

SCOPE OF SERVICES
ORLANDO HEALTH REHABILITATION INSTITUTE
SPINAL CORD INJURY PROGRAM
2013-2014

MISSION STATEMENT/PHILOSOPHY

The mission of Orlando Health and Orlando Health Rehabilitation Institute (OHRI) is to improve the health and quality of life of the individuals and communities we serve. Our vision is to be a trusted leader inspiring hope through the advancement of health. OHRI's Purpose Statement is "Through interdisciplinary rehabilitation we will relieve, restore and reintegrate."

DEPARTMENT ORGANIZATION AND REPORTING PATHS

Managers -

The Manager of Rehabilitation and the Nursing Operations Manager oversee daily operational activities at Orlando Health Rehabilitation Institute, including staff supervision, scheduling, budgeting of resources, maintenance of a safe, therapeutic environment as well as incorporating and distributing relevant information to the department's affiliates, associates and customers. Orlando Health Rehabilitation Institute's Inpatient Therapy manager reports to the Orlando Health Orlando Regional Medical Center (ORMC) Chief Operating Officer who reports to the ORMC President.. The Nursing Operation Manager reports to the ORMC Patient Care Administrator who reports to the ORMC Chief Nursing Officer.

Medical Supervision -

The Orlando Health Rehabilitation Institute Medical Director is responsible for directing the assessment and medical rehabilitation management of the program's inpatients and outpatients. Additional responsibilities of the Medical Director include maintaining a safe, therapeutic environment and incorporating and distributing relevant information to everyone affiliated with the program.

Compliance -

The Therapy Managers of Orlando Health Rehabilitation Institute participate in a Therapeutic Rehabilitation Council. The purpose of this council is to ensure the coordination of the delivery of rehabilitation services throughout the organization, to maintain the highest quality of care and to ensure compliance with Standards of Practice/Policies and Procedures. The Rehabilitation Council meets monthly and more frequently if necessary. Twice a year at the OHRI Outcomes Advisory Meeting financial performance, efficiency and effectiveness of the program, access, customer service, outcome studies and patient satisfaction are reviewed with invited input from our stakeholders.. OHRI leadership meets monthly. Financial statements and monthly operation review systems are used to evaluate trends and assist in the budgeting process. .

Nursing -

. Daily nursing care is directed by a registered nurse skilled in rehabilitation care of specialized patients. Orlando Health Rehabilitation Institute nursing utilizes a matrix-staffing model to determine the number and mix of nursing personnel needed on a daily basis. Patient care needs are assessed at room placement and daily by the Nursing Operations Manager or designee, and staffing adjustments are made accordingly. Nursing productivity is monitored daily.

Methods to assess and meet care needs for therapy areas include:

- Daily assessment of patient volume and acuity.
- Collaborative patient care rounds.
- Productivity systems to monitor man-hours and units.
- Patient scheduling to ensure compliance with expectations.

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Therapy -

Therapy staffing is determined by patient evaluations. Staff members are assigned to each patient by team to maintain consistency for the patient. Staffing deficits are addressed by using pool therapy staff, deploying therapy staff from other Orlando Health, Inc. facilities, or authorizing overtime. Staffing overage is addressed by canceling pool staff, floating core staff to another Orlando Health, Inc. facility or unit, or allowing use of paid time off (PTO). Staffing standards will allow for participation in in-services, committees, meetings, and educational opportunities.

Performance Improvement -

Performance improvement projects are identified and monitored in accordance with corporate performance improvement strategies. Unit specific performance improvement initiatives are developed based on needs identified through Outcomes Management, which identifies program results, and through Patient Satisfaction Surveys. Performance Improvement Plans, Outcome Management Information indicators and focus studies are compiled by Orlando Health Rehabilitation Institute Management or designees and are reported at the OHRI Quality Leadership Meeting, the community and to the Outcomes Advisory Meeting on a semiannual basis.. Performance improvement and outcomes information is provided to the staff at unit meetings and posted in designated areas. Outcomes are shared with various affiliates, associates and customers through multiple modalities of communication.

