

RIVERSBEND BRAIN INJURY REHABILITATION CENTER SCOPE OF SERVICE



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OUR MISSION:

Riversbend provides high quality of care and rehabilitation to brain injured person's, by utilizing positive and creative approaches to enhance and preserve a person's dignity and respect.

OUR CORE VALUES:

HOPE

COURAGE

WILLINGNESS

SPIRITUALITY AND INTEGRITY

THE PHILOSOPHY OF RIVERSBEND IS CLIENT CENTERED

The residents play an active role in the decision-making process of their programs. Our programs are structured, and yet, allow choices that preserve the residents' dignity and promote their independence. Therefore, our program is behaviorally oriented. It is set up for natural, self-determining consequences in which the individual may be graduated to different levels of programming.

TREATMENT APPROACH

Multidisciplinary team of professionals

Strength-based program

Supportive environment

TREATMENT DIRECTION

- Maximize physical and psychological function
- Improve relationships with others
- Encourage family involvement
- Integrate involvement into the community
- Physical and mental healing
- Address spiritual needs according to the individual's personal preference

HOURS OF SERVICE

- 24 hours a day 7 days a week
- Services provided in the frequency prescribed by a treating physician

FEES AND FUNDING SOURCES

Service fees are competitive with industry standard

- Funding sources may include automobile insurance companies, self-pay and some Community Mental Health programs.

ADMISSION CRITERIA

POLICY:

Admission to Riversbend Brain Injury Rehabilitation Center residential is contingent on the resident's appropriateness for treatment.

PROCEDURE:

1. Person's Appropriate for Treatment:
 - A. 18 years of age
 - B. Ranchos Los Amigos Scale of II through VIII.
 - C. Medically stable in good physical health, with no acute or chronic health problems for which medical treatment beyond routine medical care is required or anticipated. If resident does have a chronic, but stable illness, managed with medication and routine monitoring may be considered medically stable as deemed by PCP.
 - D. O2 must be 6L or under via nasal cannula as long as resident is meeting their baseline O2 level as defined by PCP/Pulmonologist
 - E. No mechanical ventilation will be provided at Riversbend.
 - F. Able to participate in the program or tolerate rehabilitation services
 - G. Approval by Director/finance department
 - H. History of traumatic brain injury and/or Spinal Cord Injury
 - I. Primary focus of treatment is for physical medicine, rehabilitation and/or behavioral management.
 - J. Individuals who are willing to abide by the rules of the program including on and off campus privileges.
 - K. The individual will be an appropriate match for the residential home which has an available bed. Attributes to be considered include but are not limited to: tendency for disruptive behavior, medical/equipment needs and overall fit for home.
 - L. Individual does not require continual nursing care, isolation or restraints.
 - M. Individual who has suffered a spinal cord injury. Riversbend will admit eligible persons with spinal cord injuries 18 or older but they must be medically stable and medical conditions must be manageable in our care, as determined by physicians and our Registered Nurse.
2. Prospective residents are encouraged to tour Riversbend Brain Injury Rehabilitation Center facilities prior to admission to the program.
3. Prospective residents must show the financial resources and ability to meet charges either by private pay, insurance or other means.
4. The Director will annually review the admission criteria for continued appropriateness.

5. The Director will revise the admission criteria as needed and in accordance with the mission and philosophy of Riversbend Brain Injury Rehabilitations program.
6. The admission criteria will be documented for public disclosure.
7. Spinal cord injuries can be admitted with a primary or a secondary diagnosis. Etiology of the SCI could be either traumatic or non-traumatic with incomplete injuries. SCI with ASIA levels A-E would be considered as long as the person was not ventilator dependent and could participate in programing. The completeness and co-morbidities of the SCI will be determined during the intake evaluation process along with the individual's ability to meet the programs admission criteria.

ADMISSION POLICY

POLICY:

Prior to admission, an assessment of medical and rehabilitation needs is completed for each person.

