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BED AND CONSULTATION SERVICES

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CHAPTER 2. RMS (REHABILITATION MEDICINE SERVICE)
BED AND CONSULTATION SERVICES

2.01 STATEMENT OF POLICY

The efficient delivery of quality rehabilitation care includes acute, intermediate and long-term care, and will be an integral part of the mission of the total facility.

2.02 GENERAL PROVISIONS

a. Consultation is provided by RMS to all other patient care activities, as requested.

b. A RMS bed service may be established in facilities upon recommendation of the Chief, RMS, with the approval of the Chief of Staff and the medical center Director. Approval by the CMD (Chief Medical Director) will be required to change the distribution of major bed programs or sub-programs for a period in excess of 90 days. Medical centers having a PM&RS (Physical Medicine and Rehabilitation Service) Residency Program will have a bed service as required by the American Board of Physical Medicine and Rehabilitation.

c. In order to provide adequate professional coverage of both the RMS bed service and other rehabilitation medicine services throughout the medical center, a minimum of two physicians, at least one of whom is a board certified/board eligible physiatrist, must be assigned to RMS. Deviation from this policy will be accomplished only with the approval of the Director, RMS, VA Central Office.

d. Beds under the responsibility of the Chief, RMS, will be reported as RMS Beds on the medical center Bed Census Report.

e. Requests for changes of bed designation should be submitted to the CMD's office through the appropriate Regional Director's office.

2.03 PURPOSE OF A RMS BED SERVICE

a. The RMS bed service provides treatment facilities and rehabilitation services to veterans who would benefit from an intensive inpatient rehabilitation program.

b. The conditions to be met in establishing new acute RMS bed services include:

(1) The proposed physician service chief must be employed at least five-eighths time, and be board certified.

(2) Provision has been made to assure physician coverage 24 hours a day, 7 days a week.

(3) At least three core clinical therapy sections are available and adequate staff to assure a minimum of 3 hours of therapy per day per patient. Core clinical therapy sections include, but are not limited to:

- (a) Kinesiotherapy,
- (b) Occupational therapy,
- (c) Physical therapy, and

(d) Audiology and speech pathology.

(4) Multidisciplinary staff is identified and, if possible, dedicated to service of rehabilitation beds, as:

(a) Rehabilitation nursing,

(b) Social work,

(c) Psychology,

(d) Recreation therapy,

(e) RMS therapies,

(f) Vocational resources, and

(g) Chaplain services.

(5) Electromyography evaluation resources are present or available.

(6) Full prosthetic/orthotic and HISA (Home Improvement and Structural Alterations) services are available in-house or through contractual agreements.

(7) A mechanism for post-discharge follow-up is available.

2.04 ADMISSION AND DISCHARGE OF VETERANS TO/FROM RMS BED SERVICE

a. Admission criteria will be established by Chief, RMS, and approved by the Chief of Staff or CEB (Clinical Executive Board).

b. Direct admission or transfer to RMS bed service will be made only after consultation with, and approval by, the Chief, RMS, or physician designee. In specific conditions, the Chief, RMS, may request admission panel discussions to assist in the arrangement for admission or for other options of treatment for patients with borderline potential for rehabilitation care.

c. When the veteran has received maximum benefits from rehabilitation treatment, but further hospitalization is required, the veteran will be transferred to the appropriate Service. The Chief, RMS, or physician designee, will initiate all transfers. Variances of opinion will be referred to the Chief of Staff.

