the course of treatment.

Patients will require ongoing medical management and must be able to participate in and benefit from the intensive rehabilitation therapy program provided at St. Luke's Rehabilitation Institute prior to transfer to the acute inpatient rehabilitation setting.

Patients who are still completing their course of medical treatment while in the acute care setting and who therefore, are not able to participate in and benefit from the intensive acute medical rehabilitation therapy services provided will not be considered reasonable and necessary for this level of care at St. Luke's Rehabilitation Institute.

Conversely, this level of care is not appropriate for patients who have completed their full course of medical management and treatment from the referring hospital, and do not require intensive rehabilitation. Alternative settings are available to these patients in a less-intensive setting.

The following diagnoses are deemed priority for eligibility for admission within the above parameters but the patient must still meet all the requirements of medically reasonable and necessary to qualify for an acute inpatient medical rehabilitation stay:

1. Stroke
2. Spinal Cord Injury
3. Congenital deformity
4. Amputation
5. Major multiple trauma (DRG 484, 485, 486 and 487, all of which deal with multiple significant trauma - must be documented at the Acute Care Hospital level)
6. Fracture of femur (hip fracture)
7. Brain Injury
8. Neurological disorders, including but not limited to, multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson's disease.
9. Burns
10. Active, polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies
  - a. Resulting in significant functional impairment of ambulation and other activities of daily living and no improvement after an appropriate aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or
  - b. Recent systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.
11. Severe or advanced osteoarthritis (osteoarthritis or degenerative joint disease)
  - a. Involving two or more major weight bearing joints (elbow, shoulders, hips, or knees, but not counting a joint with a prosthesis) with joint deformity and
  - b. Substantial loss of range of motion, atrophy of muscles surrounding the joint
  - c. Significant functional impairment of ambulation and other activities of daily living that have not improved after the patient has participated in an appropriate aggressive and sustained course of:
    - i. outpatient therapy service or
    - ii. services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission but has the potential to improve with more intensive rehabilitation. (A joint replaced by prosthesis is considered no longer to have osteoarthritis, or other arthritis, even though this condition was the reason for the joint replacement.)
12. Knee or hip joint replacement, or both, during an acute hospitalization immediately preceding the inpatient rehabilitation stay and also meet one or more of the following specific criteria:
  - a. The patient underwent bilateral knee or bilateral hip joint replacement during the acute hospital admission immediately preceding the IRF admission
  - b. The patient is extremely obese with a Body Mass Index of at 50 at the time of admission to the IRF.
  - c. The patient is age 85 or older at the time of admission to the IRF.
13. All other diagnoses will be considered on a case by case basis and demonstrate the need for medically reasonable and necessary inpatient rehabilitation care.

Acute Inpatient Medical Rehabilitation candidates will be considered reasonable and necessary if the patient meets the following criteria:

1. The patient must require physician supervision by a rehabilitation physician, defined as a licensed physician with specialized training and experience in acute medical rehabilitation.
  - a. The patient will require face-to-face visits from the physician at least 3 days per week throughout the patient's stay.
  - b. The patient will need both the medical and functional aspects of rehabilitation medical management to treat and modify the course of treatment as necessary to optimize the care of the patient.
2. The patient requires the services of 24 hour rehabilitation nursing.

3. The patient must require active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics / orthotics), one of which must be physical or occupational therapy.
4. The patient must generally require an intensive rehabilitation therapy program. This intensive rehabilitation therapy program generally consists of at least 3 hours of therapy per day at least 5 days per week. In certain well documented cases, this intensive rehabilitation therapy program might instead consist of at least 15 hours of intensive rehabilitation therapy within a 7 consecutive day period. The External Case Manager will note this on the preadmission screen. This will continue to be addressed throughout the stay via the team conference and / or physician's treatment plan.
5. The patient must be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program at the time of admission to St. Luke's.
  - a. Patient's condition and functional status are such that the patient can reasonably be expected to make measurable improvement (that will be of practical value to improve the patient's functional capacity or adaptation to impairments) as a result of the rehabilitation program and made within a prescribed period of time.
6. The patient will require an intensive and coordinated interdisciplinary approach to providing rehabilitation.

Candidates will show evidence of the need for an interdisciplinary rehabilitation program that relates to specific goals which may include training for self-feeding, dressing, mobility, hygiene, bowel and bladder management, etc.

#### Criteria for Admission:

The criteria define contraindications to admission, questionable admissions and special preparations required for patients to be admitted.

