

**Residential Rehabilitation via
Polytrauma Transitional Rehabilitation Program
Physical Medicine and Rehabilitation
Minneapolis VA Health Care System**

Mission Statement

The mission of the Minneapolis VA Health Care System (MVAHCS) Polytrauma Transitional Rehabilitation Program (PTRP) is to utilize best practices to maximize each individual's optimal level of functioning and social participation so that she or he is able to participate in a meaningful and satisfying life.

Vision Statement

To create an evidenced-based community reintegration brain injury rehabilitation program for Veterans and Active Duty Service Members (ADSM) that defines the state of the art in residential and transitional rehabilitation.

Scope of the Program

OVERVIEW

The PTRP, located physically within MVAHCS and administratively within the department of Physical Medicine and Rehabilitation department (PM&R), provides a full array of comprehensive interdisciplinary rehabilitation services (**See Table 1**). These services are provided by trained, licensed, and/or credentialed professionals. The interdisciplinary rehabilitation team includes these service providers, hospital consultants as needed, external stakeholders as appropriate, and the person served and his/her family and support system. The disciplines and specialties on any given team roster are not static and may change as the person served progresses through the rehabilitation program. If a specific rehabilitation discipline is needed across the length of stay, strong effort is exerted to maintain consistency of personnel of that discipline.

Chaplaincy	Recreation Therapy
Low Vision Rehabilitation	Rehabilitation Engineering
Neuropsychology	Rehabilitation Nursing
Nutrition/Dietetic services	Rehabilitation Psychology
Occupational Therapy (includes Driving assessment and training)	Social Work
Pharmacy, including PharmD onsite consultation	Speech-Language Pathology
Physiatry (M.D. or D.O)	Vocational Rehabilitation and counseling
Physical Therapy	Other Consultative Services (e.g. Audiology, ENT, Orthopedics, Neurology, Neurosurgery, Ophthalmology and Neuro-ophthalmology, Plastic Surgery, etc.)
Prosthetics/Orthotics	
Psychiatry	

Table 1: Interdisciplinary team members involved in PTRP and the array of rehabilitation services provided.

AVAILABILITY OF SERVICES

Transitional Rehabilitation services are provided to all eligible Veterans and ADSM's who meet criteria for admission and demonstrate the ability to benefit from interventions offered in a challenging, real world residential rehabilitation setting.

PTRP provides post acute rehabilitation and participants in the PTRP must be medically stable. Physician visits are conducted weekly at a minimum. Rehabilitation nursing contact is provided daily. Other rehabilitation services are provided to participants to meet their unique medical, physical, cognitive, psychosocial, behavioral, vocational, educational and recreational needs.

The majority of the referrals to the program are for individuals in need of neurological rehabilitation and the majority of participants present with rehabilitation challenges after mild, moderate, or severe TBI or other acquired brain injuries. As such, the PTRP is viewed as a part of the PM&R Brain Injury Rehabilitation continuum along with the Brain Injury program in our Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) and our Outpatient Brain Injury Rehabilitation Program (OBIRP)¹. The PTRP also provides rehabilitation services for persons who have experienced multiple injuries (i.e. polytrauma) such as limb loss or other severe and complex musculoskeletal injuries. This polytrauma profile may or may not include brain injury.

Rehabilitation services are coordinated through a central scheduling process and multiple mechanisms are in place for communication and progress reporting throughout the team (including the person served and his/her family). Services are goal driven with regular input from the person served and family members.

PARAMETERS OF THE SCOPE OF SERVICES:

Characteristics of populations served: Participants are adult² male or female and Veteran or Active Duty who have sustained injury requiring rehabilitation services.

Settings: Services are provided for PTRP participants in our self-contained, inpatient residential rehabilitation setting. The residential space is designed to mirror community living environments (e.g. dorm or barracks) and the setting can accommodate up to 10 participants in semi-private and private rooms. Common areas and treatment space are included in the residential area. Rehabilitation services focus on community integration and often take place off the unit. Sites of intervention include other MVAHCS areas and various community settings.

Days and Hours of services: Rehabilitation nursing and medical services are available 24 hours per day, 7 days per week. Allied therapies are provided Monday-Friday between

¹ Further information about our Brain Injury Rehabilitation specialty program attached to the PTRP can be found at the end of this document.

² All Veterans and ADSM's receiving MVAHCS PM&R services are operationally defined as Adult regardless of actual chronological age.

7:30 a.m. to 4:30 p.m. In addition, therapeutic recreation (RT) services are frequently available during evenings and weekends. If PTRP RT services are not available, hospital-wide RT services may be available.

Frequency of services: The frequency of delivered services is based on the rehabilitation needs of each person served and can vary over the length of stay. Frequency of services can also vary between participants. For Fiscal Year (FY) 2010³ average frequency was 6 hours per day (range 4-7) via both 1:1 and group formats. This average does not include daily rehab nursing services or weekly or more often M.D. or designees visits.

