CARF Survey Report for Mentis El Paso, LLP
Organization
Mentis El Paso, LLP
1831 Murchison Drive, Suite C
El Paso, TX 79902

Organizational Leadership
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Survey Dates
March 31-April 1, 2014

Survey Team
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Programs/Services Surveyed
Interdisciplinary Outpatient Medical Rehabilitation Programs: Brain Injury Specialty Program (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programs: Stroke Specialty Program (Adults)
Residential Rehabilitation Programs: Brain Injury Specialty Program (Adults)
Residential Rehabilitation Programs: Stroke Specialty Program (Adults)
Vocational Services: Brain Injury Specialty Program (Adults)

Previous Survey
May 2-3, 2011
Three-Year Accreditation
Survey Outcome

Three-Year Accreditation
Expiration: May 2017

Survey Summary

Mentis El Paso, LLP has strengths in many areas.

- Mentis El Paso has dedicated and enthusiastic administrative and program staff members who model the established mission of the organization to serve persons with traumatic brain injury, stroke, and other neurological conditions. Person-centered care is evident at all levels of the organization.

- The organization has increased its emphasis on productive activity for the persons served and is in the process of setting up volunteer work experiences for the persons served during their admission. Currently, the persons served are volunteering in a local food bank, at a garden, and at a sheltered work site. In addition, active military staff members are assisted with return to their previous or new positions with the help of the rehabilitation counselor. New volunteer sites are being sought and will be set up in the future.

- The organization has converted to a new outcomes management tool, Participation Assessment with Recombined Tools-Objective (PART-O). This tool has been chosen for its reliability and validity, and the program staff and psychologist in charge of training and data collection have done an excellent job of introducing this tool and educating the staff regarding data collection. This new tool provides important information related to the productivity, social relations, and participation of the persons served in their community.

- A new website has been developed that is user-friendly and includes valuable information for referral sources and the families/support systems of the persons served through a virtual tour, which could be very beneficial to the organization in its marketing efforts in other states. The website also provides helpful information to the persons served and their families/support systems related to the locations of brain injuries and the types of behavior or issues that might result. Testimonials from previous persons served, including active duty personnel and veterans, are featured on the website. Numerous, valuable resources are also listed.

- A comprehensive transportation program is in place. Each driver conducts a walk-around inspection of the van on each shift change or when he or she is going on an outing. The facilities manager routinely follows up with his own inspection and handles all of the maintenance through a local auto dealer. Any issues that the therapist indentifies are reported using a work order form. A bag is located in each van that includes a first aid kit, tire gauge, flashlight, camera, blood-borne pathogen kit, and triangles to be used in case of an accident. Each van also includes a fire extinguisher, accident reporting form, and wheelchair tie downs for the larger van. A cell
Phone is checked out by each driver prior to an outing. All staff members are currently trained at orientation, which allows them to drive from the start of their employment. Training is provided through a training video and written test. Driving records are checked at hire and annually at Mentis Houston with the results being provided to each subsidiary.

- The development of the strategic plan is inclusive. Each staff member conducts a strengths, weaknesses, opportunities, and threats (SWOT) analysis with results being combined in a report that is used at the annual December staff meeting, where the plan is developed each year.

- The physical plant is particularly well appointed with beautiful artwork, including artwork that the persons served have completed while in the rehabilitation programs. The residential programs are particularly homelike and clean despite the age of the building. The virtual tour on the proposed website focuses on and features the ambience of the building.

- The outcomes system results are featured on wall posters throughout the residence that are very user-friendly and in a font size that is easy to read. All graphs are in color and appealing for a person served or family member to stop by and review the results.

- In order to allow the staff to participate in the organization’s success, a bonus system is in place where the staff members can receive graduated bonuses based on the organization reaching its financial goals.

- The timekeeping system used by the staff affords the organization the opportunity to introduce new policies and procedures. The system requires the staff members to review the new policy and sign off that they have reviewed the new policy.

- The medical director and psychologists are an integral part of the clinical team and the overall programming, and are involved with the education of the persons served and their families/support systems in addition to staff education, which benefits the overall quality of the rehabilitation programs and the rehabilitation process for the persons served.