PROCEDURE:

1. Individuals who are hospitalized and who have suffered a TBI or spinal cord injury are evaluated by the Registered Nurse at the hospital and assessed for the following.
 - Diagnosis and prognosis
 - Morbidity and co-morbidity
 - Pre-morbid level of function
 - Support System
 - Mental Status
 - Ability to tolerate rehabilitation program
 - Infectious disease status
 - Eligibility within Riversbend Admission Criteria
 - Medical History
 - Complications
 - Scope and intensity of recommended services
 - Estimated time of stay
 - Equipment Needs
 - Dietary Needs
 - Funding

2. Referrals to Riversbend Brain Injury Rehabilitation Center are assessed on an individual basis. Referrals of individuals who meet admission criteria may be approved by the Director as well as the management team.
3. Referral source is notified when the decision regarding admission is made
4. If the individual meets the admission criteria for Riversbend Brain Injury Rehabilitation, a written assessment plan, resident care agreement and health care appraisal shall be completed for all residents prior to or on the day of admission.
5. Riversbend Brain Injury Rehabilitation Center encourages all potential residents to visit the program prior to admission. This is promoted to allow the individual to become familiar with the program, personnel and outline the expectations of both the resident and facility.

PROGRAM TRANSFER CRITERIA

POLICY:

Transfers to a lesser or more restrictive level of care within the continuum of Riversbend Brain Injury Rehabilitation Center. Programs are contingent on the resident's appropriateness for treatment.

TRANSFER CRITERIA:

1. All persons admitted for residential treatment must meet the criteria established within the Admission Criteria Policy.
2. The residential treatment program on campus with 24-hour supervision is the first step in the continuum of care. To transition from this program, the resident must meet the following criteria:
 - a. Demonstrate behavioral or medical stability on all shifts which allows for a reduction of enhanced staffing.
 - b. Recommendation from treating physician and psychologist/mental health team that the individual has reached a level of stability to receive reduction in enhanced staffing.
 - c. At any time, the mental health team/psychologist feel there is a change in client's aggression or behavior/health concerns and or sexual inappropriateness the staffing may be changed to 24 hours again.
3. When a resident has demonstrated a level of both behavioral and medical stability for a prolonged period of time, they may be eligible for the semi-independent living program. Eligibility is determined by the following:
 - a. Resident is able to demonstrate proficiency in the completion of ADL's.
 - b. Resident has the recommendation from their physician and psychologist/mental health team.
 - c. My have to do random substance abuse screens

- d. At any time, the mental health team/psychologist feel there is a change in the client's aggression or behavior/health concerns and or sexual inappropriateness the staffing may be changed to whatever Riversbend deems app
- 4. Residents who have achieved their treatment goals and who would benefit from additional structure and support during the day may be eligible for participation in Day Programing at Riversbend Brain Injury Rehabilitations Activity Center.
 - a. The individual has achieved treatment goals and has the support of the treatment team regarding their ability to participate in the program.
 - b. The individual is discharged from residential to a community location which is within traveling distance so they are able to participate in the program without undue fatigue from the daily commute.
 - c. The individual does not demonstrate behaviors such as physical aggression or sexual inappropriateness that prove to be a danger to themselves or others.
 - d. The individual has the inclination to benefit from the structured programming and support offered by the staff at the Activity Center.
 - e. The individual has the appropriate support in their home settings which allows them to remain in that setting during weekends, and evenings.



5. Individuals can transition to Outpatient programming when the following criteria are met:
 - a. The individual is able to complete their ADL's without staff assistance or they are accompanied by a support person who will attend the therapies with them and provide the needed assistance in these areas.

- b. The individual does not require supervision between therapies or has a support person who attends these therapies with them and who provides the needed level of supervision.
 - c. The individual is able to administer their own medication if it needs to be taken during therapy times or they are accompanied by a support person who is able to provide their medication for them.
 - d. The individual does not demonstrate significant maladaptive behaviors which will endanger themselves or others in the area. If the individual is prone to aggressive behaviors, they are accompanied by a support person who is able to address their behaviors in a manner which ensures the safety of all involved.
6. Any individual who demonstrates a significant regression in maladaptive behaviors or medical instability may be return to a more structured treatment status contingent on the recommendations of the individual's treatment team.



