

Facility Designation Standards



Statewide Training

FOR

FACILITIES REPRESENTATIVE AND

SURVEYORS



RACE



AGAINST

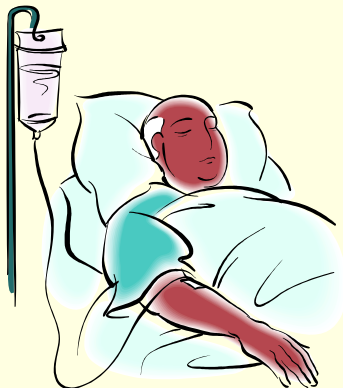


TIME



1.2(a) HOSPITAL REQUIREMENTS

- **Administrator:** Must be approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- Standards; 2.1, 2.49, 3.23, 3.32, 4.1, 4.59
- Copy of actual certificate/license reflecting current enforcement.
- Corrective action addressed.



1.2(b) HOSPITAL REQUIREMENTS

- ***BSCIP / Administrator:*** Develop significant experience and commitment to brain or spinal cord injury care. Experience in the field has indicated that a minimal standard of 100 new patients with brain injury and 24 new patients with spinal cord injury in a 24 month period must be achieved and maintained and meet the reporting requirements of the Central Registry.
- Standards 2.2, 2.50, 3.1, 4.2 and 4.30
- These numbers will vary as to program, but documentation reflecting patient medical record number, date of admission/discharge, ICD diagnosis code.
- This will be an insert in the tab labeled 1.2, stating the standard and how you meet the standard.
- We evaluate it by random pulling of submitted medical record numbers.

1.3(c) HOSPITAL SUPPORT CAPABILITY

- **TS / ADMINISTRATOR:** The following surgical specialists shall, in the case of associated multiple injuries, be available on call and promptly available:
 - Neurosurgeon
 - Maxillofacial surgeon
 - Oral surgeon
 - General surgeon
 - Cardiac surgeon
 - Trauma surgeon
 - Obstetrics – Gynecologic surgeon
 - Otorhinolaryngologic surgeon
 - Anesthesiologist
 - Thoracic surgeon
 - Pediatric surgeon
 - Urologic surgeon
 - Ophthalmologic surgeon
 - Radiologist
 - Orthopedic surgeon
- This standard is best described by listing how many physicians you have to serve each of the indicated areas. This could also be accomplished by listing your physician groups.
- Need resume for Neurosurgeons, Trauma surgeons, and orthopedic surgeons



1.3(d) HOSPITAL SUPPORT CAPABILITY

- **TS / ADMINISTRATOR:** The following non-surgical specialties are on call and promptly available from inside or outside the hospital:
 - Cardiologist
 - Pulmonologist
 - Gastroenterologist
 - Hematologist
 - Internal Medicine
 - Nephrologist
 - Physical medicine and rehabilitation
 - Pathologist
 - Pediatrician
 - Psychiatrist and/ or Neuropsychologist
 - Psychologist
- This standard is best described by listing how many physicians you have to serve each of the indicated areas. This could also be accomplished by listing your physician groups.
- If you Facility has a current listing in a staff manual this can be use as well.



1.3(e) HOSPITAL SUPPORT CAPABILITY

- **ADMINISTRATOR:** The following facilities and personnel shall be available on call on a 24 hour basis:
 - ICU with a minimum of four (4) beds available for patients with patients with brain or spinal cord injury and staffed with personnel trained in brain or spinal cord injury acute care problems and which have the necessary equipment and personnel for brain or spinal cord injury care, including ICP monitoring.
 - X-ray department with staffing for 24 hour CT scanning.
 - Pharmacy
 - Operating room
 - Recovery room
 - Respiratory therapy
 - Blood bank services
 - Clinical lab
 - EEG and / or evoked potential monitoring
 - Social services
 - Counseling
 - Pastoral care
- On this tab in your manual you should list the head of each department with resume
 - List approximately how many staff in each category
 - Type of back up plan for coverage or in disaster .

