

## *Our Scope to Share: Brain Injury Inpatient Rehabilitation*

The Joy-Fuller Rehabilitation Center (JFRC) is a 24 bed inpatient rehabilitation facility, located on the seventh floor of Winter Haven Hospital. Our Center is CARF accredited (Commission on Accreditation of Rehabilitation Facilities) and State Designated for Brain Injury. Services are provided through a comprehensive, interdisciplinary team approach to persons 18 years and older with activity limitations and participation restrictions due to acquired brain injuries. We assist these individuals by maximizing their abilities with physical, cognitive, education, leisure and vocational skills for returning to an independent lifestyle. We tailor the program to meet the needs of the individual, including culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language.

### **Services Include:**

Physical Therapy  
Speech-Language Pathology  
Neuropsychology  
Care Coordination  
Support Groups and Counseling

Occupational Therapy  
Therapeutic Recreation  
Social Work  
Physical Medicine and Rehabilitation  
Rehabilitation Nursing

Rehabilitation Nursing and Physician services are provided 24 hours a day, seven days a week. Persons receive three hours of therapy per day, five days of the week, with additional services on the other days, specific to their needs. The three hours consist of Physical Therapy, Occupational Therapy, Speech-Language Pathology, Therapeutic Recreation, and/or Neuropsychology. The combination of these services is determined daily based on the individual patient needs. Therapy may start as early as 7:00 a.m. and is usually finished by 4:00 p.m., allowing evening hours for leisure activities, visiting with loved ones, and rest.

Persons we serve need assistance with the following areas of impairment, including but not limited to self care, mobility, communication, thought processing, problem solving, and/or memory, and returning to and participation in the home or community. We recognize that psychological adjustment is an important component of recovery, and that behavior issues may be part of the person's recovery. We are here to help. Psychological adjustment, mental health issues, and behavior management are treated as part of the brain injury, but are not the primary reasons for admission. If substance abuse has been a part of the person's past, or is a factor in the brain injury recovery, the team considers the person's present and future needs, and a referral is made during their stay or after discharge.

### **Ongoing Needs Assessment:**

Education is an integral part of our program. The strengths and needs of the person and the support system are assessed to develop an educational and training plan. Our goal is to prepare the person and the support system to be responsible for the management of healthcare needs. The person is provided with individualized education, including sessions with staff, and hands on training for techniques. Prevention of recurrence of the impairment process and identification of risk factors that may have precipitated the impairment process are emphasized. Development of a skill set that will enhance the success of the person and the support system after discharge is an especially important part of the program. Through membership in support groups, education, participation and life enhancement continues after discharge. Discharge planning begins prior to admission. We continually assess functional improvement and discharge readiness through interdisciplinary team meetings. We have developed links with community services to include community integration programs, vocational services, and transitional living and assisted living facilities.

## Our Goal:

*To empower the person, caregiver, and family with education so they can achieve safe and successful transition to home, minimizing activity limitations, and maximizing understanding of the level of assistance needed for safe participation in the home and community.*

## Admission Criteria:

1. 18 years of age or older with medical necessity for inpatient rehabilitation.
2. Having medical issues that can be managed on the rehabilitation unit as determined by the Medical Director. If the person's status changes from acceptance date, we have the right to change the acceptance decision.
3. With reasonable expectations of functional gains.
4. Pending approval by Administration/Finance Department.
5. For whom inpatient rehabilitation is deemed to be the most appropriate use of the person's long range financial resources.
6. Based on bed availability. Five beds on the unit are designated for the Brain Injury Program.
7. Who have the potential of participating in 3 hours of therapy per day 5 days a week.
8. Who are Free from communicable disease.
9. With a Diagnosis of Acquired Brain Injury.
10. With Rancho Los Amigos Scale of 4 or higher.
11. Who are not dependent upon a ventilator/respirator.
12. Whose primary focus of treatment is for physical medicine and rehabilitation, and not primarily substance abuse (drug or alcohol), behavioral issues and/or mental health.
13. With a need that requires at least two interdisciplinary therapies
14. Who have a support system involved to implement a realistic discharge plan to a community type setting.
15. Who are not at risk for elopement.
16. For whom admission to the unit would not generate a safety risk to the person or other persons being served on the unit, or are a major disruption to the running and efficiency of persons being served on the unit, as deemed by the Medical Director.
17. Who will remain free of non-prescribed drugs and alcohol for the duration of the program.
18. Who are willing to abide by the rules of program including privileges on and off the unit.

## Discharge Criteria:

1. The person's ability to tolerate the program has changed so that a different setting is indicated.
2. The person has improved to the projected functional level that will allow discharge to a specified environment, supervised or non-supervised.
3. The person has received maximum benefit from the program.
4. The person experiences a major intervening surgical, medical or psychological problem that precludes benefit from a continued intensive rehabilitation program.
5. The person and/or the support system are no longer willing to be active participant in the program.
6. The overall goal of the person's program or the discharge plan has changed, in such a way that the intensive rehabilitation program is no longer the best use of the person's resources.

The person served has the right to make decisions regarding his or her rehabilitative care, and the right to refuse any portion of the program, up to and including discharge against medical advice. Should the person elect to exercise his or her rights, rehabilitation nursing will guide the person and the family through the process.