RIVERSBEND BRAIN INJURY REHABILITATION CONTINUUM OF CARE

Residential Outpatient

Program Program

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|---|----------------------------|
| CORRECTION OF REVERSIBLE CHANGES AND STABILIZATION ENHANCEMENT AND MAINTAINED STABILITY SKILL | NURSING CARE |
| | PHYSICAL THERAPY |
| | OCCUPATIONAL THERAPY |
| | SPEECH THERAPY |
| | RECREATIONAL THERAPY |
| | MASSAGE THERAPY |
| | PSYCHOLOGY |
| | SOCIAL WORK |
| | 24 HOUR SUPERVISION |
| | STRUCTURED BEHAVIOR PLANS |
| | MEDICATION ADMINISTRATION |
| | ACTIVITIES OF DAILY LIVING |
| | TRANSPORTATION |
| | COMMUNITY INTEGRATION |
| | DAY PROGRAMING |
| | SUBSTANCE ABUSE |
| | AS |
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Semi-Independent

Program

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| SKILL ENHANCEMENT AND MAINTAINED STABILITY | NURSING CARE |
| | PHYSICAL THERAPY |
| | OCCUPATIONAL THERAPY |
| | SPEECH THERAPY |
| | RECREATIONAL THERAPY |
| | MASSAGE THERAPY |
| | PSYCHOLOGY |
| | SOCIAL WORK |
| | MEDICATION ADMINISTRATION |
| | SCRIPTED STAFFING |
| | INDEPENDENCE WITH ADL'S |
| | EDUCATIONAL SERVICES |
| | DAY PROGRAMING |
| | TRANSPORTATION |
| | SUBSTANCE ABUSE |
| | STRUCTURED BEHAVIOR PLANS |
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Day Treatment

Program

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| STRUCTURED SUPPORT AND COMMUNITY INTEGRATION AND SKILL ENHANCEMENT AND MAINTAINED STABILITY | PHYSICAL THERAPY |
| | OCCUPATIONAL THERAPY |
| | SPEECH THERAPY |
| | RECREATIONAL THERAPY |
| | MASSAGE THERAPY |
| | SOCIAL WORK |
| | PSYCHOLOGY |
| | MEDICATION ADMINISTRATION |
| | ADL'S TEACHING AND SUPPORT |
| | TRANSPORTATION |
| | SUBSTANCE ABUSE |
| | DAY PROGRAMING |
| | EDUCATIONAL SERVICES |
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INCREASED INDEPENDENCE



CONTINUUM AND REFERRALS

POLICY:

It is the policy of Riversbend Brain Injury Rehabilitation that each resident shall have access to all needed programming, which shall be provided directly by the facility or through a coordinated referral to an external agency.

PROCEDURE:

1. Riversbend Brain Injury Rehabilitation continuum of care allows for the provision of the following services internally:

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|-------------------------------------|-------------------------------------|
| Nursing care 24-hour | Structured Behavior Programs |
| Physical Therapy | Medication Administration |
| Occupational Therapy | Speech Therapy |
| Activities of Daily Living | Recreational Therapy |
| Transportation | Massage Therapy |
| Community Integration | Psychology |
| Substance Support Groups | Social Work |
| 24-hour Supervision | ADL's Teaching and Support |
| Medical Coordination of Care | Independence with ADL's |

OTHER SERVICES INCLUDED:

| | |
|----------------------------------|-----------------------------------|
| Inpatient Rehabilitation | Pharmacy-McLaren Long Term |
| Outpatient Program | PFTOS |
| Day Programing/ AC | Supported Employment |
| Long Term Care | Recreational Activities |
| Assessment and Evaluation | 24-hour trained Staff |
| Room and Board | 24/7 Nursing |

2. Riversbend Brain Injury Rehabilitation Center works closely with the following hospitals for emergent care and acute hospitalization services:
 - a. McLaren Bay Region
 - b. Mid-Michigan Medical Center
 - c. Covenant Medical Center
 - d. Ascension Saint Mary's
 - e. University of Michigan Ann Arbor
 - f. VA Medical Center

Or preference of Hospital per resident and guardian

3. Riversbend Brain Injury Rehabilitation Center refers to McLaren Bay Region, Mid-Michigan Medical Center, Covenant and Ascension Saint Mary's for the provision of long-term hospitalization care.
4. Riversbend Brain Injury Rehabilitation provides referral to McLaren Hospice for the provision of hospice services when needed.
5. Referrals for neuropsychological services are made with highly regarded community doctors with whom Riversbend has a close working relationship. Referrals for other neuropsychological services are set up upon request by resident, guardians and/or case managers.
6. Riversbend Brain Injury Rehabilitation nursing personnel and the home supervisors are responsible for facilitating communication between external service providers and the facility. PIN numbers are obtained for residents who are hospitalized and Riversbend nursing and home supervisors remain in close communication with hospital nurses regarding resident progress and needs.
7. Riversbend staff or home supervisors accompanies all residents to medical appointments internally and outside the facility. The accompanying staff/home supervisor is responsible

for providing education to the medical providers regarding the resident's injury, preferences, and possible behavioral concerns.



