

Scope of Services

OhioHealth Rehabilitation Hospital is committed to providing the highest level of quality care, treatment and services to patients. Our goal is to advance patient recovery and outcomes by delivering comprehensive, individualized care through an expert team of rehabilitation specialists. We strive for continuous quality improvement, embrace industry-recognized standards of excellence and provide each patient with an exceptional rehabilitation experience. These efforts have helped us earn the trust of patients, families and colleagues across our communities.

OhioHealth Rehabilitation Hospital provides patient care 24 hours a day, seven days per week. Our patient-centered programs include general integrated inpatient rehabilitation, as well as specialized stroke, brain injury, spinal cord injury and amputation services.

WHO WE SERVE

We offer comprehensive inpatient rehabilitation services to adults 18 years and older who have experienced an injury or illness that has resulted in the loss of function (abilities) in activities of daily living (ADL), mobility, cognition and/or communication.

Our patients' diagnoses include, but are not limited to: stroke, brain injury, spinal cord injury, neurological disorders (e.g., multiple sclerosis, ALS, polyneuropathy, Guillain-Barré syndrome, motor neuron disease), cardiac issues, cancer, amputation, major multiple trauma and orthopedic injuries, including complex fractures and joint replacement.

Patients who are considered for admission to our rehabilitation hospital must be medically stable and have physical and/or functional needs that require highly coordinated care and interdisciplinary therapy services — physical, occupational and/or speech therapies. Patients on a ventilator must be weaned prior to admission. Patients are admitted without regard to gender identity, race, nationality or religion.

We admit patients from a number of referring hospitals including, but not limited to, Riverside Methodist, Grant Medical Center, Doctors Hospital, Dublin Methodist, Grady Memorial, Select Specialty Hospitals, Ohio State Wexner Medical Center, Mount Carmel East, Mount Carmel St. Ann and Mount Carmel Grove City. Patients may also be admitted from home, skilled nursing and long-term acute care facilities.

Relevant aspects of OhioHealth Rehabilitation Hospital's scope of services are shared with the public through the hospital's clinical liaisons, joint venture board meetings, website, social media channels and other marketing/communications platforms. The scope of services is reviewed annually and updated as necessary.

METHODS USED TO ASSESS AND MEET PATIENT NEEDS

All patients are carefully evaluated prior to admission. This screening provides a comprehensive assessment of the patient's medical, physical and cognitive condition, as well as psychosocial and cultural background. The screening is a prerequisite to determining whether the person can benefit from inpatient rehabilitation and the course of treatment needed to achieve personal rehabilitation goals.

Upon admission, patients undergo an initial team assessment conducted by:

- Nursing
- Physical, occupational and speech therapy
- Case management
- Registered dietitian, as ordered by the physician

Based on the information obtained, the rehabilitation team will establish individual goals and treatment plans to effectively address the patient's physical and/or functional impairment(s) in areas such as mobility, daily activities, speech and cognition. These goals and treatment plans are documented and designed to predict improvement in these areas.

If warranted, a behavioral assessment may also be conducted and modifications may be made to the individual's treatment plans to enhance participation in and benefits from our rehabilitation program.

HOW WE MEET PATIENTS' COMPLEX NEEDS AND GOALS

OhioHealth Rehabilitation Hospital addresses each patient's impairments by providing a range of treatments to improve functional abilities. We help patients rebuild their strength, regain or develop skills and adopt new strategies, including lifestyle adjustments. Our dedicated team of rehabilitation professionals guides patients toward their goals and helps each achieve maximum outcomes through individually-focused, highly coordinated care.

An array of services is needed to support the complex needs of our patients and maximize their individual potential, function and independence. Every effort is made to discharge our patients back into the community. Among the many services and advanced technologies available are:

- Neuromuscular re-education – works to retrain muscles and nerves and helps restore strength, balance, movement, range of motion, coordination, posture and other skills through special exercises.