1.3(f) HOSPITAL SUPPORT CAPABILITY

- **BSCIP:** There should be a designated person responsible for reporting new admission to the BSCIP Central Registry
- Standards 2.9, 2.54, 3.30, 4.9, 4.66
- On this tab list the person(s) and the department responsible for reporting.
- Resume of individual
- Duties and responsibilities

1.3(g) HOSPITAL SUPPORT CAPABILITY

- **ADMINISTRATOR:** The following services shall be available a minimum of five (5) days a weeks:
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Psychiatry / Neuropsychology / Psychology
 - Nutritional support services
- Standards, 2.12, 3.3, 4.15, 4.33, 4.38
- On this tab, list the service, department head with resume, and how many staff.
- List any staff in each department that may have specific responsibility in service delivery to traumatic brain and or spinal cord injured patients.

1.3(h) HOSPITAL SUPPORT CAPABILITY

- **BSCIP:** All patients shall be referred to the Brain and Spinal Cord Injury Support group, and the peer support group in the local region.
- On this tab list which department this falls under. Who coordinates/oversees the support group for patients and families.
- What primary function the support has, i.e. peer mentor, list activities goals, i.e. social security rep, psychologist or survivor, social outing...



1.3(i) HOSPITAL SUPPORT CAPABILITY

- **ADMINISTRATOR:** Treatment protocols for transfer of patients with brain or spinal cord injury should be established between brain or spinal cord injury centers and other hospitals to promote continuity and a smooth transfer. Telephone communication should be established between the physician in charge of the patient at the outlying hospital and the brain and spinal cord injury center regarding advice to supplement the treatment protocols and to effect transfers.
- Standards 2.5, 2.51, 3.8, 4.4, 5.40
- This tab can be from a policy and procedure/protocol manual.
- List who is responsible in overseeing and resume.
- List physician responsible and resume/or list the “on call schedule”.
- List (primary) hospitals whereby referrals are received in catchment area.

1.3(k) HOSPITAL SUPPORT CAPABILITY

- **BSCIP:** A brain or spinal cord injury prevention program shall be ongoing. It should include at least the following components:
 - An ongoing community awareness program that may include the local media to target specific prevention concerns.
 - Regularly scheduled brain or spinal cord injury interventions with specific curriculum implemented in local elementary, middle or high schools.
 - Epidemiology of injury on both the national and local level.
 - Consequences of injury (to include physical, cognitive, emotional, social and financial)
 - Prevention techniques
- Standards 2.26, 2.65, 4.25
- On this tab please list what department this is under the responsibility, and who(m) oversee it, and their resume. List team or groups that assist.
- At the time of the actual site survey have available hospital prevention manual addressing each of the bullets.

Continue of 1.3(i)

- First responder consideration
 - Brain or spinal cord injured survivor to relate their personal experience with injury.
 - A designated brain and spinal cord injury prevention coordinator.
 - Demonstrated involvement or collaboration with other organizations involved in prevention activities.
 - Support legislation that will influence public policy decisions to prevent brain and spinal cord injuries.
 - Familiarity with ongoing injury prevention programs and local epidemiology of injury.
 - The ability to serve as an injury prevention resource for the community.
- Standards 2.26, 2.65, 4.25
 - At the time of the actual site survey have available hospital prevention manual addressing each of the bullets.



911

1.4(c) DATA COLLECTION AND EVALUATION

- **ADMINISTRATOR:** Data should be collected on an ongoing basis and annually reviewed to include the following elements:
 - Number of new patients.
 - Length of stay and disposition
 - A monthly total quality management meeting with documented review of morbidity and mortality and referral where care is appropriate action and for resolution.
- Standards 2.8, 2.53, 3.9, 3.24, 3.26, 3.27, 4.7, 4.42, 4.60, 4.61, 4.62, 4.63
- This information is specific to traumatic brain and spinal cord injury numbers. It can be listed by ICD grouping
- Length of stay for paraplegic, quadriplegic, vend dependent, brain injury.....
- Number DC home, snf, alf.
- Copy of Policy Manual page that list role of QI/QA. List of topics, how actions/outcomes are collected.