- The medical director and the interdisciplinary team are commended for the development of a tracking tool for monitoring start/stop/restart time frames for medications that might impact mood, arousal, or attention, which allows the team to make informed decisions regarding what medications are making an impact on functional and cognitive skills.

- The addition of weekly family/support system rounds provides a prescheduled opportunity for the family members of the persons served to have an informational conversation with a small group of key rehabilitation staff regarding any questions or concerns they might have about any aspect of the rehabilitation programs. These rounds take place late in the day, allowing the family members to attend after work, and provide an excellent opportunity for communication and family education.

- The nursing staff provides a person-focused approach to the process of medication management. By providing one-to-one weekly medication review sessions, the persons served are able to gain gradual independent medication management skills, including learning to identify their medication bottles, reasons for use, side effects, and prescribed frequency of use. Nurses use a “teach back” method of ensuring understanding.

- The organization has an excellent reputation in the community with a variety of stakeholders, including referral sources and present and former persons served and their family members.
The rehabilitation programs offer both formal and informal education specific to the diagnoses of the persons served, including stroke and traumatic brain injury, and in areas of adjustment, sexuality, mood, and wellness. This is demonstrated in the written educational materials, and also in weekly education classes, the men’s group, the women’s group, and the family education offered.

Potential barriers to achievement of the predicted vocational outcomes for each person served are identified, addressed, and well integrated into the plan of care by the clinical treatment team.

The vocational staff members are dedicated to obtaining and using input from the persons served to improve daily clinical care and maximizing vocational outcomes. The clinical staff members are described by the persons served as being caring, empathetic, and encouraging in the delivery of treatment. The clinical knowledge and energy of the staff contribute to the achievement of positive outcomes of the persons served. The organization is committed to the continued growth and development of vocational services.

In the following area Mentis El Paso demonstrates exemplary conformance to the standards.

The organization is commended for its focus on creating a continuous learning environment for the staff, as evidenced by the number of staff members who have certified brain injury specialist (CBIS) status, the continuing education resources available, and the educational sessions provided by the medical director to the resident life aides and the nursing/therapy staff. It is very unusual for physicians to have such consistent involvement with providing education to direct care staff. The medical director provides weekly short educational pieces to the staff, drawing on CBIS training, medications used for traumatic brain injury, and other clinical topics.

Mentis El Paso should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Mentis El Paso is providing a valuable service to individuals with brain injury, stroke, and neurological conditions in its local community and in other nearby states. A devoted and involved physician serves as the medical director, who works tirelessly to coordinate quality services to the persons served and to train the staff, and who is involved in administrative issues. The administrative and program staff members embrace the mission of the organization and clearly provide person-centered care. Formal and informal education is provided to the persons served and their families/support systems. The organization emphasizes productive activity for the persons served. Mentis El Paso has areas for improvement, including implementing a risk management plan, analyzing critical incidents, developing performance indicators for efficiency and service access, sharing outcomes with the persons served, providing education for persons with limb loss, demonstrating personnel competencies with the persons with spinal cord dysfunction, and gathering information and analyzing for performance improvement in the stroke specialty program. Mentis El Paso appears to have the ability and willingness to make improvements in the areas identified in this report.

Mentis El Paso, LLP has earned a Three-Year Accreditation. The organization is congratulated on this achievement. It is encouraged to continue to use the CARF standards as it expands and improves its day-to-day operations and services.
SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement
CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization’s stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed
■ Leadership structure
■ Leadership guidance
■ Commitment to diversity
■ Corporate responsibility
■ Corporate compliance

Recommendations
There are no recommendations in this area.

Exemplary Conformance
A.8.
The organization is commended for its focus on creating a continuous learning environment for the staff, as evidenced by the number of staff members who have CBIS status, the continuing education resources available, and the educational sessions provided by the medical director to the resident life aides and the nursing/therapy staff. It is very unusual for physicians to have such consistent involvement with providing education to direct care staff. The medical director provided weekly short educational pieces to the staff, drawing on CBIS training, medications used for traumatic brain injury, and other clinical topics.

C. Strategic Planning

Principle Statement
CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.
Key Areas Addressed
- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations
There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Principle Statement
CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization’s focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed
- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations
There are no recommendations in this area.