Referrals come to Riversbend Brain Injury Rehabilitation Center from a wide variety of community and personal sources, including hospitals, case managers, families, Community Mental Health Agencies and Department of Health and Human Resources. Each inquiry is evaluated by the Director with recommendations based on the individual's specific needs. Referrals to other agencies or community support services are suggested if admission is not deemed appropriate by Riversbend Brain Injury Rehabilitation Center.

The payor sources include auto no fault, private pay, Community Mental Health and any other agency approved by Riversbend. Information on specific fees is provided upon request to the Riversbend Brain Injury Rehabilitation Centers finance office.

Riversbend Brain Injury Rehabilitation Center does not discriminate in the provision of services to residents based on race, cultural backgrounds, religion, gender, or sexual orientation. Cultural factors are taken into consideration when designing Riversbend Brain Injury's program to meet specific cultural needs.

DISCHARGE CRITERIA

POLICY:

It is the policy of Riversbend Brain Injury Rehabilitation that discharge planning is addressed by the interdisciplinary treatment team. The team provides comprehensive evaluation and treatment with the goal of facilitating the resident's reintegration into the community.

PROCEDURE:

1. Successful Discharge:
 - A. The resident has received maximum benefit from the program.
 - B. The resident has been evaluated by the treatment team and it has been determined that the individual no longer requires residential services due to the completion of treatment goals or by the consensus of the team that the goals will not be achieved in this program.
 - C. The resident has improved to a level that allows discharge to a different environment, supervised or non-supervised.
 - D. The resident, responsible party, personnel contributing to the resident planning, funding sources and all involved community agencies will receive a written notice of exit/discharge and reasons for the discharge.
 - E. No residents served by Riversbend Brain Injury Rehabilitation shall be discharged without a minimum of a 30-day written notice unless it's an emergency discharge.
2. Discharge with a Subsequent Transfer:
 - A. The individual has been evaluated by the treatment team and determined to require more intensive care in a different setting such as a psychiatric hospital or the individual, responsible party or other stakeholders have determined transfer to a different treatment facility is needed due to a resident's choice of financial limitations.
 - B. The resident, responsible party, personnel contributing to the resident planning, funding sources and all involved community agencies will receive a written notice of exit/discharge and reasons for the discharge.
 - C. No residents served by Riversbend Brain Injury Rehabilitation shall be discharged without a minimum of a 30-day written notice unless it's an emergency discharge.
3. Discharge Against Medical Advice:

- A. A resident who is their own guardian or their guardian wishes to discharge the resident from services against the advice of the treatment team and without adequate discharge planning.
 - B. The resident and/or guardian acknowledge that they are leaving the program against medical advice and are aware of the potential adverse consequences.
4. An emergency discharge:
- a. There is substantial risk to the resident due to the inability of Riversbend to meet the residents needs or assure the safety and well-being of other residents.
 - b. Substantial risk, or an occurrence, of self-destructive behavior.
 - c. Substantial risk, or an occurrence, of serious physical assault.
 - d. Substantial risk, or an occurrence, of the destruction of property.
- 1. Emergency discharge may occur before 30 days, however, there shall be a minimum of 24 hours' notice before discharge.
 - 2. The notice shall provide the reason for the proposed discharge alternatives to discharge that have been attempted, and the location to which the resident will be discharged, if known.
 - 3. The resident and/or guardian will be requested to acknowledge receiving a copy of the Riversbend Brain Injury Rehabilitation admission and discharge policy.
 - 4. If requested by the resident or guardian at the time of discharge, Riversbend will provide copies of resident's records.
 - 5. The Director will annually review the discharge criteria for continued appropriateness and will revise the discharge criteria in accordance with the mission and philosophy of Riversbend Brain Injury Rehabilitation.
 - 6. The discharge criteria will be documented for public disclosure.