1. The patient must meet the above definitions medically reasonable and necessary on admission and demonstrate evidence that the patient or identified caregiver is able and/or willing to participate in an intensive rehabilitation program, be trained in care needs as necessary, or require short-term assessment for this determination.
2. An appropriate documented anticipated discharge disposition must be identified prior to admission, including the type (s) of anticipated post-acute discharge services. This may include care in the home, community and in some cases, a skilled nursing facility. The patient must meet the criteria for an inpatient admission but may still require additional services in a less-intensive setting with potential to return to home or community at a later time.
3. Contraindications to admission are the following:
  - a. Medical treatment which may interfere with the rehabilitation program.
  - b. IV push medications that require cardiac monitoring for any length of time.
  - c. Any patient exhibiting hemodynamic and / or respiratory instability requiring IV medication management and / or advanced monitoring.
  - d. Any patient that is on complete bed rest or is completely dependent for all activities for daily living without the potential for improvement or mobilization.
  - e. Any patient that is in a vegetative state with questionable rehabilitation potential.
4. The following will require psychiatry review and communication between the physician and External Case Manager prior to admission:
  - a. A fever greater than 100.8 orally in the last 24 hours prior to anticipated admission
  - b. Unstable blood pressure and / or pulse that requires the above advanced monitoring and / or medication management.
  - c. Presence of a deep venous thrombosis or pulmonary embolus with acute treatment in progress.
  - d. Supplemental oxygen requiring greater than 5 liters (non-rebreather).
  - e. Increasing purulent or bloody drainage of a postoperative wound.
  - f. Significant changes from baseline and / or abnormal findings that may lead to hemodynamic and /or respiratory instability.
  - g. Questionable or unstable orthopedic conditions or unstable fractures, or questionable stability of orthotic devices (i.e. halo, external fixators, etc.)

- h. Work up completed with identified medical conditions without clear medical management of plan documented by the acute care physician.
  - i. Behavioral and / or mental health issues interfering with the rehabilitation potential (including refusal to participate in the current setting, disruptive and / or uncontrolled aggression).
  - j. Moderate to severe dementia and unable to participate in rehabilitation program or with no support systems to assist in incorporation of the rehabilitation program after discharge from the rehabilitation facility.
  - k. Complex care needs that may require greater than 24 hours to establish needed equipment / management of the patient i.e. LVAD, ventilator dependency.
  - l. Pending surgical interventions.
5. The following conditions require administrative and / or medical director approval prior to admission, including but not limited to:
- a. Requirement for chemotherapy or radiation therapy.
  - b. Pediatric cases under the age of two.
6. External Case Manager will set up an interpreter for the first 2 days following admission and then notify the receiving Internal Case Manager of pending admissions of non-English speaking patients so follow up interpreter services can be made available.
7. External Case Managers will notify the receiving Internal Case Manager of pending admission of patients receiving hemodialysis / peritoneal dialysis. The External Case Manager will work in conjunction with the acute care social worker / case manager to coordinate the initial dialysis appointments and then ongoing treatments for care will be coordinated by the Internal Case Manager in conjunction with the respective nursing personnel.

**PROCEDURE:**

Preadmission screening and / or case reviews will be completed on all rehabilitation candidates prior to admission. The Preadmission Screen will be completed within 48 hours immediately preceding the admission and sent to the physician for review and approval / non-approval for the Acute Inpatient Medical Rehabilitation level of care.

A preadmission screen that includes all the required elements, but that has been completed more than 48 hours immediately preceding the inpatient rehabilitation admission, will be accepted as long as an update is conducted in person or by telephone to document the patient's current medical and functional status within 48 hours immediately preceding the inpatient rehabilitation in the patient's medical record at the rehab institute.

The preadmission screening document completed by the External Case Manager and maintained in the patient's medical record serves as the primary documentation by St. Luke's Rehabilitation Institute clinical staff of the patient's status prior to admission and of the specific reasons that led to the conclusion that this stay will be medically reasonable and necessary.

A preadmission screening by the External Case Manager will indicate the patient's prior level of function, expected level of improvement, and the expected length of time necessary to achieve that level of improvement. The preadmission screen will also include an evaluation of the patient's risk for clinical complications, the conditions that caused the need for an acute inpatient medical rehabilitation stay, the treatments needed (i.e. physical therapy, occupational therapy, speech – language pathology, or prosthetics / orthotics), expected frequency and duration of treatment in the rehab setting, anticipated discharge destination, any anticipated post-discharge treatments, and other information relevant to the care needs of the patient. (See "Patient Admission Assessment – Collection and Dissemination prior to Admission" for further details.)

If the patient is being transferred from an out-of-town referring hospital, the preadmission screening may be done in person or through a review of the patient's medical records from the out-of-town facility (either hard copy or electronically), as long as those medical records contain the necessary assessments to

make a reasonable determination. Review of the records (hard copy or electronically) must be completed by the External Case Manager and the physiatrist authorizing the inpatient rehabilitation stay.

The External Case Manager will forward the Preadmission Screening document to the physiatrist prior to admission. The physiatrist must document that he or she has reviewed and concurred with the findings and results of the screen through use of the Preadmission Screening Documentation form.

A physical medicine and rehabilitation consult completed by the physiatrist in the acute care setting may serve as the preadmission screening as long as the physiatrist's consultation note contains the required information as above and is written within the 48 hours immediately preceding the inpatient rehab admission.