E. Legal Requirements

Principle Statement
CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed
- Compliance with all legal/regulatory requirements
F. Financial Planning and Management

Principle Statement
CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed
- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations
There are no recommendations in this area.

G. Risk Management

Principle Statement
CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.
Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations
G.1.a.(1) through G.1.a.(6)
G.1.b.(1)
G.1.b.(2)
The organization includes risk-related information, such as falls and medication errors, in its annual outcomes report and how it plans to reduce the risk; however, a written risk management plan is not in place. It is recommended that a plan be implemented that includes identification of loss exposures, analysis of loss exposures, identification of how to rectify identified exposures, implementation of actions to reduce risk, monitoring of actions to reduce risk, and reporting results of actions taken to reduce risks. For example, falls might be reduced by the development of a fall risk assessment and plan for reduction, such as a “falling star” program where the persons served have some type of signage over their room door or a specific color armband. The plan might also focus on medication errors; staff vacancies and the impact on the organization; security issues, such as elopement; the financial impact of a specific referral source reducing its referrals, such as the reduction in referrals for active duty veterans; or other risks that might impact the solvency of the organization, such as its ability to provide services due to property loss or negative publicity that could affect its reputation in the community. This could be implemented by using a template or grid that indicates the area of concern, the level of risk, and possible solutions to reduce the risk. Once the risk management plan is completed, the organization should review the plan for relevancy at least annually and update it as needed.

H. Health and Safety

Principle Statement
CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid
Competency of personnel in safety procedures

Reporting/reviewing critical incidents

Infection control

Recommendations

H.9.a. through H.9.b.(8)

Although there is a goal for falls and medication errors in the 2013 annual report for the next reporting period, the graphs representing the data for the current report do not provide information related to the causes for the critical events, the trends related to this reporting, or actions for improvement. Graphs do list when falls occurred, but there is no further information that evaluates the causes or trending of this information or an action plan for improvement. The data in the annual report set a goal to reduce falls and medication errors to zero. It is recommended that a written analysis of all critical incidents be provided to or conducted by the leadership at least annually that addresses causes, trends, actions for improvement, results of performance improvement plans, necessary education and training of personnel, prevention of recurrence, and internal and external reporting requirements. The information that the safety committee collects could be used to trend the data. The analysis of all critical events, causes, and trends might be helpful to assist the organization with process improvement to reduce the number of critical events.

Consultation

It is suggested that the current informal agreement with the assisted living program next door to Mentis El Paso, or another facility once its move is complete in 2015, be formalized so the organization could be able to continue to provide essential services, in case of a catastrophic event. Although the assisted living program next door might be a viable option, accommodating the residents from Mentis El Paso might overwhelm it if, at the time an event occurred, all of its apartments were full. Although Mentis El Paso might be able to be accommodated briefly, this might not allow the persons served to continue staying there for any extended period of time, which could impact providing continuing essential services.

I. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.
Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

There are no recommendations in this area.

J. Technology

Principle Statement

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan

Recommendations

J.1.a.(5) through J.1.a.(7)

Although a technology and system plan is in place, it is devoted to security issues, such as virus protection, hardware and software use, the need for confidentiality, prevention of identity theft, and the need for staff password protection. It appears that data are backed up at the facility, but there is no mention of this in the technology and system plan. It is recommended that backup policies, assistive technology, and disaster recovery preparedness be included in the plan. Assistive technology might include not only the needs of the persons served, such as modified keyboards, mice, and other devices, but also the needs of the staff. The organization might consider what assistive technology needs the staff members might have, such as a staff member with a visual impairment who requires specific software or a staff member who requests an ergonomic chair in order to avoid a back problem.
K. Rights of Persons Served

**Principle Statement**
CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

**Key Areas Addressed**
- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

**Recommendations**
There are no recommendations in this area.

**Consultation**
Although no grievances were reported this year, it is suggested that the organization be mindful of the steps to be taken if a grievance is reported in the future, including trending the information, noting the areas needing improvement, and noting any actions taken to address the grievance. Mentis El Paso might want to consider keeping a rolling annual grievance report, because grievances are not often reported. This could help to show information over time and avoid writing a one-paragraph report each year.

