



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: MEDICAL CENTER PLAN FOR THE
PROVISION OF PATIENT CARE SERVICES**

Policy No.: B800
Supersedes: May 26, 2020
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Page: 1 of 16

PURPOSE:

To provide a written guideline for the provision of patient care services which support the mission, vision, and values of Rancho Los Amigos National Rehabilitation Center (RLANRC).

POLICY:

Patient care services provided by RLANRC are guided by its mission, vision, values, and patient care philosophy as well as the needs of the community it serves. The patient care services are organized in response to patient needs as identified through the strategic planning and performance improvement processes. RLANRC's plan for providing patient care is designed to assure integration and coordination of patient care services throughout the organization.

INTRODUCTION

Rancho has a written process for accepting a patient that includes criteria to determine the patient's eligibility for care, treatment, services, and procedures for accepting referrals.

Rancho manages the flow of patients throughout the hospital and throughout their care. This process is essential to prevent overcrowding, which can undermine the timeliness of care and, ultimately, patient safety.

The Governing Body retains ultimate responsibility for safety and quality, which derives from both its legal responsibility and operational authority for hospital performance. The governing body provides for internal structures and resources. Rancho's Governing Body works with the senior managers and leaders of the organized medical staff to annually evaluate the hospital's performance in relation to its mission, vision, and goals. The ultimate person who manages Rancho is the Chief Executive Officer.

Individual members of the Governing Body, senior managers, and leaders of the organized medical staff are oriented to all of the following:

- The hospital's mission and vision
- The hospital's safety and quality goals
- The hospital's structure and the decision-making process
- The development of the budget as well as the interpretation of the hospital's financial statements
- The population(s) served by the hospital and any issues related to that population(s)

EFFECTIVE DATE: August 2005

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

- The individual and interdependent responsibilities and accountabilities of the governing body, senior managers, and leaders of organized medical staff as they relate to supporting the mission of the hospital and to providing safe and quality care
- Applicable laws and regulations

The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the hospital's mission, vision, and goals is to define how the hospital will achieve safety and quality.

I. MISSION, VISION, and VALUES

Mission: To restore health, rebuild life, and revitalize hope for persons with a life changing illness, injury, or disability

Vision: To be the recognized leader and valued partner in the application of world class neuroscience and rehabilitation

Values: Patient & Family-Centered Care
Collaboration
Integrity
Quality
Safety

II. OVERVIEW OF THE MEDICAL CENTER

Operating as a facility within the County of Los Angeles Department of Health Services, Rancho Los Amigos National Rehabilitation Center has over 130 years experience providing care for persons with physical and neuro-developmental disabilities. Today, RLANRC specializes in providing medical and rehabilitation programs for person of all ages with physical disabilities and/or chronic illnesses through Neurological, NeuroTrauma, and Medical/Surgical Services in the following areas,

Neurological

Stroke
Epilepsy
Neurological Disorders
Developmental Disorders
Movement Disorders
Multiple Sclerosis

Neuro-Trauma

Spinal Cord Injury
Adult Brain Injury

Pediatrics
Major Multiple Trauma

Medical/Surgical

Orthopedic Joint Replacement (Hips, Knees)
Orthopedic Sports (Arthroscopy Shoulder and Knee, Arthroplasty of Shoulder and Elbow)
Spine Surgery
Neurosurgery
Limb Preservation/Diabetic Amputee Program
Podiatry
Otorhinolaryngology
Orthopedic Neurorehabilitation Gait Surgery
Pressure Ulcer Management Services
Urology
Medicine and Medicine Subspecialties
Women's Health
Cardiac Rehabilitation

Specialty Programs

Center for Applied Rehabilitation Technology
Dental Services
Driver Training
Pathokinesiology Laboratory
Seating Center
Vocational Services
Wellness Center

RLANRC is affiliated with several schools of medicine, dentistry, and allied health professions across the United States for training future physicians, nurses, physical therapists, occupational therapists, speech pathologists, recreation therapists, medical social workers, and health care administrators.

