

ADMINISTRATIVE POLICY AND PROCEDURE

Page 1 of 5

Subject: LEAVE OF ABSENCE (LOA) AND MEDICAL DAY UTILIZATION FOR ACUTE REHABILITATION INPATIENTS **Policy No.:** B890

Supersedes: NEW

Origin Date: March 28, 2024

Review Date:

Revision Date:

PURPOSE:

To provide guidance and identify scenarios that necessitate Leave of Absence (LOA) or medical day(s) for acute rehabilitation inpatient service.

POLICY:

The following guidelines are intended to specify the appropriate use of LOAs and medical day(s) to improve patient safety and clinical team satisfaction.

HISTORY:

LOA was initially created to hold a bed for a patient who was expected to have limited time off the acute rehabilitation unit (ARU) for various reasons. This process held the bed in ARU while additional encounters were open within the electronic health record (EHR) to meet acute medicine needs. Changes in the EHR have removed the need for LOA in many circumstances and it has been determined that most LOAs are unnecessary and may pose an increased risk to patients due to medication issues with two open FINs.

DEFINITION:

Medical day(s) – Per the Centers for Medicare & Medicaid Services (CMS), the patient must receive a minimum of 15 hours per week of therapy services, unless documentation supports medical issues justifying a brief exception not to exceed three consecutive days. Non-medical missed therapy minutes must be made up during the same 7 consecutive day time periods (starting with the day of admission).

- More than one set of medical days may be used during a stay on ARU.
- Appendix B provides details on how to document and order medical days for acute rehabilitation days.

PROCEDURE:

This policy only applies to patients in acute rehabilitation inpatient programs. LOAs should not be used on units outside of acute rehabilitation including CARE team patients who may be housed in an ARU bed. Acute rehabilitation teams should use the clinical status of the patient to guide their decision-making. Any patient not returning to therapy by the second midnight should be reassessed to determine if they remain a candidate for ARU prior to the third midnight (LOA or medical days).

Patients discharged for a higher level of care will be prioritized for return for 48 hours. CMS rules require that after 48 hours, patients must have a documented evaluation stating they remain an appropriate candidate for ARU. Providers discharging a patient to a higher level of care should make sure on physician handoff to tell teams that a provider or therapy team member should continue to evaluate the patient and document they remain candidates for ARU. If outside the 48hrs since last evaluation by therapy teams, but patient remains unchanged clinically, the physician alone can reaffirm patient remains a candidate for ARU.

Revised:

Reviewed:

Approved By:

Subject: LEAVE OF ABSENCE (LOA) AND MEDICAL DAY UTILIZATION FOR **Policy No.:** B890
ACUTE REHABILITATION INPATIENTS

- A. **LOA** should be used only for the following scenarios:
1. Patients on the rehabilitation service going to the Operating Room (OR) with a plan to return to an ARU bed within two midnights without significant functional changes (e.g., wound debridement, etc.).
 - a. Regardless of whether at Rancho Los Amigos National Rehabilitation Center (Rancho) or another Department of Health Services facility.
 - b. If the patient is not expected to return within two midnights, do not use LOA, instead see the discharge section.
 2. Patients on a therapeutic pass (see Therapeutic Home Pass and Leave of Absence Policy B827).
- B. **Medical Days** for the following scenarios:
1. Patients going to outpatient clinic appointments if unable to meet minimum hours of therapy for the day:
 - a. Patients should only go to outpatient appointments that are unable to be addressed at Rancho (see Appendix A for guidance on outpatient appointments).
 - b. Teams should evaluate appointments not addressed in Appendix A and determine whether an interruption in therapy is appropriate or if the patient can be rescheduled for after discharge.
 - c. Every effort should be made to reach the three-hour rule if feasible when patients go to outpatient clinic appointments.
 2. Patients with mild or moderate illness (such as a urinary tract infection) that are managed on the acute rehabilitation service and are expected to return to full therapy within one or two midnights.
 3. Outpatient procedures or tests (e.g., gastrointestinal procedures, echocardiograms, or interventional radiation-guided drainage), where the patient is expected to immediately return to the unit and participate in therapy within one or two midnights but not reach the three-hour rule because of the procedure.
- Exception: Do not use medical days if the patient can participate in therapy and can meet the three-hour rule.
- C. **Discharge** for the following scenarios:
1. Patients who are transferred to a higher level of care for medical or surgical management.
 - a. Readmission can be considered once the clinical status is improved, and the patient meets acute rehabilitation criteria.
 2. Patients on ARU going to the OR where the surgical procedure will likely change functional status to not allow acute rehabilitation, or the return is uncertain because of the complexity of surgical intervention.
- D. For clinical scenarios not listed above, providers should use their clinical judgement.
1. Patients going to the Home Practice Apartment (see Home Practice Apartment Policy B827.1) do not require LOA or medical day(s).
 2. Teams should avoid routinely using LOA except for the above scenarios.
 3. In cases outside of the above scenarios, consider an interdisciplinary team huddle to determine how best to manage the patient's needs.