Inpatient Rehabilitation Standards



2.7 ADMINISTRATOR

- There should be a designated injury coordinator for brain injury and a designated injury coordinator for spinal cord injury for rehabilitation care whose responsibility will include: (a) facilitating referrals and admissions to the rehabilitation center as well as transfers to and from acute facilities; (b) disseminating of information to related agencies and institutions; (c) liaison with state agencies and insurance companies, and d) coordinating disaster relief with county and state emergency management officials.
- Standards 2.52, 4.6
- This tab in your site review manual should contain a Policy and Procedure statement, along with a job description.
- Indicate what department it falls under and who or whom are responsible along with a resume.

2.10 ADMINISTRATOR / BSCIP

- There should be a formalized discharge plan an established process of ongoing contact with third party payers and relevant public and community agencies to ensure continuity of care.
- Standard 4.10
- A page from the Policy and Procedure Manual reflecting standard operating procedure
- Copy of a blank discharge summary.
- Who is responsible for ensuring all discharge summaries are satisfactorily completed.

2.16 ADMINISTRATOR / PROGRAM MANAGER

- An initial informal interdisciplinary assessment should be performed on each patient within the first two weeks of admission and updated at least every two weeks. These assessments should address the following, but not be limited to:
 - Medical status.
 - Developmental status
 - Psychosocial status
 - Health and nutrition
 - Sensorimotor capacity, including gross and fine motor strength and control, sensation, balance, joint range of motion, mobility and function.
- Standards 2.59, 3.6, 4.17, 4.35
- On this tap there should be a copy of the Policy and Procedure page reflecting protocol.
- Which department is responsible to ensure completion and who oversee assessments.
- There then should then follow a sample of a bland interdisciplinary assessment form.

2.16 Continuation

- Cognitive status.
- Perceptual capacity.
- Communication capacity.
- Behavioral status.
- Swallowing.
- Activities of daily living.
- Recreation and leisure time skills.
- Education and / or vocational employment potential.
- Sexuality.
- Community reintegration, including appropriate post discharge services. A formal interdisciplinary assurance and plan must be in place prior to discharge.
- Environmental modification.
- Standards 2.59, 3.6, 4.17, 4.35
- On this tap there should be a copy of the Policy and Procedure page reflecting protocol.
- Which department is responsible to ensure completion and who oversee assessments.
- There then should then follow a sample of a bland interdisciplinary assessment form.

2.17 ADMINISTRATOR

- The facility must have a policy and procedures stating the determination of legal competency issues and status.
- Standards 2.60
- In this tab you need in the manual a copy of the Policy and Procedure manual page(s) which address this issue.
- What department and who is responsible for overseeing process and follow-up.

2.19 ADMINISTRATOR / PROGRAM MANAGER

- In addition to the items to be provided in the written follow-up plan of care as delineated by the CARF standards, the patient, family and / or significant other should also be provided with information regarding available options for follow-up care, community services and / or alternative programs.
- Standards 3.16, 4.19, 4.41
- In this section under this tab the department and individual responsible this information, i.e., nurse, discharge planner, social worker, etc.
- Sample page where documentation from file is placed.
- How is it ensured that patient and family have copy of information shared.

2.20 ADMINISTRATOR / MEDICAL DOCTOR

- The Rehabilitation Center must establish a formal transfer agreement with designated licensed transitional living facilities and other appropriate community-based programs to ensure smooth transition back into the community.
- Standard 2.61
- Under this tap there should be a copy of the Policy and Procedure manual reflecting protocol in all transfers to and from the facility.
- What department does this fall under. Who(m) is responsible and oversees.
- There should be a copy of a “letter of agreement”

2.21 ADMINISTRATOR / MEDICAL DOCTOR

- The Rehabilitation Center shall have the capacity of transporting patients who use wheelchairs. The emphasis of the transportation utilization should be for recreational, vocational and social activities.
- Standards 2.62, 4.20
- Under this tab you need to have a description of what vehicles are used.
- At the time of the review availability of travel and maintenance log. Including list of qualified drivers.
- Vehicle inspection

