

Rehabilitation Prereview Questionnaire

1. Provide data about the number of rehabilitation beds and specialty rehabilitation services (SCI, TBI, and pediatric) available within the trauma system's geographic region. On average, how long do patients need to wait for these rehabilitation beds? Does the average wait vary by type of rehabilitation needed?

From DSHS Hospital Licensing records, we find approximately 4,469 rehabilitation beds. Currently, rehabilitation beds are not broken down by type of service in DSHS Hospital Licensing records. Usually the wait time is between 1-2 days, the time needed to get insurance authorization, bed availability, and physician acceptance of the patient. We do not collect data on wait time by type of rehabilitation needed.

2. Describe how existing trauma system policies and procedures appropriately address treatment guidelines for rehabilitation in acute and rehabilitation facilities.

By statute: Texas Health and Safety Code, Title 4., Health Facilities, Chapter 241 Hospitals, SUBCHAPTER F. MEDICAL REHABILITATION SERVICES

Sec. 241.121. DEFINITION. In this subchapter, "comprehensive medical rehabilitation" means the provision of rehabilitation services that are designed to improve or minimize a person's physical or cognitive disabilities, maximize a person's functional ability, or restore a person's lost functional capacity through close coordination of services, communication, interaction, and integration among several professions that share the responsibility to achieve team treatment goals for the person.

Added by Acts 1993, 73rd Leg., ch. 707, Sec. 1, eff. Sept. 1, 1993.

Sec. 241.122. LICENSE REQUIRED. Unless a person has a license issued under this chapter, a person other than an individual may not provide inpatient comprehensive medical rehabilitation to a patient who requires medical services that are provided under the supervision of a physician and that are more intensive than nursing facility care and minor treatment.

Added by Acts 1993, 73rd Leg., ch. 707, Sec. 1, eff. Sept. 1, 1993.

Sec. 241.123. REHABILITATION SERVICES STANDARDS. (a) The board by rule shall adopt standards for the provision of rehabilitation services by a hospital to ensure the health and safety of a patient receiving the services.

(b) The standards adopted by the board at a minimum shall require a hospital that provides comprehensive medical rehabilitation:

(1) to have a director of comprehensive medical rehabilitation who is:

(A) a licensed physician;

(B) either board certified or eligible for board certification in a medical specialty related to rehabilitation; and

(C) qualified by training and experience to serve as medical director;

(2) to have medical supervision by a licensed physician for 24 hours each day; and

(3) to provide appropriate therapy to each patient by an interdisciplinary team consisting of licensed physicians, rehabilitation nurses, and therapists as are appropriate for the patient's needs.

(c) An interdisciplinary team for comprehensive medical rehabilitation shall be directed by a licensed physician. An interdisciplinary team for comprehensive medical rehabilitation shall have available to it, at the hospital at which the services are provided or by contract, members of the following professions as necessary to meet the treatment needs of the patient:

(1) physical therapy;

(2) occupational therapy;

(3) speech-language pathology;

(4) therapeutic recreation;

(5) social services and case management;

(6) dietetics;

(7) psychology;

(8) respiratory therapy;

(9) rehabilitative nursing;

(10) certified orthotics; and

(11) certified prosthetics.

(d) A hospital shall prepare for each patient receiving inpatient rehabilitation services a written treatment plan designed for that patient's needs for treatment and care. The board by rule shall specify a time after admission of a patient for inpatient rehabilitation services by which a hospital must evaluate the patient for the patient's initial treatment plan and by which a hospital must provide copies of the plan after evaluation.

(e) A hospital shall prepare for each patient receiving inpatient rehabilitation services a written continuing care plan that addresses the patient's needs for care after discharge, including recommendations for treatment and care and information about the availability of resources for treatment or care. The board by rule shall specify the time before discharge by which the hospital must provide a copy of the continuing care plan. The board's rules may allow a facility to provide the continuing care plan by a specified time after discharge if providing the plan before discharge is impracticable.

(f) A hospital shall provide a copy of a treatment or continuing care plan prepared under this section to the following persons in the person's primary language, if practicable:

(1) the patient;

(2) a person designated by the patient; and

(3) as specified by board rule, family members or other persons with responsibility for or demonstrated participation in the patient's care or treatment.