III. STRATEGIC PLAN

RLANRC plans for the services provided in response to needs of the community it serves. This strategic planning is consistent with the mission, vision, and values of the organization. The planning process seeks input from many sources included, but not limited to, the community, our customers, and the internal organization. RLANRC services are designed to be responsive to the needs and expectation of patients, families, and other consumers. This planning process includes input from, but is not limited to:

- Patient Advisory Council

- Community Stakeholder Forum
- Patient Satisfaction Surveys, Patient Advocate Database, and direct feedback
- Review of financial and operating performance indicators
- Staff throughout the organization

As a result of our organizational and environmental assessment, RLANRC has strategic goals in the following core areas:

- Define and refocus our core services ensuring excellence and innovation for patient care
- Improve access to quality, patient-centered services
- Enhance communication with both internal and external stakeholders.
- Improve data integrity and analytics and ensure the use of data in driving decisions
- Recruit and retain top notch staff; and promote a highly engaged, resilient workplace

IV. ORGANIZATION/FUNCTIONAL RELATIONSHIPS

The organizational structure and functional relationships within RLANRC are designed to clearly delineate accountability, authority, and responsibility for patient care activities. The Governing Body (County of Los Angeles Board of Supervisors), through the Department of Health Services (DHS), has the ultimate authority and responsibility for the provision of patient care services. DHS delegates authority and responsibility to the RLANRC Chief Executive Officer (CEO) and Chief Medical Officer (CMO), who in turn assume responsibility for the quality and integration of patient care services throughout the medical center. The CEO and CMO are assisted in leading the organization by the executive leadership and management staff groups. These leadership groups work collaboratively to manage the strategic development, day-to-day operation, and performance improvement activities as guided by the RLANRC mission, vision, and values.

Interdisciplinary collaboration and communication are key to the planning and provision of patient care services. RLANRC utilizes multiple mechanisms to achieve and optimize communication and decision making among and between staff members of the medical center. These include, but are not limited to:

1. Regularly scheduled administrative meetings
 - Rehabilitative Therapies Meeting
 - Executive Council
 - Hospital Accreditation and Regulatory Committee
 - Governing Body
 - Management Staff Meeting
 - Medical Executive Meeting (MEC)
 - Nursing Executive Council
 - Inpatient and Outpatient Departmental Meetings
 - Patient Advisory Committee

2. Regularly scheduled performance improvement meetings
 - Medical Staff Quality, Risk, Safety Meeting (QRS)
3. Patient Care Meetings
 - Ad hoc program and discharge planning meetings
 - Family conferences
 - Interdisciplinary team conferences
4. Performance improvement teams: ad hoc committees to address areas for improvement, service development and/or program enhancement
5. Written Communication
 - E-mail
 - Flyers/Announcements
 - Rancho Flash: a newsletter for all staff
 - DHS Enterprise and Rancho Intranet

★ See Administrative Policy and Procedure A106, A106.14, and A110.

V. PHILOSOPHY OF PATIENT CARE

At Rancho Los Amigos National Rehabilitation Center, we maintain:

1. A culture of safety and quality throughout the hospital. Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital. Leaders plan, support, and implement key systems critical to this effort. Rancho leaders review systems that influence the effective performance of a hospital:
 - Using data
 - Planning
 - Communicating
 - Guiding performance
 - Staffing
2. Effective communication is essential among individuals and groups within the hospital, and between the hospital and external parties. Rancho leaders provide the resources required for communication, based on the needs of patients, the community, physicians, staff, and management.
3. Appropriate patient assessment and reassessment. This is to determine the care, treatment, and services that will meet the patient's initial and continuing needs. Patient needs must be reassessed throughout the course of care, treatment, and services (inclusive of risk for suicide).
4. Care activities include the following:
 - Providing access to levels of care and/or disciplines necessary to meet the patient's needs

- Interventions based on the plan of care, including the education or instruction of patients regarding their care, treatment, and services
- Coordinating care to promote continuity when patients are referred, discharged, or transferred

At Rancho Los Amigos National Rehabilitation Center we continuously believe that the dignity of humanity cannot be affected by disability or chronic illness and that each person with a disability/ chronic illness is unique and exists as part of a greater whole which includes the community, family, and other social support structures.