2.22 ADMINISTRATOR / PROGRAM MANAGER

- The Rehabilitation Center shall provide a multi-purpose group room for social, vocational, educational and other group meetings as appropriate.
- Under this tab you may show this is met by listing what room or rooms are utilized.
- A copy of the facility brochure which denotes/reflects available space.
- On site tour

2.23 ADMINISTRATOR / PROGRAM MANAGER

- Access to a leisure / recreational area proximal to the rehabilitation center shall be provided.
- Standard 4.22
- Under this tab list nearby resources which you are able to transport patients for RT.
- What department is responsible

2.24 ADMINISTRATOR / PROGRAM MANAGER

- A communal dining / eating must be in the facility.
- Under this tab please show a brochure
- Statement of availability for all patients
- On site tour.

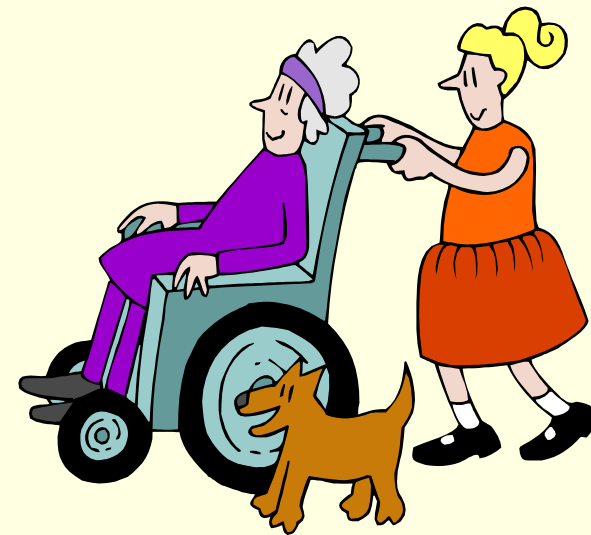
2.25 ADMINISTRATOR / PROGRAM MANAGER

- The Rehabilitation Center shall utilize educational information as developed by the state Brain and Spinal Cord Injury Program and be an integral part of this program.
- Under this tab a statement reflecting provision of BSCIP material available in resource material in the patient resource reference/library.
- Sample material

2.27 ADMINISTRATOR / PROGRAM MANAGER

- The rehabilitation facility shall meet the Brain and Spinal Cord Injury Program guidelines for facilities providing disabled driver training and prescriptions for adaptive equipment.
- Standard 2.66
- Under this tab list department responsible for this program
- What qualification/certification do trainer possess

Adult Brain Injury Outpatient



3.2 ADMINISTRATOR / MD / PSYCHOLOGIST

- Standards for admission to the Brain Injury Outpatient Rehabilitation center should include the following:
 - Those clients are brain injured.
 - That the client be in need of therapeutic intervention for the improvement of physical, cognitive behavioral, psychological, social and / or emotional functioning.
 - There should be indication that the client can benefit from rehabilitation efforts.
 - The client should be manageable within the staffing limitations of the center.
 - The client should have no major medical condition that precludes attendance and / or participation in the program.
 - The Center should make a formal request for pertinent medical and educational records.
- Standards 4.32
- There should be a Policy and Procedure page from program reflecting admission criteria.
- In patient record documentation should reflect that these area have been address.
- This should be reflected in the initial assessment and other documentation, i.e. letter of referral from physician, hospital,

3.4 ADMINISTRATOR

- A written statement shall be kept defining the program. It shall include at least the following:
 - **A summary of the overall program and its components.**
 - **The admission criteria.**
 - **The discharge criteria.**
 - **The assessment procedures.**
 - **Treatment procedures and protocols.**
 - **The staffing patterns.**
 - **Quality assurance procedures.**
 - **Program evaluation procedures.**
- Standard 4.34
- Under this tap you would want to share, brochures,
- Policy and Procedures
- Protocols
- Sample forms used in assessment, and treatment.