Payer sources: Veterans receiving care are covered through the VHA eligibility system. ADMS's receiving care are covered under a Memorandum of Agreement with their military medical insurance (i.e. Tricare).

Fees: Co-payments for hospital services are calculated per individual Means Tests and subsequent Service Connection and, as such, may vary between persons served. PTRP Social Work case managers provide expected fee information via the written Rehab Disclosure statement provided near the time of admit plus are available on request to arrange conversations between persons served and MVAHCS Business Office representatives. Such conversations can be arranged before, during, or after PTRP enrollment.

Referral sources: Referrals for admission to PTRP are accepted from sources within MVAHCS, from other VAMC's, from non-VA community providers and facilities, and the Department of Defense (DoD).

Specific services offered: The PTRP, in combination with PM&R and other services at MVAHCS, provide all necessary therapeutic, medical, surgical services required by persons served. (**Table 1.**) For highly specialized services not directly available at MVAHCS, arrangements are made in the community through fee-for-service arrangements.

Portions of continuum served: The PTRP provides residential rehabilitation services for individuals who no longer require the services of our acute, inpatient program (i.e. CIIRP), but are not yet ready to return to their home community. PTRP participants have more specialized rehabilitation needs than can be provided through our Outpatient Brain Injury Rehabilitation Programs (OBIRP.)

Services provided for families/support systems of the persons served: Case management assistance is provided by active duty military liaisons and select PM&R staff. Supportive counseling is available through PM&R Rehabilitation Psychology. On-campus children's day care services are available on a case-by-case basis. Family lodging may be coordinated through the social work department. Referrals for specialized family needs are made to community agencies if those needs cannot be met by MVAHCS.

³ Fiscal Year 2010 is defined as October 1, 2009 to September 30, 2010.

Education, information exchanges, and status updates regarding participant involvement in interdisciplinary sessions is given via face-to-face conversations, telephone conference call, or other means of communication.

PARAMETERS REGARDING PERSONS SERVED:

Age: For FY 2010, mean age was 33 years (range 20-63 years.)

Activity limitations: Limitations vary among participants. All participants are able to perform basic ADL's either independently or with supervision only.

Behavioral and/or psychological status: Persons with psychological or problematic behavior who pose danger to themselves or others, or which prevents their participation in the rehabilitation program and are not amenable to intervention, have needs that exceed the scope of services provided from PTRP. As needed, these individuals are referred to other services either within or external to the MVAHCS.

Cultural needs: Persons served are viewed as unique individuals and the treatment plans and environment are modified to support cultural, religious, gender, age, and interests of the individual and his/her family.

Impairments: Participants may present with a broad range of changes in body structures or functions, including but not limited to brain injury. Other impairments may include amputations, fractures, or other complex orthopedic injuries.

Intended discharge/transition environments: In collaboration with persons served, family members, and other appropriate stakeholders, discharge destination is determined by medical and rehabilitation status. Optimal discharge is to an environment that allows a greater degree of independence and/or social participation. Sample discharge or transfer locations include:

- Home (independently)
- Home (with external support)
- Military Treatment Facility or Active Duty Unit
- Outpatient programming at MVAHCS or another VAMC
- Supervised living environment in the community that could include:
 - Group home
 - Medical foster home setting

Medical acuity: Medical acuity is such that the person served needs only intermittent physician care.

Medical stability: Participant must be medically stable to participate in the PTRP. Participants who become medically unstable are transferred to another service (e.g. medicine, neurology, neurosurgery, ENT services) until they can again actively participate.

Participation restrictions: Participants have varying levels of independence in participation and restrictions may be a result of physical, cognitive, or emotional challenges. Targeted restrictions may include return to meaningful activities in the home including driving, return to school or return to employment.

Criteria and Process Descriptions

REASONS FOR ADMISSION

1. Need interdisciplinary rehabilitation programming in a residential community living environment to address impairments, limitations, or restrictions in independent living.
2. Desire to enhance, preserve and/or restore participant quality of life by optimizing levels of activity and participation skills and independence.
3. Need for an extended period of residential rehabilitation (beyond acute, inpatient rehabilitation) to successfully integrate into a community of choice.

PTRP ADMISSION AND “IN-HOUSE”⁴ TRANSFER CRITERIA

1. Maximum number of participants admitted to the PTRP will not exceed 10.
2. Admitted participants are Veterans or ADSM's with:
 - a. Clearly defined disability limiting community independence.
 - b. Deficits from traumatic or acquired brain injury, polytrauma, or other neurologic injury or disorders that are treatable within the scope of services provided by the program.
 - c. Needs that require transitional residential living support.
 - d. Medical stability that does not require daily, direct individual contact with a rehabilitation physician.
 - e. Potential to successfully participate in groups and benefit from interdisciplinary services with PM&R oversight.
 - f. Agreement in writing to adhere to the patient responsibilities and specific written rules of the program.
 - g. Benefit from rehabilitation nursing, but requiring no more than supervision/set up for basic ADL's and having the potential to be independent with basic ADL's.
 - h. No active, illicit substance or alcohol abuse and compliance with instructions for use of prescribed medication.
 - i. Capacity for self-made decisions for medical/financial issues or with a legally assigned decision-maker for these issues.
 - j. No active, primary psychiatric diagnosis or behaviors that are significantly disruptive to the group program.
 - k. No behaviors posing risk/safety threat to self or others or behaviors that require intensive mental health services.