SERVICES PROVIDED

Orlando Health Rehabilitation Institute provides rehabilitation care to inpatients on a 24-hour, 7 days a week basis. A patient first philosophy is the foundation of all of our programs. Rehabilitation nurses are an essential part of the interdisciplinary team and they are involved in all decisions regarding patient care and the rehabilitation program. Therapists and nurses work closely with other members of the team to develop and implement the plans of care for each patient. Our social workers play a key role as the coordinators of care for each patient by facilitating team conferences, meeting with patients/families, and communicating with insurance companies.

Patients are provided comprehensive, integrated services through the coordination with all hospital support departments. This may include, but is not limited to pharmacy, radiology, podiatry, dental, pathology, and audiology. Emergency medical services are available on campus since OHRI is part of an inpatient hospital system with a Level 1 Trauma Center.

Medical Supervision -

All patients are medically supervised by a licensed doctor of medicine or osteopathy who is a member of the hospital staff. The medical management of the patients is provided by a physiatrist who is also known as a rehabilitation physician. The attending physician provides 24 hour, on call coverage and is responsible for completing admission orders and a history and physical for each patient. The physiatrist attends the team conferences to coordinate the care of the patients as well as leads the team in the completion of the plan of care. The Medical Director is responsible for determining the number of physiatrists that are required to properly manage the total number of patients admitted to the rehabilitation unit. All physician activities are governed by the hospital Medical Staff By-Laws and Rules and Regulations.

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In providing and discontinuing services, Orlando Health Rehabilitation Institute staff supports and adheres to:

- 1) The State of Florida Practice Standards
- 2) Professional organization's practice standards and code of ethics
- 3) Orlando Health, Inc. Code of Conduct and Standards of Care/Practice

Allegations of violations of ethical conduct are reported and investigated through the Orlando Health, Inc. Corporate Compliance Program.

The Program -

An inclusive evaluation/assessment is conducted by each of the involved professional team members. A treatment plan is initiated by the rehabilitation nurse within four hours of admission. Services provided are based on the assessed needs of the patient including cultural, religious, and developmental considerations. The evaluation will assess impairments, assess and recommend activity limitations such as activities of daily living, and assess and recommend participation restrictions such as driving or return to work. Patient progress is assessed on an ongoing basis and changes in the treatment plan are discussed and agreed upon in team conferences weekly. Educational needs, if applicable, are addressed by the team with the school's integration coordinator.

Treatment plans are based on input provided from the evaluations of all the professional team members, including rehabilitation nursing. All team members are responsible for carrying out the interdisciplinary treatment plan. The patients and their families assist in the development and implementation of a person-centered treatment plan which is unique to the patient based on the individual's goals including the environmental factors that impact their lives after they transition from the inpatient rehabilitation facility.

The Rehabilitation Unit has 53 inpatient beds and is located on the second floor of the annex building of the Orlando Regional Medical Center Lucerne Pavilion. Outpatient therapy is located across the street from the Rehabilitation Institute at 100 West Gore Street and is open Monday through Friday, 8am to 5:30pm. Currently the accredited programs include brain injury, spinal cord injury, stroke and comprehensive rehabilitation.

- The Care Coordinator/LCSW is responsible for coordinating the care for each patient and integrating patient and family goals.
- Team conferences are led by a physiatrist and treatment changes are decided by the entire treatment team.
- Family conferences are held as frequently as requested by the team and/or the patient and family.
- Orientation to rehabilitation is initiated the day of admission by the rehabilitation nurse. All team members are responsible for orientation.
- Patients are reassessed by the treatment team at least weekly to evaluate progress. Input from the team will be utilized to update the Goals and Outcomes and Plan of Care and to establish and/or confirm the anticipated discharge date based on a person-centered philosophy.
- In order for patients, families, and caregivers to be capable of providing the necessary support, they must have an understanding of the disease process, the patient's functional disabilities, the rehabilitation process, goals and knowledge of resources available to them after discharge. Training and support for patients and others may occur on a one-on-one basis or in formalized groups and is the

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responsibility of every member of the team. Successful reintegration of the patient into the community requires the support of family members and/or significant others.

- Discharge planning begins during the intake and admissions phases and continues throughout the program. Responsibility for discharge planning is shared by all members of the treatment team. Referrals are made as indicated and follow up contacts are made to facilitate successful integration into the community.

