

Rehabilitation Medicine

Admission Criteria - HMC and UWMC

To assure the patient is admitted to the inpatient rehabilitation unit at the optimal time to maximize the effectiveness of their stay. Each case referred for inpatient rehabilitation is reviewed individually, based on a combination of functional and diagnostic criteria.

ASSESSMENT:

The inpatient unit serves patients who are 15 years of age and above. Before a patient is admitted to the rehabilitation unit, an assessment is made of the patient's:

1. Medical condition & history
2. Functional limitations
3. Prognosis
4. Potential need for diagnostic and/or surgical intervention that may interrupt or interfere with the Rehabilitation process
5. Commitment to and understanding of intensive rehabilitation program.
6. Ability to progress
7. Discharge plan
8. Social and cultural issues which may affect the rehabilitation process
9. Ability to participate and tolerate 3 hours of therapy per day/willingness to participate

PARAMETERS OF ADMISSION

1. General Criteria:
 - A. The services must be reasonable and necessary (in terms of duration, frequency, & amount) for the treatment of the patient's condition; and
 - B. It must be reasonable and necessary to furnish the care on an inpatient rehabilitation facility, rather than in a less intensive program.
 - C. The patient must be sufficiently medically stable to allow for full participation (refer to unit guidelines).
 - D. The patient must have completed a pre-admission screening by a PM&R attending physician
 - E. The patient requires 24-hour supervision by a Psychiatrist.
 - F. The patient requires 24-hour supervision by RNs trained in rehabilitation.
 - G. The patient can tolerate a minimum of 3 hours of combined rehabilitation treatments for no less than 5 of 7 days a week.
 - a. In certain, limited, 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, beginning with the date of admission to the IRF, and can reasonably be expected to benefit the patient.
 - H. The patient requires an interdisciplinary approach to treatment (i.e., needs more than one type of therapy).
 - I. The patient is willing and able to participate in therapy.
 - J. The patient's diagnosis and prognosis and current therapy participation offers evidence of potential to improve level of function in a reasonable period of time as defined with individualized patient discharge goals.
 - K. Initial progress has been documented.
 - L. A viable discharge plan is under development.
 - M. Financial resources are reviewed; proper pre-authorization is determined and approved when necessary. Out of pocket expenses are identified and patient will be informed of resources

required for admission.

N. Clinical Presentation:

- 1) The patient must have a new onset or recent exacerbation of a physical disability or cognitive impairment whose medical condition or functional performance can be realistically improved through intensive rehabilitation.
- 2) The patient must be sufficiently medically and psychologically stable to receive rehabilitation care and capable of active participation in a rehabilitation program.

O. The patient must have at least two of the following:

- 1) Mobility impairment, which may include inability to ambulate safely, inability to transfer safely, inability to operate a wheelchair, including transfers to and from the wheelchair or the inability to safely navigate indoors and outdoors.
- 2) Activities of daily living impairment, which may include bathing, grooming, dressing, feeding, and toileting
- 3) Incontinence of bowel or bladder
- 4) Inability to swallow safely without significant risk of aspiration
- 5) Aphasia: receptive, expressive, or both
- 6) Dysarthria which limits significantly the patient's ability to communicate
- 7) Cognitive impairment sufficient to limit safety or reasonable function
- 8) Medical complexity that impairs mobility and ADL function (including management of new implanted medical device.)

2. Patient Family Involvement - Prior to admission to the rehabilitation unit the patient/family is oriented to the estimated length of stay and initial rehabilitation goals and agrees to the proposed plan of treatment.

3. Other considerations for admission to the Inpatient Rehabilitation Unit are:

As per Center for Medicare/Medicaid (CMS) guidelines, 60% of patients admitted to a UW Medicine inpatient rehabilitation unit must have a diagnosis that fits into one the following diagnostic categories, in addition to meeting the criteria noted above in section 1 and 2.

Diagnostic Categories

- A. Stroke
 - B. SCI (all etiologies, all levels of injury and AIS grades A-D, including ventilator dependent patients)
 - C. Congenital deformity
 - D. Amputation
 - E. Major multiple trauma
 - F. Fracture of femur (hip fracture)
 - G. Acquired Brain injury (both traumatic and non-traumatic injuries)
 - H. Neurological disorders, including MS, motor neuron diseases, polyneuropathy, Muscular Dystrophy, Parkinson's
 - I. Burns (all levels of severity requiring less than 1 ½ hours of daily wound care)
 - J. Active, polyarticular rheumatoid arthritis, psoriatic arthritis and seronegative arthropathies
 - K. Systemic vasculidities with joint inflammation
 - L. Severe or advanced osteoarthritis involving 3 or more major joints (elbow, shoulders, hips, knees) EXCLUDING joints replaced by prostheses
 - M. Knee or hip joint replacement, or both during an acute hospitalization immediately preceding the inpatient Rehabilitation stay and also meets one of the following:
 - 1) Bilateral knee or hip replacement
 - 2) Extremely obese with a Body Mass Index of at least 50
 - 3) Age 85 or older
4. Co-Morbidities: UW Medicine Rehabilitation will accept patients with complex and varied co-morbidities. However, patients who have a co-morbidity requiring Respiratory Isolation will not be considered for admission until the medical condition managed by the respiratory isolation has resolved.