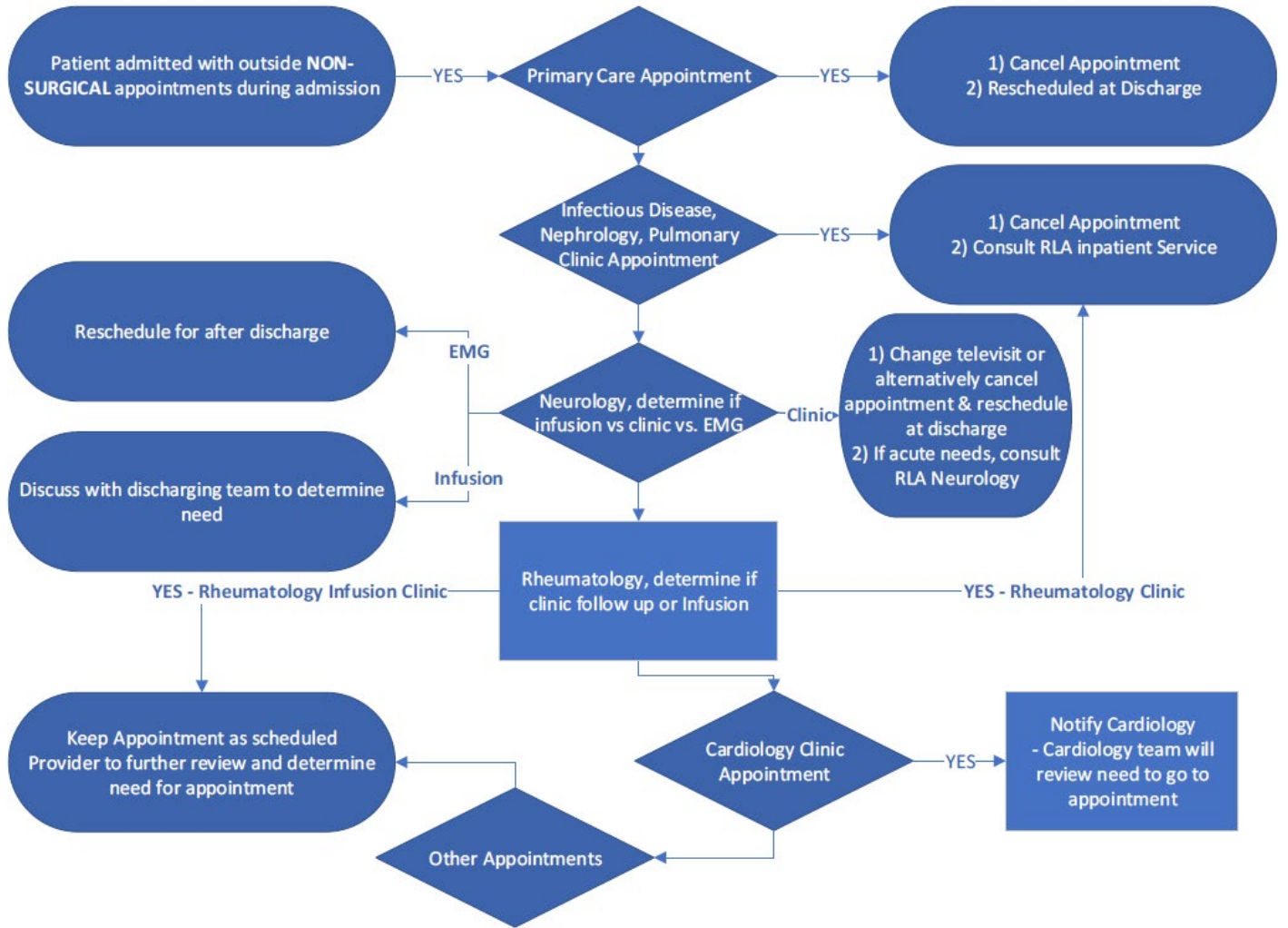
ATTACHMENTS:

Appendix A - Workflow for Clinic Appointments for Admitted Patients: Non-Surgical and Surgical

Appendix B - Instructions for placing patient on medical days for ordering providers