Referral Process -

Patients may be referred by physicians, discharge planners, allied health professionals, third party payers, patients or family members. Persons referred to the program will be screened according to admission criteria to determine their potential to participate in and benefit from a comprehensive inpatient rehabilitation program. The screening may be performed by the Referral/Admission Liaisons, Certified Rehabilitation Registered Nurses, (CRRN), physician, Program Director or designee. An automatic referral system within Orlando Health now assists the process by notifying the admissions team of the needs of patients early in their hospital stay.

Admission Process -

Patients who are candidates for the Orlando Health Rehabilitation Institute (OHRI) inpatient program are reviewed and approved by the Medical Director or his designee, the Manager of Rehabilitation or his designee, the External Case Manager, the Referral/Admission Liaisons (CRRN), and/or the Nursing Operations Manager. Funding sources often require authorization and include Medicare, Managed Care, Florida Worker's Compensation, Charity/Self Pay, Medicaid, Florida Brain and Spinal Cord Injury Program, insurance and other payers. Preadmission screenings are completed by the admission team and meet all regulatory requirements. The OHRI admitting physician reviews the preadmission screening and determines agreement with the results and signs the document within 48 hours prior to admission. A post-admission physician evaluation is completed within 24 hours of admission. Therapy evaluations begin within 36 hours of admission day and an individualized program plan of care is documented by the fourth day.

Patients are placed in the continuum according to their needs for medical supervision and 24 hour rehabilitation nursing care. Room assignments for our spinal cord injury patients are based on a fluctuating census. We have several rooms with specialized equipment which are optimally placed on the unit to meet the needs of our patients with spinal cord injuries. Patients are assigned to private or semi-private rooms according to medical necessity, infection control and the clinical needs of the patient. A semi-private room has benefits for some patients who have goals to increase socialization or to promote communication skills and it allows opportunities for sharing and coping.

Types of Patients/Population Served -

Patients served are ages 18 and above who have been diagnosed with a traumatic or nontraumatic spinal cord injury. Patients with a C4 level of injury or lower are considered for admission whether complete or incomplete. The respiratory support requirements for the patient will be a consideration during the admission assessment. We do not admit patients to inpatient rehabilitation that require ventilator support. Comorbidities such as traumatic brain injury, other polytrauma injuries, pressure ulcers, infections, deep vein thrombosis, pulmonary emboli and pneumonia are considered when making the decision for

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admission. These conditions are able to be managed within the medical system of Orlando Health. The patients must demonstrate a potential for rehabilitation and a need for an interdisciplinary team approach. They must also have a past medical history and present medical condition that can tolerate a comprehensive rehabilitation program. The admitting physician will collaborate as necessary to determine the best setting for the patient to receive care based on the medical status of the patient for all comorbidities.

Patients must also be able to participate in at least 3 hours of therapy 5 days a week or have the potential to reach that level of participation shortly after admission. If capable, the patients should exhibit the psychological status and behavioral status to allow them to participate in the rehabilitation process. Some patients will demonstrate confusion, agitation, and behavioral issues due to neurological trauma. Regardless, goals are directed towards a successful rehabilitation.

The patient should have a potential for discharge to a community environment such as their own home or a family member's home. Patients are placed in the continuum or range of care according to their needs for medical supervision and 24 hour rehabilitation nursing care. Adolescent patients are assessed to determine their ability to participate in this program. Education and training of the patient and their families is an ongoing process and all team members are responsible for participating in this process.

Transition/Discharge Criteria -

- The patient has received maximum benefit from the program by achieving all of the rehabilitation goals.
- After comprehensive evaluation, the patient is determined to have no potential to benefit from and/or ability to tolerate our comprehensive inpatient rehabilitation program.
- The patient is unable to make further progress toward rehabilitation goals.
- The patient no longer requires inpatient services to achieve rehabilitation goals.
- The patient experiences a major intervening surgical, medical or psychological problem that precludes benefit from a continued intensive rehabilitation program.
- The patient and/or the family are no longer willing to be active participants in the program.
- The patient/family exercises legal rights and deny the services offered.
- The patient's needs demonstrate the ability to benefit from an extension or continuation of services at our comprehensive inpatient rehabilitation program.