(g) Rules adopted by the board under this subchapter may not conflict with a federal rule, regulation, or standard.

Added by Acts 1993, 73rd Leg., ch. 707, Sec. 1, eff. Sept. 1, 1993.

Sec. 241.026. RULES AND MINIMUM STANDARDS. (b) In adopting rules, the board shall consider the conditions of participation for certification under Title XVIII of the Social Security Act (42 U.S.C. Section 1395 et seq.) and the standards of the Joint Commission on Accreditation of Healthcare Organizations and will attempt to achieve consistency with those conditions and standards.

By designation, Texas Administrative Code 157.125, Requirements for Trauma Facility Designation, Level I and Level II facilities will have met ACS verification.

(a) (1) Comprehensive (Level I) trauma facility designation--The facility, including a free-standing children's facility, meets the current American College of Surgeons (ACS) essential criteria for a verified Level I trauma center; meets the "Advanced Trauma Facility Criteria" in subsection (x) of this section; actively participates on the appropriate Regional Advisory Council (RAC); has appropriate services for dealing with stressful events available to emergency/trauma care providers; and submits data to the Texas EMS/Trauma Registry.

(2) Major (Level II) trauma facility designation--The facility, including a free-standing children's facility, meets the current ACS essential criteria for a verified Level II trauma center; meets the "Advanced Trauma Facility Criteria" in subsection (x) of this section; actively participates on the appropriate RAC; has appropriate services for dealing with stressful events available to emergency/trauma care providers; and submits data to the Texas EMS/Trauma Registry.

By Texas Administrative Code, Texas Administrative Code 157.125, Requirements for Trauma Facility Designation, Advanced (Level III) Trauma Facility Criteria, F.3. states: Spinal cord/head injury rehabilitation management capability a. In circumstances where a designated spinal cord injury rehabilitation center exists in the region, early transfer should be considered; transfer agreements should be in effect. b. In circumstances where a moderate to severe head injury center exists in the region, transfer should be considered in selected patients; and transfer agreements should be in effect. F.4. Rehabilitation Medicine; a. Physician-directed rehabilitation service, staffed by personnel trained in rehabilitation care and equipped properly for care of the critically injured patient, or transfer agreement when medically feasible to a rehabilitation facility and a process to expedite the transfer of rehabilitation patients to include such things as written protocols, written transfer agreements, and a regional trauma system transfer plan for patients needing a higher level of care or specialty services. b. Physical therapy. c. Occupational therapy. d. Speech therapy. e. Social Services. All are considered essential criteria.

Basic (Level IV) Standards and Criteria do not address rehabilitation; their role is to stabilize and transport all major and severe trauma patients to a higher level of care.

3. Identify the minimum requirements and qualifications that rehabilitation centers have established for physician leaders (for example, medical director of TBI program, and medical director of rehabilitation program).

By statute and rule: see answers above for Question 2. Minimum requirements for rehabilitation medical directors, including SCI and TBI directors are determined at the facility level through bylaws, rules and regulations.

4. Describe how rehabilitation specialists are integrated into trauma system planning and advisory groups.

Some facilities provide educational opportunities that include rehabilitation. To uphold the continuum of care from illness to health and offer a high-level of service, rehabilitation is a critical service offered with RACs through hospital-based programs and private organizations. Transfer protocols for rehabilitation facilities are determined by individual facilities. At the statewide coalition level, rehabilitation experts are not currently involved.

Documentation Required

Before site visit:

- ✓ A report that specifies the proportion of patients with SCI, TBI (Abbreviated Injury Score for the head > 3), major trauma (ISS > 15), and pediatric patients (age < 12 years, ISS > 15) with a discharge disposition listed as an inpatient rehabilitation center.
See attachment: *BSV.1Registry Hospital RAC Discharge Data.xls*

- ✓ A list of rehabilitation centers and their CARF accreditation status. See attachment *BSV.2 THA list of Rehabilitation Hospitals*. CARF status undetermined.

On-site:

- ✓ A list of rehabilitation specialists participating in trauma system planning
- ✓ Data pertaining to the number of inpatient beds designated for rehabilitation and staff-to-patient ratio.
- ✓ A list of the rehabilitation data elements that are transferred to the trauma management information system
- ✓ A list of the number of new major trauma, pediatric, SCI, and TBI admissions to rehabilitation centers in the region