

Kenmore Mercy Hospital's Inpatient Rehabilitation Facility (MRU) provides the most comprehensive, patient centered specialized care with advanced treatment and leading-edge technologies to help individuals rebuild their life following injury or illness. Our Interdisciplinary team is focused on delivering the highest treatment and safety standards in the industry, enhancing our patients' experience and outcomes. We work hard at earning the trust of our patients and families, while collaborating together facilitating recovery using innovative approaches and preventing complications of disability.

Persons Served:

- Adults 18 years and older who have experienced an illness or injury that has resulted in a decrease of functional ability. This may include mobility, self-care, cognition and or communication.
- Our patients' diagnoses include but not limited to limb loss, stroke, brain injury, spinal cord injury, neurological diseases, orthopedic conditions, cardiac and debility
- Patients that require medical care by a rehabilitation physician and nursing, yet stable medically.
- Patients that are willing and able to actively participate and benefit from an intensive level of rehabilitation
- Patients that have the mental ability to follow simple commands
- Patients having a defined and achievable discharge plan
- Patients admitted without regard to race, color, ethnicity, gender identity/expression, sexual orientation, mental or physical disability.
- Our team works to ensure that individualized care is based on each patient's cultural and religious/spiritual beliefs, language preference, gender/gender identity and ability to learn.

Provision of Care:

Our 30-bed rehabilitation unit is housed on the second floor of Kenmore Mercy Hospital. The rehabilitation team consists of the patient, family/caregivers, rehabilitation physicians, nursing, physical therapists, occupational therapists, speech language pathology, social work/care management. Inpatient care is provided 24 hours a day, seven days per week by our medical and nursing team. Physical, occupational, and speech therapies are available Monday-Saturday 7:30-4:30.

The team is led by a physiatrist, a board-certified physician specializing in physical medicine and rehabilitation, who has the ultimate responsibility of daily medical coverage and development of the patient's plan of care. The KMH hospitalist team assists in medical care of the patient. 24/7 support services available to each patient include diagnostic radiology, respiratory services, pharmacy, laboratory services and any other emergency medical services if the need arises. Clinical Dietitians evaluate each patient upon admission and continue to follow up as necessary. Spiritual Care chaplains are available to all patients and families.

Admission Criteria:

Each prospective patient admitted for inpatient rehabilitation shall have their condition and medical history reviewed to determine whether the patient is likely to benefit significantly from an inpatient rehabilitation program. Within 48 hours of admission, a prescreening document will be necessary to be completed by the physiatrist to attest for the need of an intensive rehabilitative program.

Patients that do not meet our hospital's criteria include those under the age of 18, cervical spinal injury in need of a ventilator, and brain injury with severe disorder of consciousness.

Assessment and Documentation:

Once admitted the total needs of the patient are evaluated by the rehabilitation team. Individualized treatment plans designed to improve patients' motor skills, self-care ability, communication skills, cognitive skills and other interactive abilities are determined with the ultimate goal of returning to an active and independent life. The interdisciplinary team determines an expected length of stay and discharge disposition plan. The therapy team sets each patients treatment schedule. Patients are expected to participate 3 hours per day, 5 days per week, or 900 minutes weekly if there are medical issues (i.e. dialysis) following the Medicare guidelines. Weekly team goals are established and aligned with patient and family goals. Based on the patient's individual needs and goals, orthotic and prosthetic services, vocational rehabilitation, rehabilitation engineering, driver education, audiology and psychological services can be arranged by interdisciplinary rehabilitation team.

Weekly team conference meetings led by the physiatrist and as needed patient huddles will provide ongoing assessments of the patient's condition, determine progress towards established goals, and identify any changing rehabilitative needs. The rehabilitation team documents the individualized, interdisciplinary plan of care, progress notes, team conference note, and discharge summary. Documentation is needed to demonstrate evidence that the patient is benefitting from the rehab program, that there is progress towards reasonable goals, and that the medical rehab unit continues to be the most appropriate level of care.

Family/Caregiver Support:

A patient's family/caregiver is a key role for a successful rehabilitation process and to ensure a safe discharge. It is necessary for family/caregivers to feel confident to care for the patient; therefore education, training, counseling, and advocacy will be provided to meet those needs. The team will assess the family's ability and willingness to support and participate in the plan of care.

Discharge Planning:

The ultimate goal of inpatient rehabilitation is to for the patient to return to home or to the community. The discharge process begins soon after admission and continues throughout the patients stay. Patients are ready for discharge when they have achieved their treatment goals, and family has been trained for a safe transition to home. Any needed equipment will be identified by the rehabilitation team throughout your length of stay. Some patients are unable to transition to home or the community and may be ready for discharge when they are unable to participate in 3 hours of therapy/day or have limited functional improvement and which rehabilitation can be accomplished through a less intensive therapy program.

Insurance and Referrals:

Inpatient Rehabilitation fees are covered by Medicare/Medicaid and most insurance plans; our program accepts all insurance providers, and private pay. Patients and their representative may apply for CH healthcare assistance program as needed.

Referrals to inpatient rehabilitation are accepted from patients attending physicians, care management at CH hospitals and other providers throughout WNY.

Our programs and services:

Amputation Program

Our comprehensive amputee inpatient rehabilitation program focuses on the post-surgical, and community reintegration phases of recovery for individuals with limb loss. The interdisciplinary approach assures proper wound care and limb management; increases an individual's strength, coordination and endurance and decrease pain.

Individuals with lower limb loss resulting from vascular disease, diabetes, cancer, infection, excessive tissue damage, neuropathies, traumatic injury or other conditions may be admitted to this program.

Brain Injury/Stroke

Individuals may be admitted to our inpatient rehabilitation program with a stroke or an acquired brain injury including, but not limited to, traumatic, non-traumatic, anoxic brain injury, brain tumor or aneurysm. The patients admitted to our program with a stroke or brain injury need to have the ability to follow simple commands and

basic cognitive functioning to be considered for admission. Patients in a coma or persistent vegetative state are not appropriate candidates for admission to our program.

In addition to medical and rehab nursing oversight, our experienced team of stroke/neuro rehabilitation therapists provide physical, occupational, speech and cognitive therapies to improve recovery. This includes hands-on treatment and advanced technologies.

Our stroke/brain injury inpatient rehabilitation program focuses on restoring the individual's strengths, skills, cognitive functioning and functional independence. Our program goal is to assist the persons with acquired brain injuries to return to independent living and productive activity at home and/or in the community.

Spinal Cord Injury

Our spinal cord injury program (SCI) includes individuals with spinal dysfunction due to traumatic and non-traumatic injury. We admit patients with incomplete spinal injury at any level without the need of a ventilator. We admit patients with complete spinal injury below the T-6 level without the need for a ventilator. Additional patient populations served include multiple sclerosis, Guillain-Barre syndrome, and motor neuron disease.

Our inpatient rehabilitation SCI program provides a highly structured, carefully coordinated system of care for persons with SCI. We provide 24-hour, in-house physician coverage, rehabilitation nursing, evidence-based therapies, advanced technologies, family training, education and support to address each patients' needs, including bladder, bowel and respiratory function, mobility, skin integrity, nutrition, cognition, emotional, behavioral or sexual concerns and related issues such as urinary tract infections or pressure wounds.

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