CULTURAL NEEDS

Will be determined through the assessment process and accommodated as necessary.



DAILY RECREATIONAL ACTIVITIES:

Daily recreational activities are used with the addition of individualized modifications to meet the needs of individuals with physical or cognitive deficits. Daily recreational activities assist in helping the resident develop confidence and benefit from the added health advantages of increased physical involvement in a variety of social atmospheres. Health benefits may include: reduced pain, decreased stress, and improved emotional well-being, as well as a greater sense of independence, and self-confidence.

Activities include but are not limited to the following:

- Boating
- Hunting
- Fishing
- Concerts
- Movies

- Restaurant Outings
- Bowling
- Shopping
- Volunteering
- Sporting Events
- Seasonal Parties



ORTHOTICS AND PROSTHETICS

Prosthetics and Orthotics is the assessment, production, and custom fitting of artificial limbs and orthopedic braces. The Physical and Occupational Therapists provide comprehensive training and education for the resident's orthotics and/or prosthetics using the following plan of care:

Resident Assessment:

- Perform a comprehensive assessment of the resident
- Obtain an understanding of residents orthotic/prosthetic needs

Form/Manage Treatment Plan:

- Consult with an orthotist/Prosthetist
- Create a comprehensive orthotic/prosthetic treatment plan to increase stabilization and function.
- Assessment of intervention
- Functional exercise plan
- Gait Training
- Functional training for daily living
- Patient education and instruction

Riversbend Brain Injury Rehabilitation's network of providers includes an Orthotist and Prosthetist. The Therapist works in continual collaboration with either the Orthotist or Prosthetist to meet the residents on-going needs.

PEDORTHIC SERVICES

Pedorthic services is an extension of Orthotics and Prosthetics; where an Orthotist works in conjunction with Riversbend to prevent or alleviate foot problems caused by congenital defects or injuries. The Orthotist will design, manufacture, modify, and fit corrective footwear. The Physical and Occupational Therapist will manage new foot referrals, wearing schedules, and the replacement process.

SUBSTANCE ABUSE GROUP

Group therapy sessions are provided on a weekly basis to assist those individuals who have been diagnosed with a Traumatic Brain Injury and substance abuse disorder, including but not limited to alcohol, marijuana, narcotics or other substances. At Riversbend Brain Injury Rehabilitation Center, substance abuse groups are led by trained Psychologist or social workers. The group goals are to enrich members with insight and guidance. Group therapy and addiction treatment are natural allies. There are several models of treatment incorporated in the substance abuse groups:

- Psychoeducational groups teach about substance abuse
- Skills development groups help members hone skills necessary to break free of addiction
- Cognitive-behavioral groups encourage members to rearrange patterns of thinking and action that lead to addiction.
- Support groups which provide a forum where members can debunk excuses and support constructive change
- Interpersonal process groups enable members to re-create their past and re-think problems and solutions that led to their substance abuse.

The group therapy approach is used to provide positive peer support and reduce the sense of isolation that many people who have substance use disorders experience. In addition to enabling participants to identify with others who are struggling with the same issues, the group process allows members to witness the recovery of others. In turn, the group helps members learn to cope with their traumatic brain injuries and substance use problems by allowing them to see how others deal with similar problems.



VOCATIONAL PROGRAM

Riversbend Brain Injury Rehabilitation Center has many referrals with in town organizations that do vocational placing. The Occupational Therapist will follow up to make sure that all the residents needs are met.

OUR TREATMENT TEAM

DIRECTOR

Our director has over 30 years' experience with traumatic brain injury. Having a brother himself with a Traumatic Brain Injury. He oversees the treatment team and is ultimately responsible for ensuring each resident receives proper treatment.

DIRECTOR OF OPERATIONS

The Director of Operations facilitates communication across the continuum of care and is instrumental in planning and training services. The Director of Operations assists the Director in the decision-making processes of Riversbend Brain Injury Rehabilitation.

PSYCHOLOGIST

The Psychologist provide individual psychotherapy dealing with such issues as social-emotional adjustments, frustration tolerance, anger management, brain injury education, coping skills, and deficit awareness. They help design and monitor individual behavior programs. Support counseling to families as well as consultation to staff is also made available.

DIRECTOR OF THERAPY

The Director of Therapy collaborates with the therapist and treatment team to ensure the plan of service is consistent with the individuals predicted outcome.