⁴ “In-house transfer” is operationalized as the transfer of a patient who is currently admitted to an inpatient program somewhere within MVAHCS.

PRE-ADMISSION AND TRANSFER PROCESS

1. Referrals for admission to the PTRP are accepted from MVAHCS PM&R⁵, from other VA Medical Centers, the Department of Defense (DoD), and from hospitals and facilities outside the Veterans Health Administration (VHA) system including community facilities.
2. Internal referrals from MVAHCS PM&R CIIRP or OBIRP and external referrals from outside MVAHCS undergo a pre-admission screening via the PTRP Application Form. The form is processed by the Polytrauma Admissions contact/Lead Social Worker. Positively screened candidate applications are then forwarded to the PTRP Admissions Team for a formal intake evaluation. This evaluation includes review of medical records, requests for further information, further assessment of the needs of the potential participant and their support system, and review of eventual disposition plans. Communication with the applicant, his/her current care providers, and his/her support system may also take place as part of the admissions intake or transfer process.
3. Following review of the information above, a decision to accept or defer a referral is made.
4. The referring source and the applicant receive notice of the acceptance or an explanation for the denial. For those denied, recommendations are made for alternate, appropriate services.

DISCHARGE CRITERIA AND PROCESS

1. A participant is discharged from the PTRP when he/she:
 - a. Has reached their achievable goals within the scope of the program.
 - b. Is no longer able or willing to participate in the program, or is no longer adhering to the program and facility rules.
 - c. Exhibits behavior posing a risk/safety threat to self or others or exhibits behavior that requires alternate services.
 - d. Is active duty and DoD requests discharge.
 - e. Becomes medically or psychiatrically unstable.⁶
2. The decision to discharge is made in collaboration with the person served, the family, and the referral source or other stakeholders as appropriate (e.g. DoD).
3. PTRP Social Work Case Management has primary responsibility for discharge planning and coordination. Discharge planning utilizes all members of the interdisciplinary team to assure that the person served is discharged to a placement most appropriate for his/her current level of function and continued needs. Available resources and long term or ongoing needs are considered.
4. Clinical follow up is arranged either locally or in the person's home community if they have been referred from another area of the state or country.

⁵ MVAHCS PM&R referral sources include our Comprehensive, Integrated Inpatient Rehabilitation Program (CIIRP) and our Outpatient Brain Injury Rehabilitation Program (OBIRP.)

⁶ For conditions requiring medical, surgical, or behavioral services requiring a participant to be transferred to another service or location for more than 2 weeks, s/he is considered medically unstable and is discharged from the program. Readmission is possible once issues are resolved.

5. Discharge plans are summarized in the hospital Discharge Summary. Discipline-specific Discharge Summaries detail further discharge plans for Social Work, Nursing, and all other involved Allied Services.
6. Following discharge, continuity of care is arranged by the assigned case manager and the physician in collaboration with the team. Potential discharge environments are listed on page 4.

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**Brain Injury Specialty Program
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The Residential TBI Rehabilitation specialty program is located within the MVAHCS PTRP⁷. Individuals with brain injury enrolled in PTRP participate in discipline-specific and interdisciplinary assessments and treatment provided by a full array of rehabilitation professionals (see **Table 1**).

PARAMETERS OF THE SCOPE OF SERVICES UNIQUE TO THE PTRP TBI SPECIALTY PROGRAM:

Portions of continuum served: Brain injury rehabilitation services provided by the PTRP serve as a "bridge" for individuals who no longer require the intense services of our comprehensive, integrated inpatient rehabilitation program (CIIRP), but who are not yet ready for return to their home communities. Many of our participants transfer to our program from our CIIRP, but they may be referred directly from MVAHCS Outpatient Brain Injury Rehabilitation Program (OBIRP). They may also be referred from VA Mental Health services, other VA's, Military Treatment Facilities, or community based facilities or services.

On discharge from the PTRP and based on the location of their home community, participants may be followed by MVAHCS OBIRP or they may be referred to an outpatient rehabilitation service closer to their home.

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⁷ The Mission and Vision and various lists of processes and criteria of the PTRP are applicable to the Residential Rehabilitation BI specialty program and are not repeated here. The Parameters of the Scope of Services and the Parameters of Persons Served are also identical with the exception of those defined here.