INPATIENT ADMISSION, TRANSFER AND DISCHARGE CRITERIA FOR THE SPINAL CORD INJURIES AND DISORDERS SERVICE

SOP 11SC-02

Eastern Colorado Health Care System (ECHCS)
Aurora, CO 80045

Service Line(s):
Spinal Cord Injuries and Disorders (SCI/D) Service

Signatory Authority:
Chief, SCI/D Service
Chief Nurse, Rehab and Extended Care

Effective Date:
November 25, 2022

Recertification Date:
November 30, 2027

Responsible Owner:
Chief, SCI/D Service

1. PURPOSE AND AUTHORITY

a. The purpose of this SOP is to establish policies and procedures for all admissions, transfers, discharged to and from the SCI/D Service at the Rocky Mountain Regional VA Medical Center (RMRVAMC). This SOP must be followed by all SCI/D staff members who provide direct or supportive care for this Veteran population.

b. This SOP sets forth information and instructions to ensure compliance with VHA Directive 1176(2), Spinal Cord Injuries and Disorders System of Care, dated February 7, 2020.

2. PROCEDURES

a. **SCI/D Center admissions.**

(1) Admissions to the SCI/D Center will occur Monday-Thursday from 0800 to 1400 and Fridays from 0800 to 1200. Reduced hours on Friday is due to staffing of the SCI/D Center and relative complexity of patients, which often requires consultation from specialty services for the safe provision of care. Admissions later than this window can be unsafe because they do not allow enough time for evaluation and consultation. No admissions on Federal holidays. The SCI/D Chief or designee has the authority to allow admissions outside of these designated times.

(2) All Veterans will be screened for suicide risk by the admitting provider at the time of admission with an ECHCS-approved suicide risk screen and will document this in the Veteran’s electronic health record (EHR). A positive screen will trigger a referral to mental health for a comprehensive suicide assessment.

(3) If admission is recommended, but no bed is available within the SCI/D

Inpatient Unit, the SCI/D provider will continue to follow the Veteran on a consulting basis until a bed within the SCI/D Inpatient Unit becomes available or will work with the SCI/D Chief, or designee, to find an alternative location to include reaching out to other SCI/D Centers or through local community providers.

(4) SCI/D Veterans presenting to the RMRVAMC Emergency Department (ED) will be admitted to the appropriate service only if they meet inpatient criteria. The SCI/D provider will be consulted by the admitting service to coordinate the transfer to the SCI/D Inpatient Unit during normal SCI/D admission hours. ***NOTE:*** *The SCI/D Center does not take direct, unplanned admits from the ED.*

b. **SCI/D admission inclusion criteria.**

(1) Acute traumatic SCI due to etiologies such as motor vehicle accidents, falls and acts of violence.

(2) A non-traumatic SCI etiology such as vascular injuries, tumors, stenosis or infections.

(3) Multiple sclerosis (MS) with primary spinal cord involvement.

(4) Motor neuron disorder.

c. **SCI/D admission exclusion criteria.**

(1) Tetraplegia/paresis or paraplegia/paresis due to intracranial hemorrhage (e.g., secondary to stroke or traumatic brain injury) or peripheral nerve disorders (e.g., Guillain-Barre).

(2) Conversion disorder/functional neurologic disorder manifested as tetraplegia/paresis or paraplegia/paresis.

(3) Rancho Level below six (6).

(4) Requirement of continuous telemetry.

(5) Unstable progressive disorders (e.g., during an acute multiple sclerosis [MS] flare).

(6) Ventilatory management (some exceptions may be allowed pending chronicity or stability of ventilatory use or if using for sleep disorders).

(7) Mental status or behavioral diagnosis that may require locked unit.

(8) The Veteran's medical needs represent a level of acuity that requires management by a medical team outside the SCI/D Center (e.g., intensive care, Medicine Service, Surgery Service).

d. **Priority of admission or transfer to SCI/D Inpatient Unit.**

(1) A Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) rehabilitation.

(a) Admission and eligibility to CIIRP is based upon the reasonable expectation that rehabilitation will result in increased function, reduced impairment, or improved quality of life.

(b) The Veteran must have a change in status affecting their mobility, self-care, or safety and able to participate in at least three (3) hours of care daily (minimum five [5] days per week).

(c) The Veteran and/or caregiver must be able to follow directions, have the capacity to learn, and be medically stable enough to participate actively in the program.

(2) Behavior problems will preclude admission if it is determined that the nature and intensity of the behavioral dysfunction prevents participation in rehabilitation.