SOCIAL WORKERS

The Social Workers provide supportive therapies, including individual and group, to the resident and family to facilitate social and emotional adjustments. Social Workers provide education on TBI to residents and families. They work with the psychologist and therapist to formulate, coordinate, and implement individual plans of service and provide a link that ensures the involvement of family members and/or guardians.

REGISTERED NURSES

The Registered Nurses are responsible for all administration and supervision of the medical aspects of the Riversbend Program. They provide nursing assessment and care, participate in treatment planning, and work directly with the residents. The nurses provide and coordinate the medical and psychiatric services for the residents by consulting with the Director, Director of Operations and the mental health team. They oversee the administration of daily medications and well as manage the medical services for the residents by administering and/or supervising special medical procedures within their license as directed by the physician.

PHYSICAL THERAPISTS

The Physical Therapist use a variety of evaluative and treatment approaches to help residents achieve the fullest potential possible. Emphasis is placed on function, strength and quality of movement. Assistive device evaluation is provided.

- Aquatic Therapy in the Pool
- Manual Therapy
- Modalities
- Gait Training
- Balance Training

PHYSICAL THERAPIST ASSISTANTS

Our Physical Therapist Assistants work closely with the Physical Therapist to assist the residents in increasing independence with movement of extremities. Focus is placed on balance, posture, function, strength and quality of movement.

RECREATIONAL THERAPIST

Recreational Therapist strive to meet rehabilitative and leisure needs of all residents limited in opportunities by training and equipping the resident to achieve his/her optimum level of abilities. They provide opportunities for success by engaging in activities of creative self-expression, social development, self-awareness, and learning intellectual development essential to the rehabilitation process and community reintegration.

OCCUPATIONAL THERAPISTS

Occupational Therapist work closely with residents to increase independence in activities of daily living, including personal hygiene, bathing, dressing, cooking, feeding, and use of adaptive equipment. Skills such as money and time management, work skills and behaviors, problem solving, community safety issues, and memory are also addressed to help the resident obtain maximum potential. Our Occupational Therapy staff assist individuals to improve their cognitive and physical skills in preparation for independence at home, school and the workplace. The treatments are individual, and may include the following:

- Cognitive-Perceptual Retraining
- Activities of Daily Living Skills
- Neuro Re-education

SPEECH LANGUAGE PATHOLOGIST

Speech Language Pathologists work with residents with impaired cognitive and communication skills impaired by brain injury or other disorders. The Speech Therapist help restore or compensate for lost speech, language, cognitive, and swallowing functioning. When oral communication is unattainable, the Speech Therapist helps resident learn to use alternative communication methods. Speech Therapists assist individuals with difficulties swallowing, speech, thinking, understanding, cognition and communicating effectively using the following techniques but are not limited to:

- Articulation
- Voice/Fluence
- Oral Motor Exercises
- Memory, problem solving and reasoning
- Planning and organization
- Programming skills

MASSAGE THERAPIST

A Massage Therapist is someone who is trained and skilled in massage therapy for the medicinal benefits. Massage Therapy is the manipulation of the soft-tissue and muscles of the body and it is used for many different reasons. Among the reasons for massage therapy is to relax overworked and tired muscles, to treat pain that results from any number of ailments, to aid in the rehabilitation of injuries and to support overall good health.

HOME SUPERVISORS

The Home supervisors work the interdisciplinary team to effectively manage the residential homes to oversee all resident care needs. They ensure the provision of quality personal care, implement behavior plans, oversee activity schedules, attend medical appointments, manage medicine administration, assist in the completion of therapeutic activities, and provide ongoing supervision and support to motivate staff to do their best. Home Supervisors effectively oversee the day-to-day operation of the home on a variety of different ways including in keeping the homes clean and orderly as well as coordinating the transportation needs of residents.

REHABILITATION AIDES

The Rehabilitation Aides provide quality personal care, implement behavior plans, structure activities, attend medical appointments, assist in the completion of therapeutic activities and provide ongoing supervision and support. Based on the resident's medical acuity, the Rehabilitation Aides will receive additional training to provide extra care to ensure proper care for the resident. The Advanced Medication Passer of the assigned shift will oversee all relevant documentation of medication distribution to each resident based on their needs.