SPECIAL NEEDS ADDRESSED BY OUR PROGRAM:

Physical -

- Autonomic Dysreflexia, also known as hyperreflexia, means an over-activity of the Autonomic Nervous System, (controls the body's involuntary actions), causing an abrupt onset of excessively high blood pressure. Education in prevention, signs and symptoms of, and actions to resolve Autonomic Dysreflexia are provided to patients and staff involved in the care of these patients. Patients receive a wallet card to provide information to caregivers in the community who are not educated.
- Autoimmune disorders, (conditions that occurs when the immune system, the body's protection system, mistakenly attacks and destroys healthy body tissue), infectious disorders and immune suppression (a slowing or stopping of natural immune responses) are addressed through our corporate

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policies for infection control. We have infectious disease physicians available for consultation as appropriate.

- Dysphagia, swallowing difficulty, is addressed by the team and specifically by the speech language pathologist through swallow studies, modified diets, therapeutic strategies to improve function, and adaptive techniques. The team, patients and families are educated in the needs of the patients to ensure proper carry-over of the strategies.
- Skin integrity and any breakdown of the skin are addressed through regular skin checks performed by the medical team. We also address this issue through the care and education plans for our patients. The team addresses any issues that are identified and provides education to the patient to promote healing, prevention of further issues and to increase their level of independence. We also have wound care nurses, plastic surgeons and wound care specialist physicians to address any alterations in skin integrity.
- Visual dysfunction is evaluated by Occupational Therapy, addressed by the treatment team/physician and ophthalmologists are available for consultation as needed.

Medical -

- Circulation issues are identified in the nursing assessments and addressed as needed. Deep vein thrombosis, DVT, is a clot of blood formed within a blood vessel that remains attached to the place it originated. Medications, training and preventative measures are used in attempt to avoid the occurrence of DVTs as they can be common when people become inactive after injuries or surgeries.
- Medication is ordered by physicians, dispensed and monitored by pharmacists, and administered by registered nurses and licensed practical nurses. Medications are administered per the corporate policies for medication administration. Education in indications, contraindications, precautions, and complications is provided for each patient.
- Musculoskeletal (involving muscles and bones) complications are addressed by the treating team and, if needed, orthopedic physicians are available.
- Nutritional needs are met by consulting the team registered dietitian and ongoing reassessment, as well as education are provided to the patients. These needs are communicated to the physicians and to the team to ensure that the proper diet is followed, expected outcomes are met and that any complications are prevented.
- Pain management is team focused with a goal of addressing causes and symptoms to meet expected outcomes.
- Respiratory issues must be stable to allow for the rehabilitation process. We have 24 hours a day/seven days a week respiratory therapists available providing treatments as indicated.
- Spasticity (increased tone in muscles) management is addressed through medications, education and therapeutic techniques.

Neurological: Involving the Nervous System -

- Neurological changes are addressed via the attending physicians. Neurologists and neurosurgeons are available through referral. Ongoing assessment of this is performed by the team to monitor the patient's progress and intervene if complications occur.
- Demyelinating disorders cause interruptions and/or slowing of the messages that are sent through the spinal cord. Educational resources, training and instructions for care are provided for staff and patients.

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Household Management -

- Skills required to carry out functional tasks to manage a household are addressed by the team and focused on by the occupational therapist. These tasks include laundry, kitchen safety, cooking, money management, shopping, etc.
- Recommendations for environmental modifications are provided by the therapists and care coordinators and the patient is to meet expected outcomes with the discharge environment in mind. Assistance is provided to plan and coordinate the necessary modifications to ensure a safe and accessible discharge environment.

Personal -

- Bowel and bladder needs are addressed through our education program and in our care plans if there is difficulty managing these issues. Training in the use of adaptive equipment occurs when needed to promote independence.
- Fertility needs are addressed through education with the team as well as by referral to specialty physicians such as Obstetrics/Gynecology and Urologists.
- Sexual function is addressed by interventions and education from our nurses, physicians, licensed clinical social workers/care coordinators, and therapists. We have available reference materials and equipment to educate our patients and staff.
- Sexuality is addressed by our unit educator and by our care coordinators. If referrals to specialists for medical intervention are needed we provide that through referral.

Mobility -

- Mobility (ability to move in an environment such as in bed or in the community) is addressed by the treating team and focused on by the physical therapist. The goals are focused on training and equipment prescriptions that are designed to meet the set goals to improve the patient's level of independence. Equipment needs are assessed by the treating team and communicated to vendors providing this equipment. Specific wheelchair evaluations are provided to each patient as needed.
- Seating needs are addressed by the treating team and focused on by the physical therapist. Seating assessments are included as a part of the wheelchair evaluation.