L. Accessibility

**Principle Statement**
CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

**Key Areas Addressed**
- Written accessibility plan(s)
- Status report regarding removal of identified barriers
- Requests for reasonable accommodations

**Recommendations**
There are no recommendations in this area.
Consultation

- Although the accessibility plan states that there are no issues related to environmental barriers, the organization might consider lighting and the security of the building as potential barriers in this area.

- The accessibility plan states that there are no attitudinal issues. As the organization starts building its new facility, it might find that the community where it is building is unfamiliar with the population of the persons served. This could be an opportunity for Mentis El Paso to work with its new community, educating it regarding the persons served and advocating for them. It might be beneficial for the vocational counselor to educate the new community regarding the persons served when seeking volunteer sites to increase the opportunities for the persons served in returning to work.

M. Performance Measurement and Management

Principle Statement
CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

M.6.b.(2)
M.6.b.(3)

Although all interdisciplinary outpatient medical rehabilitation brain injury and stroke specialty programs, residential brain injury and stroke specialty programs, and the vocational services brain injury specialty program have a performance indicator for effectiveness and satisfaction, the organization has not established measureable indicators for service access and efficiency. It is recommended that a performance measure be established for efficiency and service access. The organization might want to consider establishing as a measurable objective for service access, the time from referral to acceptance or admission into the program. It might consider as an efficiency measure, the length of stay in the various programs or the use of resources, such as staff time, dollars, or equipment.

M.7.a. through M.7.d.

Once all interdisciplinary outpatient medical rehabilitation brain injury and stroke specialty programs, residential brain injury and stroke specialty programs, and the vocational services brain injury specialty program have established goals for efficiency and service access, the organization should determine to whom the indicator is applied; the person(s) responsible for collecting the data; the source from which data will be collected; and a performance target based on an industry
benchmark, based on the organization’s performance history, or established by the organization or other stakeholder. The organization might consider using a grid that lists the measurable performance indicator, to whom the indicator is applied, how the data are collected, a performance target established using an industry benchmark, and its actual results.

Consultation

- It is suggested that the personnel currently in charge of the outcomes system consider attending a national conference related to outcomes system development, data collection, and maintenance of the system. This could further increase their collection methods and accuracy of reporting their data. The organization is encouraged to think of the outcomes system as a blueprint that guides it in programming and business operations, and a way of doing business that allows it to test expectations, review performance, and constantly consider ways to improve performance.

- The graphs currently being displayed in the residential setting are well done and educational to the persons served, their families/support systems, and visitors. It is suggested that, when using color graphs to report outcomes, the organization also determine a way to show the results when making copies for distribution that are still easy to read and understood by those who will receive them. Annual reports are often developed in color, but when copies are made, it could be important to create other methods that allow for understanding of the data. The organization might want to consider listing the number and/or percentage on a bar graph or use slashes, dots, or other identifying methods in order for the results to be clear without the benefit of color.

- The organization has added an additional tool to the outcomes system. The organization is encouraged to incorporate its results into the annual report when sufficient data become available to report the outcomes for 2013-2014 and for the future.

N. Performance Improvement

Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement

- Performance information shared with all stakeholders
Recommendations
N.1.b.(2)(b)
N.1.b.(2)(c)
N.1.b.(3) through N.1.c.(3)

Although the organization has established measureable targets for effectiveness and satisfaction, a written analysis of data related to the efficiency of services and access to services has not been completed due to the lack of a performance indicator in these two areas. It is recommended that the organization analyze performance indicators in relation to performance targets, including the service delivery of each program seeking accreditation that includes the efficiency of services and service access. The organization should include extenuating or influencing circumstances in the analysis of performance indicators in relation to performance targets. It is recommended that the written analysis identify areas needing performance improvement; result in an action plan to address the improvements needed to reach established or revised performance targets, such as an action plan developed to address indicators where results were lower than anticipated and did not meet the established targets; and outline actions taken or changes made by the program to improve performance.