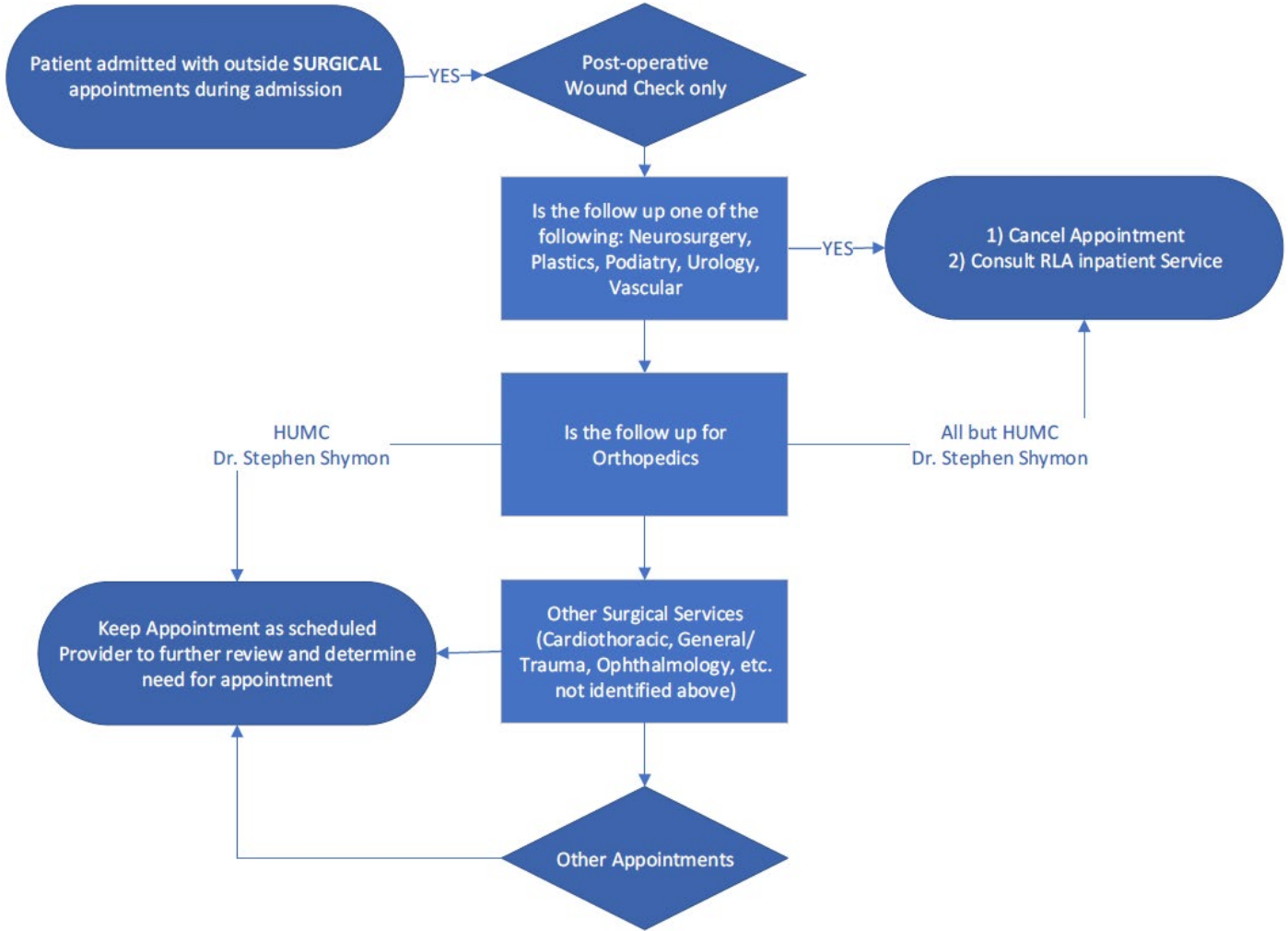
Workflow for Clinic Appointments for Admitted Patients

1. Non-Surgical Appointments Workflow



Appendix A (Page 2 of 2)

