



Patricia Neal Outpatient Center Scope of Services

I. Mission, Vision, and Values

The Outpatient Program of the Patricia Neal Rehabilitation Center (PNOC) is located within Fort Sanders Regional Medical Center and is a member of Covenant Health. The rehabilitation center adheres to the Mission Statement of Covenant Health which is to serve the community by improving the quality of life through better health. In the quest to fulfill this mission, Covenant Health is committed to its vision of being the region's premier healthcare network by providing patient-centered care that inspires clinical and service excellence, making us the first and best choice for our patients, employees, physicians, volunteers, employers and communities. This mission is based on three values:

1. The patient always comes first
2. Excellence in everything we do
3. We will do our part to be the first and best choice

It is the vision of the Patricia Neal Outpatient Center (PNOC) is to be a comprehensive outpatient rehabilitation center which is regionally and nationally recognized for improving the quality of life. We are the center of choice for recovery, re-integration into the community and promotion of wellness.

II. Persons Served

PNOC serves persons aged 12 and above. Special considerations will be made for younger patients referred for specialty services not available elsewhere in the community (i.e., Seating/Mobility, Bioness, casting/splinting).

Evaluation and treatment services are offered to patients with the following diagnoses: neurological, orthopedic, arthritis, post-surgical needs, chronic pain, and amputation. Patients referred must be medically stable. All services require a physician referral. The physician will inform PNOC re: activity limitations, i.e., weight bearing status, etc....or participation restrictions.

Services provided at the Patricia Neal Outpatient Center (PNOC) are part of a generalized comprehensive outpatient medical rehabilitation program. Each patient's treatment plan is developed individually based on the results of the evaluation. The plan of care includes the frequency and intensity of treatment, in addition to goals related to impairments and designed to address specific patient goals and lifestyle. The patient and /or family are actively involved in the development of the goals. The interdisciplinary approach to treatment includes appropriate training in functional mobility, home, community management and re-integration skills, activities of daily living, language, swallowing, cognitive skills, skin care, nutrition, psychosocial skills and prevention skills. Based on the needs of the patient, the PNOC team many include patient, family, physical,

occupational, speech therapists, behavioral medicine, neuropsychologist, and case manager. The referring physician is kept informed of the treatment results and progress of treatment based on the clinical judgment of the treating therapist. Additional services available as needed may include recreational therapy, nutritionist, chaplain, pharmacist, respiratory therapy, and peer counselor. Prosthetics and orthotics are provided by community vendors as prescribed by the physician. Input may be sought from other relevant stakeholders such as payors or other referral sources involved in the patient's care.

III. Admission and Discharge Criteria

A. Admission

All PNOC referrals will be reviewed by the PNOC Admissions Coordinator to determine eligibility based upon the following admission criteria:

1. Patient must be at least 12 years of age. Special consideration will be made for younger patients referred to the Seating and Mobility Clinic and other specialty services not otherwise available within the community.
2. Patient must be referred by a physician.
3. Patient must have adequate stamina and be medically stable to participate in the program(s).
4. Patient must have a physical impairment (neurologic or orthopedic in nature) which limits function in self-care, mobility, and/or communication/ cognition.
5. The family/support system commits to active involvement and training as appropriate. The primary goal is independent living in a home environment.

Potential contraindications for admission may include:

1. The presence of a contagious disease.
2. Patients with serious psychological disturbances are not accepted if they are considered unsafe to themselves or others.
3. Patients whose mental status prevents cooperation or participation in their program are not accepted unless rehabilitation techniques of education and cognitive training may be anticipated to produce significant improvement.

B. Continued Stay Policy

The patient must meet all of the following for continued stay:

1. The patient must actively and consistently participate in the rehabilitation program(s) and adhere to the PNOC attendance policy.
2. The patient must make documentable functional gains as a result of therapy.
3. The patient must continue to demonstrate a primary problem with safety, communication/ cognition, self-care function, or mobility.
4. The patient demonstrates the ability to participate in the established outpatient rehabilitation plan(s) of treatment.

