

1. Services are provided by an interdisciplinary team with knowledge and clinical skills to deal with the profound impact of disability and handicaps upon individuals resulting from spinal cord dysfunction, their families, and significant others. The team includes Spinal Cord Specialty program medical director, nurses, physical therapists, occupational therapists, recreational therapist, speech language pathologists, neuropsychologist, physiatrists, dieticians, case management social workers, wound care specialists, respiratory therapists, other ancillary services, and physicians as required for the patient's needs.
2. Medical and ancillary services including diagnostic testing, laboratory services, and pharmacy services are available on-site 24 hours a day 7 days a week.
3. **Patient Population:** Adult ages 18-65 and Geriatric ages 65 and up. Information is provided at the level of the client's comprehension. Information is provided at the level of the client's comprehension and educational level. Services provided are based on the biological, cultural and psychosocial needs of the patient as identified on assessment. The scope and intensity of the program is individualized and progresses according to the patient's needs.
4. Candidates for SCI inpatient rehabilitation include, but are not limited by, the following spinal cord injury-incomplete and complete tetraplegics who are not ventilator-dependent and incomplete and complete paraplegics; spinal cord dysfunction caused by trauma, cancer, or inflammatory conditions including ALS, Parkinson's, Multiple Sclerosis, Muscular Dystrophy, and polyneuropathy, neurological disorders and multi trauma. Comorbidities accepted include cardio-pulmonary, rheumatic, endocrinologic, orthopedic, mental illness, cancer, kidney disease, chronic pain, wounds, pressure ulcers, infections, cervical myelopathy, and neurological impairment.
5. Patients admitted are those that would benefit from inpatient rehabilitation stay and meet admission criteria.
6. Dual Diagnosis: Patients with BI and SCI diagnoses will be treated by the most appropriate team as determined by the attending physician with advisement as needed from the program director.
7. These unique aspects of delivering care to patients with spinal cord dysfunction warrant a unique plan of care to be developed for each person served. Possible areas addressed in a patient's plan of care include:
  - A. Medical/physiological sequelae:
    1. Abnormal tone
    2. Autonomic dysfunction
    3. Bladder function
    4. Body composition
    5. Bowel function
    6. Circulation
    7. Dysphagia
    8. Fertility
    9. Infection management

10. Medication
11. Men's health issues
12. Musculoskeletal complications
13. Neurological changes
14. Nutrition
15. Pain
16. Respiration
17. Sexual function
18. Skin integrity
19. Ventilation support
20. Women's health issues
- B. Functional:
  1. Activities of daily living
  2. Assistive technology
  3. Behavior
  4. Cognition
  5. Communication
  6. Community integration
  7. Driving
  8. Durable medical equipment
  9. Emergency preparedness
  10. Environmental modifications
  11. Leisure and recreation
  12. Mobility
  13. Orthoses
  14. Personal care assistants
  15. Prostheses
  16. Seating
  17. Vocational
- C. Psychosocial:
  1. Adjustment to disability
  2. Behavioral health
  3. Substance use
  4. Family/support system counseling
  5. Peer support services
  6. Sexual adjustment
- D. Education and training:
  1. Persons served
  2. Families/support systems
  3. The community
  4. The professional community
- E. Research capability.
- F. Transitions across the lifespan.
- G. Case management.

- H. Resource management.
  - I. Follow-up.
  - J. Health promotion and wellness.
  - K. Independent living and community integration.
  - L. Prevention related to potential risks and secondary health conditions due to impairments, activity limitations, participation restrictions, and the environment.
  - M. Safety for persons served and the environments in which they participate.
- 8. Goals are set by the team and reviewed in conference at least weekly to assure continuity of care and appropriateness of services. Frequent communication between team members outside of team conference helps assure continuity of care and best progress and intervention for barriers.
  - 9. Each patient participates in at least three hours of therapy daily defined as 5 out of 7 days per week or on occasion, and under special circumstances deemed 15 hours over 7 days.
  - 10. The hospital will promote the availability of quality health care by continued affiliation with institutions dedicated to the education of health care practitioners and research activities in the management and delivery of services.
  - 11. **Hours of Operation:** The unit is open for patient care 24/7. Rehab nursing is provided 24 hours a day, 7 days a week.
  - 12. **Payor Sources:** All forms of funding sources include Medicare, Private pay, Commercial Insurance, Workers Comp, DDSN, Self-pay and unfunded patients who meet admission criteria are also admitted.
  - 13. Patients admitted to the unit must have a practical discharge plan. At discharge, services for continued follow-up for the patient are arranged and include home health services, outpatient services, skilled nursing facilities, assisted living facilities, boarding homes, and acute rehabilitation facilities. Specifically, patients can be referred to the CARF accredited Outpatient Roper Rehabilitation Spinal Cord Injury Specialty program and the Center for Spinal Cord Injury to coordinate after-care services and to meet outpatient needs. Roper Rehabilitation Hospital offers comprehensive annual reviews for persons served.
  - 14. During the patients stay at the hospital, support services are established for those patients and families that agree to the service. Those services include, but are not limited to, peer visits, support groups, outside counseling and neuropsychology appointments.
  - 15. Referral sources include hospitals, home health, insurance companies, physicians, family members, and other sources.
  - 16. Fees are established annually through the budget process approved by the Board of Directors and distributed as a charge master to management and directors at Roper Rehabilitation Hospital.

17. In 2024 the major characteristics of patients seen were:

- a. 104 discharges
- b. Average age of 57
- c. Discharge to home 80.8%
- d. Males 68 and Females 36
- e. Average length of stay 21.8 days
- f. Patients averaged over 3 hours of therapy 5 days a week
- g. 92% of patients rated quality of care as excellent to very good
- h. Unplanned discharge to acute hospital was 10.6%
- i. Change in mobility score at discharge was 33.7.
- j. Change in selfcare core at discharge was 14.5