

**SCOPE OF SERVICES**  
**ORLANDO HEALTH REHABILITATION INSTITUTE:**  
**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 and 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 Programs -***

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. 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 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.

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- 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.

***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, Florida Worker's Compensation, 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 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.

We do not admit patients to the inpatient rehabilitation if they require ventilator support.

***Types of Patients / Population Served -***

Patients served are ages 18 and above who have been diagnosed with a stroke, a spinal cord injury, a brain injury, an orthopedic problem(s), an amputation(s), major multiple trauma, burns and/or a neurological impairment. 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.

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.

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***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 declines 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.

**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. This interdisciplinary team communicates routinely throughout the day to provide quality integrative care. ***The rehabilitation interdisciplinary team consists of the following members:***

- Psychiatrists, Rehabilitation Physicians
- Certified Rehabilitation Registered Nurses
- Registered Nurses
- Licensed Practical Nurses
- Clinical Technicians / Nursing
- Physical Therapists
- Physical Therapy Assistants
- Assistive Technology Practitioner
- Certified Brain Injury Specialist
- Proprioceptive Neuromuscular Facilitation Specialist
- Neurodevelopmental Technique Trained Therapist
- 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

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**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. New employees are assigned to a preceptor who is skilled in the specialized care required for the 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. Rehabilitation Summits are scheduled quarterly to provide educational and team building opportunities for the OHRI inpatient teams. Information provided on an ongoing basis includes:

1. Annual Mandatory Education:
  - 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.

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**INTERACTIONS 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
  - generates 90-day Introductory Reviews
  - 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 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

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- **Nursing Administrative Supervisors** provide in-house supervision, support and corporate staffing 24 ours 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** facilities 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**
  - 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.