Social/Emotional/Intellectual -

- Cognitive and behavioral issues are addressed by the treating team and focused on by the occupational therapist, speech language pathologist, physician, and neuropsychologist, depending on the needs of the patient.
- Communication issues are addressed by the treating team and focused on by the speech language pathologist.
- Psychosocial (involving social and mental aspects) and behavioral health needs are addressed by the interdisciplinary team and coordinated by the licensed clinical social workers/care coordinators, neuropsychologists, and physicians. These counseling and support services are extended to the families of our patients as well.
- Leisure and recreation needs are addressed by the treating team. Recreational therapy services are provided on the inpatient unit with a focus on assisting the patient in identifying, modifying and/or adapting leisure and recreation activities that can be continued after discharge. Recreational therapists are available for the outpatient program as needed.

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- Peer support is provided on an ongoing basis by peer counselors, our spinal cord care coordinator, and our biweekly support group which is sponsored on the inpatient unit. We also have community resources for support and peer groups.

Specialty -

- Assistive technology needs are addressed by the treating team. If rehabilitation engineering or customized equipment is indicated, these services are available through agreements with several state and private providers.
- Driving assessments and vehicle modifications are typically performed after discharge from the inpatient setting in OHRI outpatient setting.
- Durable medical equipment (DME) is provided by home health coordinators based on the needs of the patient. The needs are communicated by the treatment team and the care coordinator. DME resources are established for patients with a wide range of resource availability.
- Emergency preparedness is addressed through patient and family/caregiver education.
- Orthotic and prosthetic (artificial device designed to provide support such as a brace or artificial limb) needs are addressed by the treating team. Devices are provided by Orlando Health Rehabilitation Institute staff, orthotists/prosthetists, or approved providers depending on the nature of the recommended device.
- Counseling for aging is provided by our care coordinators, spinal cord system of care coordinator, and physicians. We offer a spinal cord clinic to address any issues that the patient may have to assist with any issues that may come up after they leave the inpatient and outpatient components of our continuum.
- Transition planning is managed by our case managers in the Discharge to Excellence program, our inpatient and outpatient care coordinators, and by external case managers. We assist the patient in planning the transition between the different stages of the continuum of care.

Prevention -

- Our team addresses prevention with education and training in both the outpatient and inpatient settings. Primary prevention topics include reducing personal risk factors, body mechanics, orthotic/prosthetic instructions, instruction and recommendations for transportation options for community mobility safety, options for safety devices, etc.
- Secondary complication prevention is provided through team intervention as well as our education process to instruct patients in common secondary complications and how to prevent them from occurring. This includes prevention related to potential risks and complications due to impairments, activity limitations, participation restrictions and the environment.

Self-Care -

- Activities of daily living (bathing, toileting, dressing, grooming, etc.) are addressed by the entire team and focused on by the occupational therapists. The goals are to provide the highest level of independence possible in performing or directing care. Caregiver education and identification of needed adaptive equipment are included. The goals are developed based on the assessment of each patient, expected result, the resources, and the discharge environment.
- Personal care assistants and education in the management of these individuals is coordinated by the care coordinator. OHRI has a Discharge to Excellence program which assists patients after they have been discharged to assure that they have all the appropriate supplies, follow up care and equipment

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needed. Discharge to Excellence and home health services allow us to be able to provide these resources within our organization if this vendor is preferred by the patient.

Community -

- Community integration is addressed by the treating team including community outings, functional community tasks, peer support groups, group outings and functions depending on the needs of the patient.
- Orlando Health Rehabilitation Institute staff participates in peer support groups and facilitates functions in the community to encourage the integration of leisure and recreation activities into the lives of the patient.
- Resources for independent living and community integration include close association with the Brain and Spinal Cord Injury Program (BSCIP), BSCIP Med Waiver Program, Vocational Rehabilitation, and the Florida Spinal Cord Injury Resource Center Peer Mentor Program.
- Vocational rehabilitation is provided through specialists in our state vocational rehabilitation program. Prevocational and preparatory strategies for return to work are included in plans of care depending on the needs of the patient.
- Substance abuse, counseling, and mental health needs are addressed via external referral, and by our staff Licensed Clinical Social Workers and neuropsychologists, depending on the needs of the patient. These resources are also available via community referral as well depending on patient need.
- Case management is provided within the rehabilitation program as well as from the community. Our team works with our insurance case managers, the brain and spinal cord program and other programs as necessary to coordinate resources to meet the life-long needs of the patient.