(3) Pre-consultation with the pulmonary and respiratory teams will be pursued if the patient requires ongoing ventilator support at time of transfer. The patient must meet eligibility criteria identified in the SCI/D Scope of Services and the VHA Directive 1176(2).

e. **Sustaining care.**

(1) Sustaining care is the treatment for the spectrum of conditions that arise after acute medical stabilization and initial rehabilitation. Admission of individuals with non-acute clinical needs will be admitted to the SCI/D Center consistent with policies addressing hospital admission processes in VHA Directive 1176(2) and local medical center admission policies.

(2) Examples of sustaining care admissions can include subacute rehabilitation needs, complex wound management, medical/surgical conditions which result in change of functional status and/or diagnostic/interventional procedures.

f. **Comprehensive SCI/D annual evaluations (AE) or other preparatory medical/procedural management.**

(1) AEs of SCI/D Veterans are completed as a health screening/maintenance tool and are typically arranged as outpatient visits unless the Veteran's status requires

inpatient admission for their AE. Distance from the SCI/D Center, multiple procedures or complexity of care are all situations considered when deciding if an admission for an AE is required. This would also include elective procedures such as colonoscopy or sleep studies that require specialized support for the SCI/D population.

(2) If a Veteran requires admission to complete the above, they will be expected to comply with all inpatient SCI/D Center requirements and SCI/D standard operating procedures (SOP).

g. **Respite care.**

(1) Respite care admission is offered to relieve SCI/D Veteran caregiver responsibilities. Comprehensive care is provided to the SCI/D Veteran with intent to maintain home routines.

(2) The duration of any respite care admission, absent of complicating medical factors, will not exceed 14 consecutive days or a total of 30 days in a fiscal year.

h. **Hospice care.**

(1) Hospice care will only be offered with extensive support from the Palliative Medicine team in extenuating circumstances pending no availability of hospice services within the Veteran's home or no available facilities able to provide care to the Veteran.

(2) The Veteran's custodial needs will determine if appropriate for the SCI/D Service.

i. **Services within the RMRVAMC.**

(1) An SCI/D consultation request will be placed via the electronic health record (EHR).

(2) An SCI/D provider will complete all consults during SCI/D Center hours Monday through Friday, apart from Federal holidays, and will determine clinical eligibility.

(3) Upon review of the EHR and assessment of the Veteran by the SCI/D admission team, a decision will be made regarding admission to the SCI/D Inpatient Unit based on bed availability and priority.

j. **Admissions from the outpatient SCI/D clinics.**

(1) The outpatient SCI/D provider will contact the SCI/D Chief or designee to request admission to the SCI/D Center.

(2) An assessment to confirm admission needs and bed availability will be completed by the provider.

k. **Admissions from outside hospitals or other healthcare facilities.**

(1) An admission request will be placed via fax or email.

(2) The inpatient social work team will contact the referring discharge planners to request a packet of information.

(3) The information will be reviewed by a provider via E-consult to determine eligibility for admission.

(4) Determination for availability of transfer will be discussed by the admission team or if determined to require transfer sooner than the next meeting, an off-cycle decision will be made.

l. **Transfers off the SCI/D Inpatient Unit.**

(1) If the medical status of a Veteran on the SCI/D Inpatient Unit requires monitoring or special care for which either the equipment or personnel are not available on the SCI/D Inpatient Unit, the Veteran will be transferred to the appropriate acute care bed through consultation with the accepting provider or by using the Emergency Response System (Rapid Response or Code Blue). The SCI/D provider or covering provider responsible for the care of the Veteran will follow the Veteran while in acute care. When medically stable, the Veteran will be transferred back to the SCI/D Inpatient Unit if further SCI/D care is needed.

(2) SCI/D Veterans who go to surgery will ideally be transferred back to SCI/D within 24 to 48 hours (based on the complexity of the surgical procedure and stability of the patient). The SCI/D consulting team may determine that the patient can be managed in the SCI/D Unit upon discharge from the Post Anesthesia Care Unit (PACU) unless medically unstable or deemed inappropriate per the SCI/D consulting team (e.g. patients with intra-abdominal surgery that may require an extended period off the unit until demonstrating per os [PO] tolerance and bowel evacuation). An SCI/D provider and SCI/D registered nurse (RN) will follow the Veteran's progress during the weekdays (excluding Federal holidays) until the Veteran returns to the SCI/D Inpatient Unit.