We recognize that adapting to disability is a lifelong process in which hospitalization and ongoing medical treatment play a limited role. In order to fulfill this role, Rancho supports and expects each employee to act ethically, respect the rights and beliefs of the persons served, and provide services which improve the quality of life for persons with disabilities/chronic illnesses.

Rancho Los Amigos National Rehabilitation Center is committed to providing patient-centered care, which recognizes each patient as an individual with goals and aspirations that transcend their immediate physical limitations. In support of these beliefs we:

- Provide a consistent level of care to meet specific patient needs throughout the organization. The care provided is based upon a rehabilitation philosophy emphasizing the educational process needed for long term management of disabilities and chronic illnesses. This process supports the patient as an integral team member who makes choices and participates in self-management and self-care. When the patient is unable to perform this function, his or her advocate is encouraged to participate in this role.
- Provide a physical structure and patient care milieu which promotes the patient's adaptation of lifestyle to their disability/chronic illness.
- Create a culturally sensitive environment which supports all aspects of the patient's wellbeing, including the physical, psychological, social and spiritual.
- Assess each patient's current health. Psycho social and functional status, medical/rehabilitation potential, and external resources as the foundation of care. This collection of data is systematic and continuous, serving as a basis for determining the health care needs and the best processes for delivery of care.
- Ensure each patient has a plan of care coordinated and implemented by an appropriate interdisciplinary team. The patient, family, and other support persons, as appropriate, and involved in setting goals and establishing the plan. Discharge and transitional care planning are an integral part of this process and include ways to meet life care planning and ongoing medical/rehabilitation needs.
- Attend to the needs of the patient through interventions designed to achieve optimal health outcomes.

VI. MEDICAL STAFF SPECIALITIES

The medical staff of RLANRC is organized to coordinate, direct, and provide medical staff services to the hospital. The medical staff has established bylaws, rules, and regulations which govern their activities, management of patient care, performance improvement, peer review, appointment, reappointment, and determination of clinical privileges.

The medical staff provide services in the following specialty areas:

- Anesthesiology
- Dentistry
- Laboratory/pathology
- Medicine
 - Infectious Disease
 - Rheumatology
 - Endocrine
 - Gastroenterology
 - Internal Medicine
 - Pulmonary
 - Cardiology
 - Nephrology
 - Critical Care
 - Family Medicine
- Medical Imaging
- Neurorehabilitation
 - Stroke
 - Neurology
 - Spinal Injury
 - Brain Injury
- Nuclear Medicine, Radiology
- Pediatric Rehabilitation
- Physical Medicine & Rehabilitation
- Surgery
 - Urology
 - Otolaryngology
 - Neurosurgery
 - Orthopedics
 - Plastic surgery
 - Podiatry
- Neurology
 - Stroke
 - Epilepsy
 - Movement Disorders
 - Dementia
 - Multiple Sclerosis
 - Neuromuscular
- Psychology
- Psychiatry
- Optometry

VII. NURSING, REHABILITATION THERAPY AND SUPPORT STAFF

The Health Care Team is an interdisciplinary team of professional care and assistive care staff who work collaboratively to provide patient care services. The Health Care Team's composition is based upon the needs of the patient.

A. Health Care Team: Professional Staff Roles and Functions

The Patient Care Model ensures that each patient at RLANRC is assigned an attending physician and team composed of professional care staff who are accountable for the patient’s assessment, planning, and coordination of treatment, prioritization of patient needs, periodic reassessment, and determination of the patient’s medical and rehabilitation outcomes. Professional staff education includes planning, development and evaluation.

Professional practice at RLANRC is defined in accordance with federal and state licensure laws. Information related to guidelines of professional practice may be found in policies specific to that department or service.