SECTION 2. THE REHABILITATION AND SERVICE PROCESS FOR THE PERSONS SERVED

A. Program/Service Structure for All Medical Rehabilitation Programs

Key Areas Addressed
- Scope of the program and services
- Admission and transition/exit criteria
- Team communication
- Learning environment for personnel
- Analysis of denials, interrupted services, and ineligibility
Recommendations
A.1.a.(8)
A.1.a.(9)
A.1.c.
Although the organization has a defined scope of services document, it does not address referral sources or the specific services offered, including whether the services are provided directly or by referral. It is recommended that each program document the parameters regarding its scope of services, including referral sources and the specific services offered, including whether the services are provided directly or by referral. The organization should review the scope of services at least annually and update it as necessary. It is suggested that the organization consider the unique needs of the population served (traumatic brain injury and stroke) when updating the scope of services document, as there might be issues or complications that are often seen with these populations that the organization could manage, such as intrathecal baclofen pump (ITB) therapy or seizure disorders, or could not manage, such as intravenous (IV) antibiotics.

A.14.e.(2) through A.14.e.(5)(c)
The organization gathers data regarding denials and persons unable to be served, and informally uses the information gathered for program improvement; however, it does not formally analyze the data, review the data for trends, and develop improvement and appropriate education plans. It is recommended that a written analysis address trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies.

Consultation
- The organization might consider shifting its terminology describing the populations served from the global designation of an acquired brain injury program that it currently uses, to a more specifically classified description of brain injury, stroke, and post-concussive rehabilitation program to match its accreditation designations.
- Because Mentis El Paso provides unique clinical rehabilitation treatment services to the El Paso region, it is suggested that it advocate and negotiate with funding sources, especially in providing cognitive rehabilitation services. The organization could use web-based resources developed by national organizations and/or insurance companies that have policies and evidence-based research on the clinical efficacy of cognitive rehabilitation.
- Mentis El Paso is encouraged to consider developing templates and a standing calendar for annual reports that could be used across the organization. This could allow for gathering data from program-specific and larger organizational perspectives and consistency with completing analysis, trend review, and development of recommendations and action plans.
B. The Rehabilitation and Service Process for the Persons Served

Key Areas Addressed

- Scope of the program services
- Appropriate placement in and movement through the continuum of services
- Admission and ongoing assessments
- Information provided to persons served for decision making
- Team composition
- Team responsibilities and communication
- Medical director/physician providing medical input qualifications and responsibilities
- Discharge/transition planning and recommendations
- Family/support system involvement
- Education and training of persons served and families/support systems
- Sharing of outcomes information with the persons served
- Physical plant
- Records of the persons served

Recommendations

B.38.a.(7)

B.38.a.(8)

The organization provides information on outcomes achieved for the persons served to review; however, it does not include information on return to the hospital or report satisfaction separately for the stroke specialty and brain injury specialty programs. The organization should provide information from the outcomes management system to the persons served by relevant diagnostic category on satisfaction of the persons served with the services received and unplanned transfers to acute medical facilities.

B.46.a.

B.46.c.(1) through B.46.c.(5)

Although individual departments complete routine reviews of the records of the persons served, the data gathered are not analyzed for trends or actions for improvement. The organization is urged to at least annually address performance in relationship to established targets, trends, actions for improvement, results of performance improvement plans, and necessary education and training of personnel.
Consultation

- The organization is encouraged to share outcomes with the persons served in ways external to the rehabilitation programs, such as annual outcomes page that is put in with brochures or information shared on the website. The organization might want to consider developing a consumer/family advisory council that could act as a consultant to the programs to determine any additional information the persons served might be interested in, and to provide results in a language that the persons served understand.

SECTION 3. PROGRAM STANDARDS

B. Outpatient Medical Rehabilitation Program

Key Areas Addressed

- Program-specific information-gathering requirements
- Personnel requirements
- Provision of services to any persons with spinal cord dysfunction or persons with limb loss
- Team composition

Note: The relevant specialty program section of the report includes recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty program.

D. Residential Rehabilitation Program

Key Areas Addressed

- Personal space
- Adequate personnel 24 hours a day, 7 days a week
- Food services
- Community inclusion and participation
- Individual service plans
- End-of-life issues

Note: The relevant specialty program section of the report includes recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty program.
Vocational Services

Key Areas Addressed

■ Career development and training activities
■ Individual vocational services plans
■ Communication with employment setting
■ Work trials and vocational assessments

Note: The relevant specialty program section of the report includes recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty program.

H. Brain Injury Specialty Program

Outpatient Medical Rehabilitation Program - Interdisciplinary: Brain Injury Specialty Program (Adults)

■ Standards in Section 3.B. Outpatient Medical Rehabilitation Program have been applied to this program.