C. Discharge

Discharge planning begins during the initial interview with the patient and family and is reassessed throughout the patient's outpatient rehabilitation. The treatment team works with the patient/family to develop an effective plan that utilizes the patient's resources most effectively. The patient must meet one of the following for discharge:

1. The patient attained a majority of the treatment goals identified in the individualized treatment plan(s) formulated by the patient, the patient's family/caregiver and the PNOC treatment team.
2. The patient becomes medically unstable.
3. The patient refuses to participate in the rehabilitation program, demonstrates intolerable behavior, and/or does not comply with the PNOC attendance policy.
4. The patient has not made acceptable functional progress nor met expectations for ongoing progress on established team goals.
5. At the time of discharge from PNOC, additional services may be recommended. These may include: fitness/aquatics centers, post acute rehabilitation centers.

IV. Organization Size and Structure

The Patricia Neal Rehabilitation Center at Ft. Sanders Regional Medical Center of Covenant Health is a not-for-profit IRS 501 (c) 3 organization. Covenant Health is operated by a chief executive officer that reports to a Board of Trustees who oversee the operations of the health system. The Patricia Neal Rehabilitation Center is under the direction of a dedicated leadership team. Please refer to the organizational chart for complete reporting responsibilities

The staff of the rehabilitation center is its most valued resource. Patricia Neal Outpatient Center is comprised of highly qualified individuals with specialty training designed to address the needs of the rehabilitation patient. PNOC staff work in a team approach consisting of:

Physical Therapy
Occupational Therapy
Speech Language Pathology
Behavioral Medicine/Rehabilitation Psychology
Case Management.

V. Physical Plant

Services for outpatients are provided in PNOC which is located on 3East of PNR/ Fort Sanders Regional Medical Center. The gym is designed and dedicated to the needs of the patient. The architectural layout of the Center is designed to be entirely accessible for convenient use by physically disabled persons with severe mobility limitations. Accessibility features conform to the American National Standards Institute (ANSI) regulations in addition to recommendations and suggestions from physically disabled persons, family members, and associated consumers. There are occasions when a patient may require treatment to simulate other environments such as community reintegration which requires off campus setting changes or use of the Rooftop Therapy Park or ADL

Apartment. The current physical plant dedicated to PNRN is approximately 58,000 square feet.

VI. Safety

The Patricia Neal Rehabilitation Center will assure that all outpatients are safe within the service environment and that the environment will remain healthy. Routine health and safety inspections will be conducted including a regularly scheduled comprehensive inspection. Emergency plans and procedures are tested regularly as required by the Medical Center Safety Department. A Rehabilitation Center representative shall actively participate on the Medical Center's Safety Committee and share communications and concerns with the Rehabilitation Center's Director and other appropriate operation managers.

At least (1) one staff person is available in each discipline area during times of patient care that is qualified to administer first aid and CPR in the case of an emergency. All injuries at work to staff and patients are reported immediately using the Medical Center's incident reporting mechanism. Emergency power and warning mechanisms operate according to Medical Center emergency operating and testing procedures. Parking garages are available on premises. Valet Parking Services and Escort Services are available for patients.

The Rehabilitation Center vehicles are inspected and maintained routinely by the Medical Center Recreation Therapy Services and contracted maintenance services. First aid supplies and fire safety equipment are available within the vehicles and checked monthly. Only Medical Center employees may use the vehicles for patient use and such employees must hold a valid State of Tennessee license. Each driver receives appropriate instruction from Recreation Therapy Services on vehicle and lift operation, patient safety, transport, cellular phones, driving safety, and emergency procedures.

VIII. Program Components

A. Services available include:

- Occupational Therapy
- Physical Therapy
- Speech Pathology
- Behavioral Medicine/Psychology/Neuropsychology

All services must be provided upon the referral of a physician. Evaluations are completed during the initial visit and an individualized plan of care is developed and reviewed with the patient/family. The referring MD will also receive a copy of the evaluation.

All services are provided within the scope of the persons providing the service and will adhere to all regulatory guidelines and governing bodies. The documentation of all evaluation and treatment will be in compliance with those mandated by federal and state regulatory guidelines.

B. Additional Services:

- Case Management
- Recreational Therapy
- Seating and Mobility
- AAC
- Technology Access and Environmental Controls
- Driving Evaluation
- Peer Support
- Support Groups

C. Student Affiliations: Management of students is left to the discretion of each individual discipline. All services provided by the students will be in compliance with the rules and regulations of the discipline regulatory/licensure board in addition to the facility HR rules and regulations.