The specific roles and functions of the various professional care staff are delineated as follows:

STAFF	ASSESSMENT	PLANNING	TREATMENT	INVASIVE PROCEDURE	PATIENT RIGHTS	D/C PLANNING	NUTRITION CARE	PATIENT TEACHING
Audiologist	✓	✓	✓	✓	✓	✓		✓
Case Manager	✓	✓	✓		✓	✓		✓
Clinical Pharmacists	✓	✓	✓		✓	✓		✓
Nurse Practitioner	✓	✓	✓	✓	✓	✓	✓	✓
Physician Assistant	✓	✓	✓	✓	✓	✓	✓	✓
Physician	✓	✓	✓	✓	✓	✓	✓	✓
Psychologist	✓	✓	✓		✓	✓		✓
PT/OT/SP	✓	✓	✓	✓	✓	✓	✓	✓
Recreation Therapist	✓	✓	✓		✓	✓		✓
Register Nurse	✓	✓	✓	✓	✓	✓	✓	✓
Registered Dietitian	✓	✓	✓		✓	✓	✓	✓
Respiratory Therapist	✓	✓	✓	✓	✓	✓		✓
Social Worker	✓	✓	✓		✓	✓		✓

B. Health Care Team: Assistive Care Staff Roles and Functions

The Health Care Team is also composed of assistive care personnel who provide direct patient care and are responsible for providing patient data and updates to the professional care staff. Assistive care staff, within their scope of practice, is responsible for carrying out the established interdisciplinary treatment plan at various levels of independence and supervision, within their scope of practice. In order to meet the established goals/outcomes, the assistive care personnel involve the patient, family, and other support persons in the care regimen, activities, provision and reinforcement of teaching.

The specific roles and functions of the various assistive care staff are delineated as follows:

STAFF	DATA COLLECTION	TREATMENT	PATIENT TEACHING	PATIENT RIGHTS
Certified Occupational Therapy Assistant	✓	✓	✓	✓
Dietetic Technician	✓	✓	✓	✓
Electrocardiograph Technician	✓	✓	✓	✓
Licensed Vocational Nurse	✓	✓	✓	✓
Nursing Attendant	✓	✓	✓	✓
Physical Therapy Asst.	✓	✓	✓	✓
Pulmonary Technician	✓	✓	✓	✓
Rehab Associate	✓	✓	✓	✓
Speech Pathology Aide	✓	✓	✓	✓
Ultrasound/ECHO	✓	✓	✓	✓

C. Support Services:

Support services are available and provided to ensure that patient care services are maintained in an uninterrupted and continuous manner. These services are coordinated and integrated with the provision of direct patient care to support the comfort and safety of the patient and the efficiency of services available. Identified support functions include, but are not limited to unit coordination, environment, information systems, human resources, volunteer support building maintenance, safety, and leadership/management.

VIII. SCOPE OF SERVICES

Rancho’s written scope of services which complies with the requirements of 42 CFR 482.55., has been approved by the Governing Body. Each medical service, ancillary clinical department, and support department has a defined scope of service and goals, which support the operation of the organization.

★ See Appendix A, *Inpatient Rehabilitation Program Scope of Service*

IX. PATIENT ASSESSMENT AND REASSESSMENT

Data is obtained during the assessment process on all in-patient admissions by the nursing initial assessment and the physician history and physical. All patients admitted for acute rehabilitation are also assessed by the appropriate interdisciplinary team members (Physical Therapy, Occupational Therapy, Speech Therapy, Social Work, Case management; and on a consult basis Psychology, Recreation Therapy, or any other medical specialty). The scope and content of initial assessments are determined by patient clinical presentation and diagnoses, discipline specific scope of practice, and applicable state licensure laws and regulations. Assessments and

reassessments are customized to meet the individual needs of the patients, at minimum with regards to diagnosis and age (See discipline specific evaluation forms and Interdisciplinary Care Plans (Administrative Policy B820), which documents the scope and content of evaluations for specific diagnostic categories).

