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CHAPTER 4. MEDICAL REHABILITATION PLANNING BOARD

4.01 GENERAL

a. The purpose of the Medical Rehabilitation Planning Board is to provide a multidisciplinary approach to complex problems in rehabilitation.

b. Cases brought before the Board may deal with problems in physical rehabilitation, psychosocial rehabilitation, vocational rehabilitation or disposition.

c. A Medical Rehabilitation Planning Board may be established at the discretion of any VA (Department of Veterans Affairs) medical center for the purpose stated.

4.02 MEMBERSHIP OF THE MEDICAL REHABILITATION PLANNING BOARD

a. The permanent membership of the Board may include:

(1) Chief, RMS (Rehabilitation Medicine Service), or designee, as chairperson,

(2) VHA (Veterans Health Administration) Vocational Rehabilitation Case Manager, and

(3) Representatives from:

(a) Audiology and Speech Pathology Service,

(b) Social Work Service, and

(c) Psychology Service.

b. The patient's staff physician, ward nurse and RMS therapist(s) will serve on the Board when a patient under their care is being reviewed.

c. The RMS secretary will serve as the official recorder for the Medical Rehabilitation Planning Board meetings.

4.03 REFERRAL OF PATIENTS TO THE BOARD

a. Referral and selection of patients for consideration by the Board will be made by:

(1) VHA vocational rehabilitation case manager or patient's physician;

(2) Other service chiefs working directly with patients; and

(3) RMS section representatives.

b. The case report will contain the following information:

(1) Name of medical center,

(2) Name of patient,

(3) Date of birth,

(4) Home address,

(5) Social Security Number,

(6) A brief statement of diagnosis(es), resulting disability, and reasons for referral to the Board, and

(7) A concise summary of:

(a) The planning and other action taken by the Board,

(b) The main elements of therapy which have been employed in treatment,

(c) The specific results obtained,

(d) The extent of the patient's participation in the rehabilitation plan, and

(e) The post hospital follow-up recommendations.

NOTE: The summary should reflect capacities for self-care, vocational activity, and leisure-time activity, with particular reference to the patient's emotional, mental and physical capacities in terms of the rehabilitation plan which was developed in conjunction with the patient.

4.04 BOARD MEETINGS

a. The Medical Rehabilitation Planning Board will meet as required to serve the needs of the patient(s) referred to the Board.

b. The secretary to the Chief, RMS, will notify those designated to participate in sufficient time to prepare and to ensure their presence at the meeting. Summaries of background information, such as clinical findings, Social Work assessment, study, vocational appraisal, RMS summaries and evaluations, will be brought to the meeting.

4.05 PROCEDURES OF THE BOARD

a. The Board will review the patient's problems and each member of the Board will present an evaluation of the overall problem and possible solutions. The patient will participate in the proceedings.

b. The case manager will inform the Board of the patient's eligibility for vocational rehabilitation services and will work with the VA Regional Office or the State Rehabilitation Agency to provide training and/or services.

c. The Board will develop a rehabilitation plan for each patient and set a definite date for a review of progress, an evaluation of results and the need for further planning.

d. All aspects of the Board's recommendations which can be effected within the medical center will be completed prior to discharge of the patient.

4.06 REPORT OF BOARD ACTION

A copy of the Medical Rehabilitation Planning Board's findings and recommendations, including a complete review of the social, mental and physical condition of the patient, will be placed in the medical record.