Education -

- Education and family training are a main component of our program. The treatment team educates the patients and their families in person continuously throughout their recovery. On admission they are provided with a comprehensive manual covering topics such as orientation to the program, wellness, aging, prevention, community resources, caregiver information, and much more. This manual is reviewed and referenced throughout their inpatient stay and it is taken home with them for their future reference. The outpatient facility has an extensive resource library full of information available to their patients.
- Orlando Health Rehabilitation Institute seeks opportunities to provide education and training to the general and professional communities to promote awareness, prevention and knowledge of spinal cord injuries. The medical director pursues research prospects for our program to participate in as well.

TYPE, NUMBER AND SKILL MIX OF STAFF

An interdisciplinary, (meaning involving multiple specialty areas), approach is used for providing care to the patients at the Orlando Health Rehabilitation Institute. The staff or team members employed by the rehabilitation unit are competent, qualified, ethical, and licensed and/or certified where required..

The rehabilitation interdisciplinary team consists of the following members:

- Psychiatrists, Rehabilitation Physicians
- Certified Rehabilitation Registered Nurses
- Registered Nurses

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- Licensed Practical Nurses
- Clinical Technicians/Nursing
- Physical Therapists
- Physical Therapy Assistants
- Assistive Technology Practitioner
- Occupational Therapists
- Certified Occupational Therapist Assistants
- Speech Language Pathologists
- Certified Therapeutic Recreation Specialist/Recreational Therapists
- Neuropsychologists
- Case Managers
- Rehabilitation Aides
-
- Licensed Clinical Social Workers
- Registered Dietitians
- Respiratory Therapists
- Chaplains
- External Case Managers

STAFF ORIENTATION, EDUCATION AND COMPETENCIES

Orlando Health Rehabilitation Institute team members participate in hospital new employee orientation and educational activities. Department orientation is completed during the new employee's Introductory Appraisal period under the guidance and direction of an assigned preceptor/mentor, Unit Based Educator and the Rehabilitation Manager. Annual competencies are also assigned and completed annually to address high risk, low volume, or other important skills or concepts for team members.

“Coaching plans” or performance evaluations are completed annually providing an opportunity to assess the competencies and skills of the team members. Areas identified as “needs improvement” will have an associated action plan for improvement. Team members and supervisors work together to create goals to meet personal and/or departmental opportunities.

Orientation –

Orientation is comprehensive and individualized according to employee's specific needs and job description. New employees attend general orientation and are assigned a preceptor who is skilled in the specialized care required for an agreed upon orientation period.

Staff Education –

Staff education is provided on an ongoing basis to include new equipment, new policies and procedures and other topics according to periodic needs assessments. Licensed therapy staff and nurses are granted an educational allowance to learn up-to-date techniques specific to the care of the rehabilitation patients. Team members and supervisors work together to create goals to meet personal and/or departmental opportunities. Information provided on an ongoing basis includes:

1. Annual Mandatory Education:

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- a. Patient's Rights
- b. Fire Safety
- c. Patient, employee and guest security
- d. Infection Control
- e. Occupational Safety and Health Administration (O.S.H.A.) In-service
- f. Risk Management
- g. Maladaptive Behavior Policies & Procedures
- h. Code Echo (patient elopement procedures)
2. Cardiopulmonary Resuscitation (CPR) Certification; bi-annually
3. In-services to include products, equipment, procedures, patient care issues, hospital policies and procedures
4. Spirit of Care-giving course completion supporting a person-centered and patient-first philosophy

Staff Competency –

Staff members are required to maintain competencies specific to the level of practice required at Orlando Health Rehabilitation Institute as part of Orlando Health, Inc. policy as demonstrated by current licenses and/or certifications, and competency assessments.

Coaching plans are completed annually with team members to allow for professional growth and to evaluate competencies.