Assessments on all patients include:

- Physical Assessment
- Pain
- Fall Risk
- Suicide Screening
- Nutrition and Hydration Status
- Functional Status
- Language and cultural issues (including end-of-life care issues)

If it is determined after the initial evaluation that a patient has additional needs, a consult is generated to the appropriate modifications to the plan of care of the appropriate discipline (e.g., Nursing Policy C202, Admin policy B814, Admin policy B813).

Reassessment

Patients are reassessed on a continuous basis and any significant change in status is documented and if applicable modifications to the plan of care of the appropriate discipline(s) are documented.

X. SERVICE AVAILABILITY

To assure that patient care services are available in a timely manner to meet the needs of our patients, all services essential in providing quality patient care are provided to our customers directly by RLANRC staff, or through referral consultation, and/or contract with providers that can supply quality services.

Essential services provided on a regular basis by another source are approved by the Medical Executive Committee. RLANRC maintains written agreements with the provider and assures that applicable accreditation standards are met.

Contracted services for onsite provision of patient care include:

- Dietary
- Dialysis
- Orthotics
- Prosthetics

★ See Attachment, *“Inpatient Rehabilitation Program Scope of Service”*

In circumstances where RLANRC cannot provide the service necessary to meet a patient’s need, appropriate referrals to outside organizations are made by medical staff in collaboration with the appropriate health care team member and referral agency. The medical staff, in consultation with RLANRC staff, the patient, and family, determines the need for referral, transfer, or discharge to another facility or level of care based on the patient’s assessed needs and

RLANRC's capacity to provide appropriate staff in collaboration with medical staff and care givers.

XI. STAFFING PLAN

Staffing plans for patient care services are developed based on the level and scope of care that meets the needs of the patient population, the frequency of the care to be provided, and the determination of the number, mix, and competencies of the staff that can most appropriately (competently, comfortably, and confidently) provide the type of care needed. Staff members are assigned clinical responsibilities based upon educational preparation, applicable license laws and regulations, and assessment of current competence.

Each clinical department has a formalized staffing plan which will be reviewed at least annually based on the following:

- Changes in patient needs/expectations
- Patient outcomes as reflected in performance improvement data, utilization review, management reports, and staffing variance reports
- Feedback as available from patients, families, and staff
- Changes in case mix due to addition, deletion, or enhancement of patient care programs and populations

STAFFING EFFECTIVENESS STANDARDS

Staffing Effectiveness Standard is the number, competency, and skill mix of staff as related to the provision of needed services.

STAFFING EFFECTIVENESS APPROACH

- Uses an evidence-based approach (evidence-based)
- Uses multiple clinical / services and human resources indicators in combination
- Acknowledges no single indicator can reliably describe staffing effectiveness
- Indicators used as a screening tool for potential staffing issues
- Variation from expected triggers further analysis

SCREENING INDICATORS

DEFINITIONS

Patient falls

Number of inpatient falls per 1000 patient days

Post-Admission pressure ulcers

Number of inpatient with hospital acquired pressure ulcer per 1000 patient days

Percentage of non-compliant shifts

Number of shifts per month in which the overall compliance with staffing needs is less than 90% per unit

Average percentage of float staff	divided by the total number of shifts per month per unit Percentage of float staff for all non-compliant shifts in each unit divided by the total number of non-compliant shifts for that unit.
Direct care staff	Provide care to a group of patients 8 hour/6 days/week or more.
Indirect care staff	Provide intermittent indirect patient care which in their absence may impact the direct caregiver=s workload; and therefore affect patient outcomes.

XII. STAFFING VARIANCES

RLANRC values each individual in the organization; therefore, education is a key component of employment. In addition, in order to enhance the provision of patient care, ongoing continuing education is critical to ensure that knowledge is current and competency is maintained and enhanced. The following mechanisms are in place to support and encourage continuing education:

- Human Resources, which, in collaboration with departments, provides New Employee Orientation, mandated training, and continuing education programs for the medical center
- Department/Service in-service education
- Medical Grand Rounds
- On the job training
- Performance improvement facilitation and education
- Paid educational leave and tuition assistance to attend outside seminars and workshops

The planning for the development of educational programs is based on our mission, vision, and values, the case mix of patients served, the technology utilized, the identified learning needs of the staff (on an individual, departmental, and organizational basis), the required and personal competency needs of the staff, learning needs related to expertise development, education needs identified through performance improvement activities, and lastly, the identified issues that influence the staff to continue their employment at RLANRC.