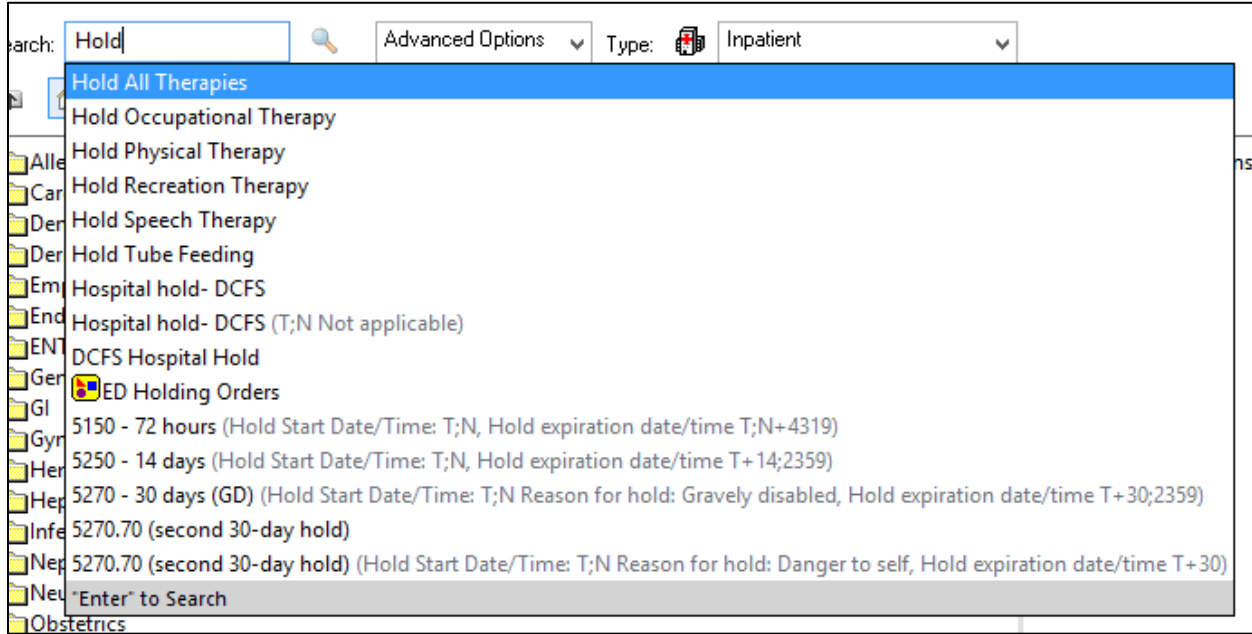
2. Surgical Appointments Workflow



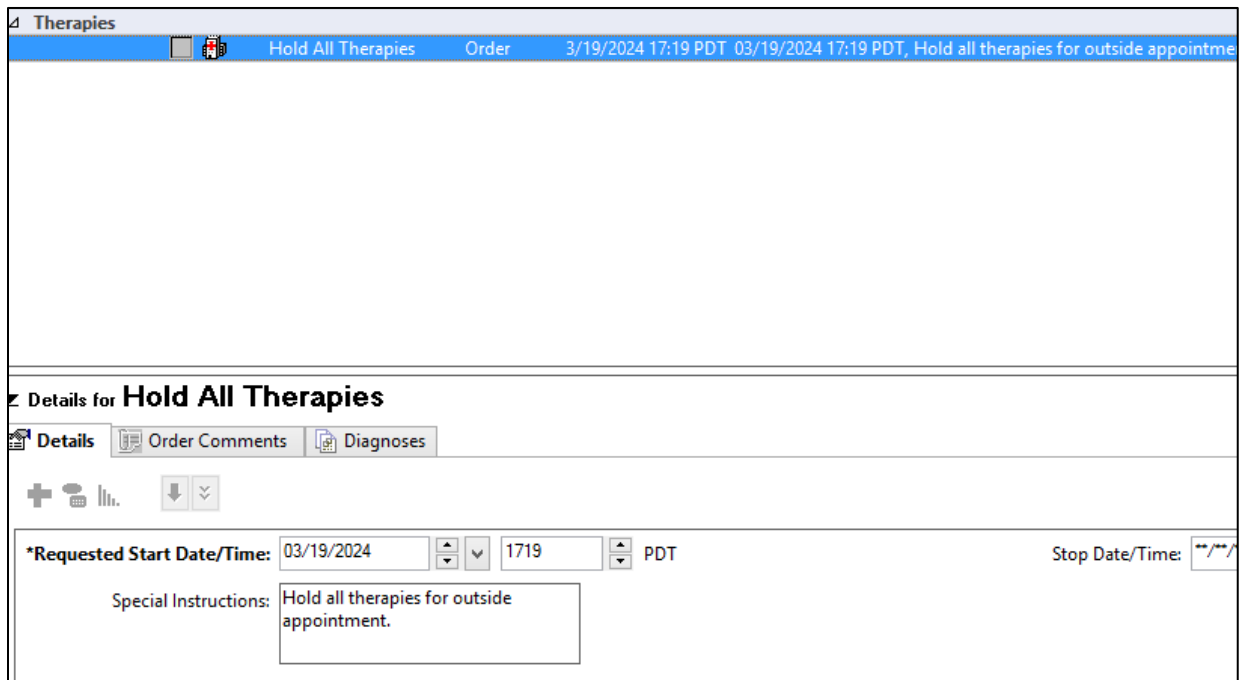
Appendix B

Instructions For Placing Patient on Medical Days For Ordering Providers

1) Go to orders and place order: “Hold All therapies”



2) After selecting, fill in Special Instructions with reason as in the document above:



3) Sign order.