



Scope of Service

Premier Facility:	<input checked="" type="checkbox"/> Atrium Medical Center <input type="checkbox"/> Premier System Support <input type="checkbox"/> Samaritan Behavioral Health <input type="checkbox"/> CompuNet Clinical Laboratory <input checked="" type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient <input type="checkbox"/> Miami Valley Hospital <input type="checkbox"/> Premier Physician Network <input type="checkbox"/> Upper Valley Medical Center
Department	AMC SOS Rehabilitation Services – Inpatient Rehabilitation Unit 2026	
Author	Ingrid Waggoner, Director	

GOALS:

To provide comprehensive rehabilitation to those who have suffered a debilitating illness or injury with the goal of improving functionality.

TYPE AND AGE OF PATIENTS SERVED:

Age Range: 16 years – 100+ years

All patients are admitted regardless of race, religion, or sexual orientation.

Activity Limitation: Patients must have sufficient endurance to be able to tolerate at least 3 hours of therapy spread out over the day, six days a week. Any activity limitations will be assessed and ordered by the physician.

Impairments: Patients admitted to the rehab unit have physical or cognitive impairments which impede functional independence. A wide variety of diagnoses are admitted and may include, but are not limited to, stroke, orthopedic injuries, traumatic brain injury, spinal cord injury, amputations, neuromuscular disorders, cardiac, respiratory and cancer. The patient must demonstrate cognitive abilities to participate in the program. Patients with psychological and behavioral impairments will be admitted if able to participate in a structured rehabilitation program. The program does not provide treatment for individuals whose only disability is blindness or deafness; however, blindness and/or deafness does not preclude admission if other conditions are present for which the program provides services.

SCOPE AND COMPLEXITY OF PATIENT'S CARE NEEDS:

Medical Acuity/Stability: For admission to the program, patients must be medically and neurologically stable and have the physical and mental capacity, and motivation, to participate in an intensive rehabilitation program. The program will accept patients with complete or incomplete spinal cord injury C5-6 or below, regardless of etiology. Patients requiring mechanical ventilation are not accepted to the program.

Staff Responsibilities: Includes initial and ongoing assessments, outcome identification, a plan of care based on assessment, implementation of the plan of care and ongoing evaluation of treatment plan (making modifications as needed), patient/family education, patient/caregiver support and counseling, knowledge of support groups and community resources, complete and timely documentation, neuro-developmental techniques, mobility training, manual techniques, self-care retraining, disease management, and medication management.

EXTENT TO WHICH SERVICES PROVIDED MEET THE PATIENT'S NEEDS:

The use of a comprehensive interdisciplinary team approach allows for integration of all aspects of daily living for the patient to return to the community as quickly and safely as possible.

Referral Sources: Patients are referred to the rehabilitation unit by a licensed physician.

Admissions are accepted from hospitals, long term acute care hospitals, and nursing homes. Although uncommon, patients may be admitted from their home with referral from physician.

Payor Sources: Payor sources include Medicare, Medicaid, self-pay, commercial insurance, Workers Compensation, and Medicare/Medicaid HMOs. The absence of a payment source does not exclude admission.

Fees: Prior to admission, Rehab Case Managers verify insurance benefits, obtain any required prior authorization, and review relevant findings with patient and/or family. Standard charges provided are estimates only and may not reflect the actual out-of-pocket cost for an individual patient, as charges are dependent on insurance coverage and the specific terms of the patient's insurance plan. Certain services may be provided at the hospital by independent health care providers who may bill patients separately and who may or may not participate with the same insurance plans or HMOs as the hospital. A Business Office representative is available to meet with patients and families to discuss fees and payment options.

Cultural Needs: Atrium Medical Center admits patients regardless of race, religion, or sexual orientation. The rehabilitation team can assist with specific cultural or spiritual needs/requests on a case-by-case basis.

Continuing Stay Criteria: Patient continues to meet admission criteria, is participating in rehabilitation process, and is making progress towards goals.

Discharge Criteria: Patient met goals, progress has plateaued, patient not participating in rehabilitation program, unable to tolerate intensive rehabilitation setting, or patient becomes medically unstable and requires acute care medical management.

Intended Discharge Environment: Patients are admitted with the goal of being discharged back into the community environment. In some cases, alternative discharge settings may be needed. The patient must demonstrate reasonable potential to benefit from the program and if needed the family and/or significant other(s) are willing to participate in the program with a goal of returning to community living.

APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT SERVICES PROVIDED BY HOSPITAL OR CONTRACT SERVICES:

Available Onsite: Rehabilitative Medicine, Rehabilitation Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Recreational Therapy, Case Management, Respiratory Therapy, Pharmacy, Pastoral Care, Laboratory, Radiology, Medical Nutrition, Dialysis, ostomy/wound care, peer support visits, sexual counseling, spasticity management

- Diagnostic/screening: bladder function, bowel function, cardiac function, cognitive function, depression, metabolic function, musculoskeletal function, neurologic function, pulmonary function, skin integrity, swallowing, thromboembolic disease

Outside Referrals: Orthotic/prosthetics, home health agencies, durable medical equipment companies, transportation services, rehabilitation engineering services, audiology, podiatry, assistive technology, substance use counseling, driving rehabilitation, sexual functioning, visual assessment, vocational rehabilitation

AVAILABILITY OF NECESSARY STAFF:

Days/Hours of Service: The rehabilitation unit operates 24 hours a day, 7 days a week, 365 days a year. 24/7 physician availability, rehab nursing, and management coverage. Frequency of Service: Physical Therapy, Occupational Therapy, Speech Therapy, Nursing, Social Work, and Dieticians are available 7 days a week.

Preferred staffing is 5.5:1 RN patient ratio during the day and 7:1 RN patient ratio during night shift. The ratio may be adjusted according to the level of patient acuity, assessment needs, and professional judgment.

REGISTERED NURSE STAFFING FOR OUTPATIENT SERVICES:

Registered Nurses are staffed on the unit 24 hours a day, 7 days a week, without exception. The Clinical Nurse is a registered nurse (RN) who partners with and advocates for patients/families/significant others to provide physical, emotional, and spiritual support which impacts patient outcomes in a safe environment. The RN utilizes the nursing process in conjunction with evidence-based principles to care for a diverse caseload of patients within the department scope of service. The RN collaborates with, and guides care delivered by the interdisciplinary team.

STANDARDS OR GUIDELINES OF PRACTICE:

Centers for Medicare and Medicaid Services (CMS), Commission on Accreditation of Rehabilitation Facilities (CARF), Ohio Department of Health (ODH), The Joint Commission (TJC), Nursing Standards of Patient Care, Standards of Nursing Practice, Ohio Board of Nursing, Ohio Board of Physical Therapy and Occupational Therapy, Ohio Board of Speech-Language Pathology and Audiology.

METHODS THAT ARE USED TO ASSESS AND MEET PATIENTS' CARE NEEDS:

Nursing/Therapeutic Process: To include assessment of objective and subjective data, patient/family interview, plan of care, weekly team conferences, and utilization review. An interdisciplinary approach involving Nursing, PT, OT, ST, Therapeutic Recreation, Social Service, Nutritional Services, Pastoral Care, and Physicians.

Patient Survey: NRC patient satisfaction survey process; one-week post discharge follow up phone calls made by rehab social worker.

Approved by: Ingrid Waggoner, Director

Effective Date: 03/15/2026

Next Review Date: 03/15/2027