XIII. ORGANIZATIONAL QUALITY IMPROVEMENT

All departments are responsible for developing and implementing a quality improvement plan, which is reviewed and approved by the Chief Quality Officer and the Quality Improvement Specialist. Each Department Chair designates a Quality Improvement Champion that develops a plan for improving patient outcomes, patient experience, and cost effectiveness. Departments

are also responsible for initiating activities designed to follow-up on unusual occurrences or specific concerns/issues, planning and control issues, patient/family complaints, and customer survey results.

REFERENCES:

Strategic Plan Document
Administrative Policies and Procedures:
A106 - RLANRC Organization Chart
A106.1 - Departmental Organization Chart
A128 - Performance Improvement Plan

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October 19, 2009 CG
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Nov. 4, 2019 MC/BO
Feb. 14, 2023 MC/Rehab. Council

Inpatient Rehabilitation Program SCOPE OF SERVICE

Every year, many adults and children experience injuries and illness that put them in need of expert rehabilitation. A pioneer in rehabilitation since the 1920's, Rancho has served over 12,000 rehabilitation inpatients in the last 10 years alone. We put our collective expertise into customized care for each person served. Our mission at Rancho Los Amigos National Rehabilitation Center is *"to restore health, rebuild life, and revitalize hope for persons with a life-changing illness, injury or disability."*

A. Program Description

Each patient admitted for rehabilitation at Rancho Los Amigos National Rehabilitation Center (RLANRC) receives coordinated, case managed, acute inpatient rehabilitation services in accordance with the mission and values of the hospital. Rehab program inpatients are admitted to the Jacqueline Perry Institute (JPI). Medical management by internists, rehabilitation physicians, and nursing staff is provided 24 hours a day, 7 days per week. Therapy services are provided six (6) days per week (Monday through Saturday) from 7:00 am-7:00 pm, for an average of three (3) hours per day.

B. Criteria

1. Diagnoses, include but not limited to:
 - a. Adult Brain Injury: traumatic anoxic encephalopathy
 - b. General Rehabilitation: deconditioning, multiple trauma
 - c. Neurology: neuro-muscular disease, peripheral neuropathy, multiple sclerosis, brain tumor, CNS infections, neuro-degenerative disease
 - d. Spinal Cord Injury: traumatic infectious, tumor
 - e. Stroke: ischemic or hemorrhagic stroke, sub-arachnoid hemorrhage
 - f. Orthopedic Rehabilitation: hip fracture, hip and knee arthroplasties, lower limb amputations
2. Age
 - a. Adults – generally 18 years of age and over
 - b. Pediatrics - generally 0–20 years of age. The Pediatrics Rehabilitation Program serves individuals under 21 years old – consistent with California Children's Services (CCS) age range parameters. Pediatrics Program admissions are considered on a case-by-case basis. Individuals who are 21 years old are generally referred to RLANRC's adult services.
3. Admission Criteria
 - a. Stable or improving condition
 - b. Good rehabilitation potential
 - 1) Potential for placement in a more independent living environment
 - 2) Potential to reduce level of care
 - 3) Potential to significantly improve quality of life
 - c. Ability to participate in 2 therapies for a minimum of 3 hours of combined therapy each day. If patient is unable to meet this criterion currently, there must be a reasonable likelihood of being able to do so within the next 7-10 days).