3.10 ADMINISTRATOR / MD / PSYCHOLOGIST

- Cases should be conference at a minimum of once per month. All treatment parties should be present or represented for the purpose of reviewing progress and updating the interdisciplinary treatment plan. Formal conference summaries should be included in the case record containing quantifiable data, progress, and intended treatment and discharge status.
- Standard 4.44
- Under this tab items could include copy of Policy and Procedure manual.
- Who is responsible and duties in overseeing team conference (job description)
- Blank sample of interdisciplinary treatment plan.
- Case file review will reflect data, treatment, goals, outcome, and discharge status.

3.11 ADMINISTRATOR

- To the extent possible, families of clients shall be made aware of treatment progress and goals. Treatment efforts shall be directed at integrating changes into the client's family setting.
- Under this tab it should reflect how families and clients are informed to avail themselves of this information.
- Case note documentation in file or in team conference report reflecting attempts. "no loose ends"

3.12 ADMINISTRATOR / MD / PSYCHOLOGIST

- There shall be a system of documenting each client's contact.
- Standard 4.46
- Indicate who is responsible. Copy of job description.
- Clear case note documentation with clear follow-up.

3.13 ADMINISTRATOR

- A policy for discharge criteria should be established in which discharge is based on either successful achievement of the treatment program, a failure to meet minimum goals within a specific period of time, or other reasonable criteria
- Standard 4.47
- Copy of Policy and Procedure.
- Protocol for discharge
- Who is responsible for overseeing discharge
- Review of case file

3.15 ADMINISTRATOR

- Each case should be reviewed by the program director or his/her assignee to ensure consistent overview of the treatment progress and planning.
- Standard 4.49
- Copy of Policy and Procedure supporting role of program director.
- Documentation in case file.

3.17 ADMINISTRATOR / MD / PSYCHOLOGIST

- There shall be an appropriate level of qualified staff so as to ensure that professional personnel can adequately maintain the treatment planning and measurement of treatment effect.
- Standard 4.51
- Chart review at site review should reflect that standard is being met specific to discipline indicated in treatment plan(s).

3.18 ADMINISTRATOR / MD / PSYCHOLOGIST

- The professional personnel should maintain one-to-one treatment contact with each client on a frequency sufficient to allow for professional oversight and input to the treatment process.
- Standard 4.52
- Policy and Procedure manuals should reflect duties and responsibilities of professional staff.
- Chart review should reflect documentation of staff and treatment.

3.19 ADMINISTRATOR

- Disciplines represented should include physical therapy, occupational therapy, speech pathology, psychology and social work at the very minimum and ideally include staff representation and other appropriate disciplines.
- Standard 4.53
- Policy and Procedure manuals will reflect staffing.
- Review of Charts at time of review that appropriate staff present.

3.20 ADMINISTRATOR / MD / PSYCHOLOGIST

- The staff should be designated with appropriate expertise and current training in brain injury and treatment to allow for specialization and concentration on the varied disabilities presented by this population.
- Standard 4.54
- Policy and Procedure manual should reflect requirements of all staff.
- Personnel files of staff should reflect appropriate ska's.

3.21 ADMINISTRATOR / MD / PSYCHOLOGIST

- 21 Orientation: Policy shall be in place for brain injury service to provide orientation to teach new staff member assigned to the brain injury out-patient service on the role of each discipline.
- Standard 4.55
- Policy and Procedure manual should reflect as part of the hiring process for staff.
- Performance evaluation in personnel file should reflect satisfaction/achievement of this action

3.22 ADMINISTRATOR

- The program director should have a minimum of two years experience in brain injury rehabilitation management and specific training which will enable him / her to understand and respond to the unique needs of patient with a brain injury.
- Standard 4.57
- Policy and Procedure Manual should reflect duties and responsibilities. Required SKA.
- Personnel file should reflect program directors training and experience etc.

3.28 ADMINISTRATOR / PSYCHOLOGIST / MD

- Advertising of program shall be limited to program descriptions provided in such a way that the consumer or purchaser of services is aware of both the scope and limitations of the treatment program.
- Standard 4.64
- Publications and printed material should reflect.