- Neuromuscular electrical stimulation – helps increase muscle activity, improve circulation and reduce muscle spasms and pain.
- Spatial neglect assessment and treatment – addresses the inability to recognize part of the visual field following a stroke or brain injury.
- Body-weight supported gait training – improves mobility through repetitive walking exercises while a harness supports an individual’s body.
- ADL training – increases independence in every day self-care tasks such as bathing, dressing, and eating.
- Wheelchair management and propulsion training – supports safety, mobility and independence when using a wheelchair.
- Cognitive and communication training – provides the exercises and strategies to improve thinking, understanding, attention and memory, as well as speech and other communication skills.
- Dysphagia management, including onsite radiology testing – helps improve swallowing issues, common after a stroke or brain injury.
- Patient and caregiver education – trains and prepares families for life ahead through diagnosis and needs-specific education.
- Durable medical equipment training – provides information on the use and maintenance of equipment and assistive devices to help increase independence and facilitate a safe discharge.
- Medication management – helps patients understand and follow their necessary medication regimen. The hospital’s pharmacy is onsite to assist with any prescriptions.

THE ROLE OF FAMILY SUPPORT SERVICES

The support of family and friends is a key component in an individual’s rehabilitation, critical to restoring confidence and independence and identifying the most appropriate discharge environment. The team will assess the family’s ability and willingness to support and participate in the plan of care. Education, hands-on training, advocacy initiatives and counseling will be provided to prepare both the patient and family for life ahead.

ADDITIONAL SERVICES

To provide a comprehensive inpatient experience, OhioHealth Rehabilitation Hospital offers additional or ancillary services. They include, but are not limited to, nutritional guidance and dietary services; pharmaceutical services, respiratory therapy, diagnostic radiology, laboratory services and referrals for neuropsychology assessments.

Chaplaincy services/pastoral care are arranged upon request. In addition, prosthetic and orthotic services, specialty wheelchair evaluations, vocational rehabilitation and vision assessments are available. The interdisciplinary team helps determine and arrange for these services.

OhioHealth Rehabilitation Hospital participates with most Medicare, Medicaid and managed care plans, as well as workers' compensation, no-fault and other insurance providers. Following insurance verification, the inpatient admissions department contacts the patient/family directly or the nurse liaison and/or referring social worker to discuss co-pays, co-insurance, deductibles, out-of-pocket expenses and/or any other fees.

ABOUT OUR REHABILITATION TEAM

The rehabilitation team at our hospital is led by physicians specializing in physical medicine and rehabilitation and includes:

- Rehabilitation nurses
- Physical and occupational therapists
- Speech language pathologists
- Respiratory therapists
- Case management/social workers
- Other clinical, support and administrative staff

Staffing is based on census, diagnosis, severity of injury/illness and intensity of services required by each patient, as well as by state practice guidelines for each discipline. Contract staff is available for coverage as needed.

Many of our team members have advanced training and/or certification in cardiopulmonary resuscitation, transfer training, activities of daily living (ADLs), adaptive equipment, bowel and bladder retraining, dysphagia management, alternative communication techniques, cognitive rehabilitation and behavior management.

ASSESSING AND MONITORING PATIENT CARE, NEEDS AND SERVICES

OhioHealth Rehabilitation Hospital seeks patient feedback through a number of tools:

- Patient satisfaction questionnaires (e-Rehab survey)
- 90-day post-discharge follow-up call via IT HealthTrack
- Patient/family conferences, support groups, education and training sessions
- Patient complaint/grievance process
- Leadership rounding with patients

An ongoing assessment of a patient's medical condition, progress and changing rehabilitation needs is documented through the interdisciplinary treatment plan, progress notes, team conference report, discharge summary and the 90-day, post-discharge follow-up call.

Returning a patient home and/or to the community is the goal of rehabilitation and the successful transition from hospital to home requires the support of both the family and rehabilitation team.

Planning for discharge begins at the time of admission with a patient's assessment, and continues throughout a patient's stay with Care Partner meetings and multiple, hands-on family training sessions. Case managers work closely with the patient and family to determine the most appropriate discharge setting, conduct home evaluations to identify barriers or modifications that may be needed and help arrange for any equipment. Details are coordinated with the patient's physician, nurses, therapists and hospital pharmacist. If additional therapeutic interventions are required, the team will assist in identifying providers and other resources for those services.

Through this holistic approach to care and treatment, our comprehensive rehabilitation programs seek to maximize abilities, restore confidence and optimize independence and quality of life for people with disabling injuries or illness. As rehabilitation specialists, we are singularly focused on helping patients attain and maintain health and function and resume their lives to the fullest possible degree.