INTERACTION WITH ANCILLARY/SUPPORT DEPARTMENTS

- ***Biomedical Engineering*** performs routine equipment evaluation and appropriate documentation; maintains and repairs electronic equipment and obtains outside assistance as necessary; each location, in conjunction with Biomedical, ensures all electrical patient care items have current maintenance label.
- ***Central Supply*** orders supplies on a daily basis and maintains them on a par level system.
- ***Education and Development*** – corporate education and staff development
- ***Engineering*** provides, supervises and coordinates minor and major maintenance to the department upon request.
- ***Environmental Services*** provides daily, routine cleaning of the unit and provides regularly scheduled maintenance of unit environment.
- ***Finance Department*** provides written budget management and expenditure reports on a monthly basis and assists with annual budget requests. Payroll is prepared through this department and they serve as a resource to address payroll issues.
- ***Food and Nutrition*** provides food service and dietary consults from registered dietitians.
- ***Health Information Management*** maintains the official patient record after discharge; Responsible for fulfilling any outside written request for a copy of the medical record; will make charts available, after written notification, for analysis.
- ***Human Resources***
 - recruits new employees into the system
 - maintains list of available positions
 - processes hired employees into the system
 - maintains personnel files

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- generates 90-day Introductory Review
- resource for manager in event of disciplinary action, suspension, termination, or employee grievances
- resource for employee benefits
- conducts initial orientation for new employees
- conducts classes for personnel and professional development
- ***Infection Prevention and Control*** provides routine surveillance activities and serves as a resource regarding infection control issues.
- ***Information Services***
 - provides continuous, efficient computerized data processing and other systems related services
 - provides education regarding use of the various systems within Orlando Health, Inc.
 - provides quotes for the purchase of computers and accessories
 - provides and monitors security access codes for the various systems within Orlando Health, Inc.
- ***Laboratory Services*** are available and provide and report diagnostic testing as ordered; It is a part of the Laboratory Department for ORMC (Level 1 Trauma) and therefore able to meet all needs.
- ***Marketing*** provides strategic planning and direction of the marketing plan, marketing collateral, competitive analysis, and an advertising program; Operates under the ethical standards of the American Marketing Association and Orlando Health, Inc.
- ***Materials Management*** provides certain patient care equipment and purchases authorized non-stock and capital equipment items; Issues monthly supply and utilization reports
- ***Nursing Administrative Supervisors*** provide in-house supervision, support and corporate staffing 24 hours per day, 7 days a week
- ***Orthotists and Prosthetists*** assist patients with disabling conditions of limbs and spine or with partial or total absence of limb by fitting and preparing orthopedic braces or prostheses.
- ***Outside/Contract Services*** will be utilized if it is cost effective and appropriate. Services must be coordinated through the appropriate departments in order to ensure compliance to Orlando Health, Inc. and State/Federal guidelines.
- ***Pastoral Services*** are available on request by physician, staff, family or patient.
- ***Patient Business*** registers patients and provides admission paperwork to department.
- ***Pharmacy*** is available on site and maintains and replenishes stock medication and Pyxis on a daily basis. It is a part of the Pharmacy Department for ORMC (Level 1 Trauma) and therefore able to meet all needs.
- ***Quality Management*** facilitates task forces regarding process improvement initiatives.
- ***Regulatory Department*** serves as resource for The Joint Commission and other regulatory standards compliance.
- ***Radiology*** provides and reports diagnostic testing as ordered. It is a part of the Radiology Department for ORMC (Level 1 Trauma) and therefore able to meet all needs.
- ***Rehabilitation engineering*** is available under agreement with external agencies including state supported agencies such as the Brain and Spinal Cord Injury Program (BSCIP).
- ***Respiratory Therapy*** is available on consult to provide patient specific treatment.
- ***Risk Management*** processes incident reports regarding variances and provides feedback to the unit.
- ***Safety Department*** conducts surveillance walks and periodic fire drills.
- ***Security***

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- provides escort upon request for any employee entering or leaving the building
- upon proper identification of the requesting person, will unlock department doors
- provides and maintains employee identification badges
- is notified if any person that could pose a threat or hazard to any employee, patient or visitor is called to their attention
- conducts frequent rounds on the unit
- training for Security team members is provided in the Management of Aggressive Patients

SCOPES OF SERVICE

The Orlando Health Rehabilitation Institute Scopes of Service are reviewed annually and updated as necessary. This information is made available to our persons served, payers/funding sources, referral sources, the general public, etc. through our website. The Scopes are also referenced in the patient orientation and education manual provided to each patient on admission.