Factors to consider when assessing ability to participate:

- 1) Has potential to physically tolerate 3 hours of rehabilitation per day
- 2) Demonstrates a willingness to participate in therapy
- 3) Demonstrates an ability to cooperate with medical treatments, nursing care, and therapy interventions
- 4) Not in a coma or persistent vegetative state
- 5) Cognitive impairment can be managed using compensatory strategies
- 6) Psychiatric diagnosis does not significantly interfere with participation in rehabilitation
- 7) Agitation or behavioral disturbance does not significantly interfere with participation and can be managed in a non-psychiatric setting

4. Discharge Criteria

- a. Development of a reasonably safe and acceptable discharge plan that meets the patient's medical, psychological, social, and functional needs.
- b. Rehabilitation goals have been met.
- c. Patient does not progress at a reasonable rate towards anticipated goals in the absence of extenuating circumstances.
- d. Patient can be transitioned to a different level of care (e.g., outpatient, sub-acute, skilled nursing facility, etc.).
- e. Patient is unable or unwilling to actively participate in acute rehabilitation.
- f. Patient elects to discontinue the program.

C. Services provided

Entry into the inpatient rehabilitation program involves a pre-admission assessment of the medical, rehabilitation, and psychosocial needs for each person served. This assessment is generally initiated by a Clinical Rehabilitation Specialist who may assess the person served on-site at the referring facility or via consultation and a review of the medical record. Other sources of assessment data collection include telephone interviews with persons served/support system and interdisciplinary team members from various clinical settings. Referral sources include acute hospitals (other county hospitals as well as community hospitals), subacute, long-term acute, and skilled nursing facilities, home, and others.

The pre-admission assessment includes diagnosis, co-morbidity, pre-morbid level of functioning, current level of functioning, mental status, prognoses, ability to tolerate the intensity of acute rehabilitation, support system, anticipated discharge environment, and funding sources. Persons served are admitted according to established admission criteria and meet standards for acuity and medical stability for acute rehabilitation.

RLANRC serves a diverse clientele. RLANRC works with a variety of public and private payers. It is a safety net facility for Los Angeles County – many persons without funding have received services here.

The rehab program addresses the needs of the persons served by connecting to other programs and departments within and outside of RLANRC, working collaboratively with our affiliate Los Angeles County hospitals, and in partnership with other community organizations and resources. Through these links, the individuals are able to receive services across the continuum of care including emergency care, acute hospitalization, skilled nursing home care, home health care, and specialty consultations. Services are individualized and customized in collaboration with the person served and support system according to the individual's needs and situation.

D. The Team and the Rehab Process

Interdisciplinary team members consists of personnel, disciplines, and specialties as needed to meet the needs of the persons served. The Rehabilitation Physician oversees the medical and rehabilitation management to care for continuing or complex medical conditions and interventions to prevent medical complications. The physician and rehab team collaborates to ensure that the program is consistent with the individual's goals, predicted outcomes, and training/educational needs.

Effective communication is sought between the treatment team, persons served, and his/her support system. Information is shared in formal and informal ways in order to coordinate care, plan for discharge, and prepare for the next phase. Regularly scheduled meetings include weekly team conferences (sometimes called "kardex") and patient-centered rounds. Additionally, family or support system training maybe scheduled to prepare the support system for discharge.

To support team collaboration and rehab unit operations, communication takes place at the service meetings that include patient care team members and area managers. Additionally, rehabilitation service issues are addressed in several forums, including the Rehabilitation Council, Rehab Therapy Division Meeting, Rehabilitation Medical Staff Meeting, the Medical Executive Council, and the Executive Council.

E. Performance Improvement Initiatives:

The inpatient rehabilitation program seek to improve performance on an ongoing basis in order to provide each person served with superior medical and rehabilitation services. Data are monitored in a variety of areas. Data are aggregated and outcomes are analyzed in key areas that impact the rehab continuum of care, including functional quality indicators, business/operational functions, effectiveness, efficiency, access, and feedback/satisfaction.

F. Conclusion

The Inpatient Rehabilitation Program effectively treats individuals from diverse backgrounds with complicated medical presentations and injuries. The team is led by dedicated professionals who work with the person served and his/her support system to facilitate return to the highest level of function using the most effective approaches and techniques, while respecting the autonomy of the individual and improving the quality of life.