RECOGNIZED STANDARDS AND PRACTICE GUIDELINES

We follow recommended practices and standards outlined by the following organizations:

- Centers for Medicare & Medicaid Services (CMS)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission
- Association of Rehabilitation Nurses
- American Occupational Therapy Association
- American Physical Therapy Association
- American Speech-Language and Hearing Association
- National Association of Social Workers
- CMS Clinical Lab Improvement Amendments
- Ohio Department of Health
- Ohio Environmental Protection Agency
- Ohio Department of Medicaid
- State of Ohio Board of Pharmacy
- U.S. Drug Enforcement Administration
- American Heart Association
- American Medical Rehabilitation Providers Association (AMRPA)

- American Society of Health System Pharmacists
- The American Board of Quality Assurance and Utilization Review Physicians
- The National Association for Healthcare Quality
- American Health Information Management Association (AHIMA)

OUR SPECIALIZED PROGRAMS AND SERVICES

As detailed above, OhioHealth Rehabilitation Hospital provides highly integrated, coordinated care and treatment to individuals seeking comprehensive medical rehabilitation. The scope and intensity of our specialized programs and services focus on the unique needs of individuals with stroke, brain injury, spinal cord injury, amputation and other diagnoses.

SPINAL CORD INJURY SERVICES

Comprehensive inpatient spinal cord injury (SCI) rehabilitation services are provided to persons 18 years and older who are medically stable and have physical and/or functional needs that require highly coordinated care and interdisciplinary therapy services (physical, occupational and/or speech therapy). Specific criteria for admission to our specialized SCI program also take into account the level and severity of injury and any other medical issues (co-morbidities) that may limit or prevent a patient from actively participating in the rehabilitation program.

Patients may be admitted to our SCI program with a traumatic or non-traumatic injury, including but not limited to:

- Fracture
- Compression
- Surgery
- Neurological diagnoses (Guillain-Barre syndrome, motor neuron disorders, multiple sclerosis)
- Spinal stenosis and other degenerative conditions
- Cancer/tumors
- Infection
- Congenital disorders

Patients at any level of injury or impairment as measured by the standardized American Spinal Injury Association (ASIA) scale may be accepted.

Our hospital also accommodates patients requiring special care needs, including:

- gastrointestinal (peg) feeding tubes
- nasogastric (ng) tubes for feeding and hydration
- tracheostomy tube
- respiratory therapy

- halo devices and external fixators
- special intravenous lines, e.g., picc lines, hickman and broviac catheters, ongoing iv therapy
- indwelling catheter
- colostomy care
- negative pressure wound therapy
- peritoneal dialysis

STROKE SERVICES

Comprehensive inpatient stroke rehabilitation services are provided to persons 18 years and older who are medically stable and have physical and/or functional needs that require highly coordinated care and interdisciplinary therapy services (physical, occupational and/or speech therapy). Specific criteria for admission to our specialized stroke program take into account the nature and extent of injury - including impairment or loss of mobility, ability to perform self-care and activities of daily living (ADLs), cognition, speech and other physical or functional limitations – and any other contributing medical issues (co-morbidities).

Under this program, we care for patients who have experienced ischemic stroke (when blood flow to the brain is blocked), hemorrhagic stroke (bleeding in the brain), transient ischemic attack (TIA, a mini-stroke) and other neurologic injuries.

BRAIN INJURY SERVICES

Comprehensive inpatient brain injury (BI) rehabilitation services are provided to persons 18 years and older who are medically stable and have physical and/or functional needs that require highly coordinated care and interdisciplinary therapy services (physical, occupational and/or speech therapy). Specific criteria for admission to our specialized BI program also take into account the level and severity of injury and any other medical issues (co-morbidities) that may limit or prevent a patient from actively participating in the rehabilitation program.

Patients may be admitted with an acquired BI including, but not limited to traumatic, non-traumatic or anoxic BI, brain tumor or aneurysm. They must also be assessed at Level II or higher on the standardized Ranchos Scale of cognitive functioning to be considered for admission. Patients in a coma or persistent vegetative state who do not demonstrate a purposeful response to their surroundings are not appropriate candidates for admission.

AMPUTATION SERVICES

Comprehensive inpatient amputee rehabilitation services are provided to persons 18 years and older who are medically stable and have physical and/or functional needs that require highly coordinated care and interdisciplinary therapy services. Specific criteria for admission to our specialized amputee program take into account the nature and extent of limb loss and physical and functional limitations, including mobility, ability to perform self-care and activities of daily living (ADLs) and any other contributing medical issues (co-morbidities).

Patients with upper or lower limb loss due to a traumatic injury or surgery as the result of vascular disease, diabetes, cancer, infection, excessive tissue damage, neuropathies or other conditions may be admitted to this program.