(3) If an SCI/D Veteran will be transferred to a local hospital or other health care facility for further care, all pertinent records and x-rays will accompany the Veteran or be mailed and received prior to the Veteran's arrival per the sending team. The provider of the sending team will provide a warm hand-off regarding the Veteran's care and the RN of the sending team will provide a warm hand-off regarding SCI/D cares being provided.

m. **Transitioning level of care within the SCI/D Center.**

(1) When the Veteran no longer meets the criteria for acute inpatient rehabilitation but would benefit from further SCI/D specialty therapies at a lower level of care, they may be transferred to subacute care within the SCI/D Inpatient Unit. Staff will be notified of this via a provider order placed in the EHR (Activity Order).

(2) When Veterans are in subacute care status and their progress has improved to the point where they would benefit from a more intensive interdisciplinary approach to their care, they may be transferred to acute rehabilitation status within the SCI/D Inpatient Unit. Staff will be notified via order in the EHR (Activity Order).

n. **Discharge from SCI/D Inpatient Unit.** Veterans may be discharged when one or more of the following conditions exists:

(1) The Veteran has met the functional or medical goals established for the admission or duration of admission has been met (respite).

(2) The Veteran’s function has plateaued or the Veteran is not demonstrating gains towards projected functional goals.

(3) Veterans may be involuntarily discharged from the CIIRP designated beds when it becomes clear that the Veteran is unable or unwilling to benefit from acute rehabilitation services.

(4) The Veteran chooses and has the decisional capacity for elective discharge.

(5) The Veteran does not require the type of care that is outlined in 2.b.

3. ASSIGNMENT OF RESPONSIBILITIES

a. **Chief, SCI/D Service.** The Chief, SCI/D Service or designee is responsible for ensuring the above processes are met to facilitate timely admission and transfer to the SCI/D Center and discharge or transfer from the SCI/D Center. ***NOTE:*** *If a Veteran is found eligible for admission, but the SCI/D Center does not have available beds, efforts should be made to expedite admission to another SCI/D Center or a local community partner and consultative support to the referring facility should be offered.*

b. **SCI/D Service staff.** The SCI/D Service staff are responsible for adhering to the procedures as outlined in this SOP.

2. DEFINITIONS

a. **CIIRP.** A program providing complex spinal cord specific rehabilitation for Veterans with new diagnoses or exacerbations of SCI, MS or motor neuron disease.

b. **Sustaining care.** The treatment for the spectrum of conditions that arise after acute stabilization and initial rehabilitation. Potential reasons for admission, include but are not limited to, admissions for complex wound management, subacute rehabilitation, and elective procedures that require specialized support for safety in the setting of SCI/D (e.g., colonoscopy, sleep study, and suprapubic catheter placement).

c. **Respite care.** A service that pays for a person to come to a Veteran's home or for a Veteran to go to a program while their designated caregiver takes a break from care provision.

d. **SCI/D Admission Team.** A group formed to review requests for admission to the SCI/D center. At minimum, representatives from the three (3) following services will be present: Medicine, Social Work and Nursing.

5. REFERENCES

a. VHA Directive 1176(2), SPINAL CORD INJURY AND DISORDERS SYSTEM OF CARE, dated February 7, 2020, file:///C:/Users/VHAECH~1/AppData/Local/Temp/1/MicrosoftEdgeDownloads/fe29b849-1a21-485e-a607-5938b258616b/1176(2)_D_2019-09-30.pdf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

b. MCP 11-51 Patient Hand-Off Communication, date June 12, 2019, https://dvagov.sharepoint.com/sites/VHAECHQM/Policy/Lists/Policy%20Table/Attachments/125/11-51%20Patient%20Hand-off%20Communication%2006122019%20with%20Att%20B%20update%2001062022.pdf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

c. MCP 111-58 Medical Emergency Response, dated May 25, 2021 https://dvagov.sharepoint.com/sites/VHAECHQM/Policy/Lists/Policy%20Table/Attachments/148/MCP%20111-58%20Medical%20Emergency%20Response.pdf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

6. REVIEW

This SOP is required to be reviewed, at minimum, at recertification and when there are changes needed to stay within regulatory requirements.

7. RECERTIFICATION

This SOP is scheduled for recertification on or before the last working day of November 2027. In the event of contradiction with national policy, the national policy supersedes and controls.

8. SIGNATORY AUTHORITY

David Coons, MD
Chief, SCI/D Service
Date Approved:

Janice Bodley, RN, MSN, CWON-AP
Chief Nurse of Rehabilitation and Extended Care
Date Approved:

NOTE: *The signature remains valid until rescinded by an appropriate administrative action.*

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