3.29 ADMINISTRATOR

- There shall be a policy and procedures in place to resolve patients' concerns or grievances within an established time frame.
- Standard 4.65
- Policy and Procedure manual should reflect specific actions to be taken
- List the person(s) who oversee this.
- Application and entrance material given to patient and family.
- Posted information in public areas, i.e., halls, break and waiting rooms.

3.31 PROGRAM MANAGER

- The Brain Injury Outpatient Rehabilitation Center will be an integral part of the Florida Department of Health Brain and Spinal Cord Injury Program.
- Standard 4.24 4.67
- Documentation of participation with local BSCIP offices and staff, i.e., in service training, open house, participation in advisory council meetings/committees.

Pediatric Inpatient Rehab Standards



4.8 ADMINISTRATOR / NURSE

- Provisions should exist for insuring a safe and secure environment, including the provision of close supervision, as needed, consistent and medical limitations of this population. Pediatric Rehabilitation Centers should have a nursing staff to patient ratio meeting at least minimum Pediatric CARF standards.
- Policy and Procedures should state dealing with health and safety issues
- Job descriptions of personnel would reflect duties and responsibilities.

4.11 ADMINISTRATOR / PSYCHOLOGIST / NURSE / MEDICAL DOCTOR

- Team members from the professional disciplines with special interest, training, experience and expertise as describe in the CARF brain injury standards must be included as staff in the center. All staff in pediatric brain injury programs shall have specific training and experience with children who have survived brain injury. Additionally, all staff in pediatric spinal cord injury programs shall have specific training and experience with children who have sustained a spinal cord injury.
- Reviewing personnel file
- Review CEU's for personnel, and in service attended.

4.14 ADMINISTRATOR / PROGRAM MANAGER / PSYCHOLOGIST

- All Pediatric Centers shall provide for the appropriate educational needs of their hospitalized patients through liaisons with local school districts and / or educational resources.
- Review Policy and Procedures
- Review agreements with local school boards.
- Chart review and team conferences reflecting participation.

Pediatric Outpatient Rehab Standards



4.29 ADMINISTRATOR, MEDICAL DOCTOR, PSYCHOLOGIST

- A Pediatric Outpatient Rehabilitation Program is a goal-oriented, interdisciplinary, outpatient therapy program specifically designed to improve the physical, cognitive, communicative, behavioral, psychological and social functioning of children surviving brain or spinal cord injuries. In addition, these programs address the negative social and behavioral consequences of the illness for the child/adolescent's family.
- Review of Policy and Procedure
- Outcomes reflected in chart review
- Consumer surveys

4.31 ADMINISTRATOR, MEDICAL DOCTOR

- Pediatric age group shall include those children/adolescents from 0 to 21 years old. Patient grouping within the program shall respect each patient's developmental and social level. Those patients 16 to 21 years old may be designated for either a Pediatric or Adult Outpatient Rehabilitation Program depending upon both the nature of the case and the nature of the facility.
- Policy and Procedure manual will list criteria.
- Brochures advertising program will share this policy.

4.50 ADMINISTRATOR

- Each child shall be assigned a case manager with pediatric experience responsible for facilitating program coordination, community interaction, school liaison, family interaction, etc.
- Policy and Procedure will reflect assignment of case managers.
- Duties and responsibilities in job description can be found in personnel file.

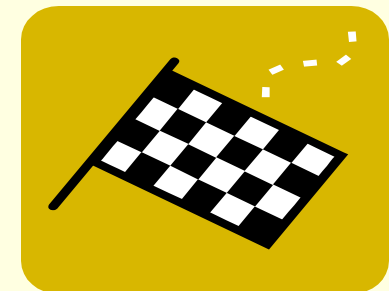
4.56 ADMINISTRATOR

- Facilities should encourage all staff to participate in community and professional organizations relating to brain and spinal cord injury.
- Administration allowing participation in professional organization can be seen in training and education outreach by program.

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OF LIFE AND..... WIN