Residential Rehabilitation Program: Brain Injury Specialty Program (Adults)

■ Standards in Section 3.D. Residential Rehabilitation Program have been applied to this program.

Vocational Services: Brain Injury Specialty Program (Adults)

■ Standards in Section 3.E. Vocational Services have been applied to this program.

Key Areas Addressed

■ Continuum of services
■ Intervention services provided for persons served and their families/support systems
■ Facilitation of advocacy for the persons served
■ Personal preferences of persons served
■ Initial and ongoing assessments of persons served
■ Discharge/transition planning
■ Prevention of complications and re-injury
■ Program-specific information-gathering requirements

Note: Recommendations, consultation, and exemplary conformance in this section of the report include all portions of Section 3 of the standards manual that were applied to the specialty program.
Recommendations
D.21.a.(1)  D.21.o.(1)
The organization has served a person with a brain injury with limb loss in the residential program. Although there was evidence that reflected management of the amputation, the organization is urged to provide or make arrangements for limb loss education regarding self-management of secondary complications and strategies that address health and medical conditions, including diabetes management.

D.32.a. through D.32.d.
The brain injury residential program admits persons with spinal cord injuries and dysfunction; however, the admission and discharge criteria do not define at what level and type of injury is admitted. It is recommended that the organization’s admission, discharge, and transition criteria delineate the etiology of the spinal cord dysfunction, levels of spinal cord injury, completeness of spinal cord dysfunction, and co-morbidities.

D.34.d. through D.34.g.
D.34.i.
D.34.j.
Based on the competencies of personnel, it is recommended that the brain injury residential program provide, arrange for, or assist with the arrangements for specialty services in fertility, orthotics, pain, prosthetics, skin care, and spasticity management.

E.2.b.(4)  E.2.d.(1)  E.2.d.(2)
It is recommended that the vocational services, in assisting the person served prior to job acceptance, elicit information about any benefits package needs. It is recommended that, with the permission of the person served, the employer be provided information to help in understanding the effects of the injury, illness, or impairment in terms of job performance capabilities of the person served and the expectations of the person served.

H.29.a. through H.29.d.
The organization has emergency plans that provide for evacuation of the persons served; however, it is recommended that the brain injury program work with community leaders in emergency preparedness concerning the unique needs of persons with brain injury to address emergency preparedness, evacuation, shelter, and recovery.

Consultation
■ The organization has a person served/family education binder about spinal cord injuries. It is suggested that the organization review the content and modify it to meet the education needs of the persons served, and present it in a language they could understand. It was difficult to determine if the education was received by the person served and family. It is therefore suggested that the organization develop a method of demonstrating that the education was provided and demonstrate the level of understanding the persons served and family achieved.
The organization appears to manage staff competencies for serving any persons with spinal cord dysfunction at the time the person served is admitted. This could be important because the brain program admits very few persons served with spinal cord dysfunction. It might be beneficial to provide ongoing education to the staff along with refresher training based on the needs of the person served prior to admission.

The organization is encouraged to continue and to expand collaboration with the farm where the persons served volunteer, including joint fundraising events. The close proximity of the new facility to the farm could allow for greater involvement and interaction with the brain injury programs.

J. Stroke Specialty Program

Outpatient Medical Rehabilitation Program - Interdisciplinary: Stroke Specialty Program (Adults)

- Standards in Section 3.B. Outpatient Medical Rehabilitation Program have been applied to this program.

Residential Rehabilitation Program: Stroke Specialty Program (Adults)

- Standards in Section 3.D. Residential Rehabilitation Program have been applied to this program.

Key Areas Addressed

- Intervention services provided for persons served and their families/support systems
- Prevention of recurrent stroke and the complications of stroke
- Reducing activity limitations and decreasing environmental barriers
- Continuum of services
- Provision of services to any persons who require ventilatory assistance
- Health assessments and promotion of wellness
- Education for persons served and their families/support systems
- Maximizing participation and quality of life
- Discharge/transition recommendations
- Data collection regarding the effectiveness of the program
- Collaboration of children/adolescents and families served in decision making
- Family involvement throughout program
- Developmentally, culturally, and age-appropriate programs

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enhancing PEOPLE’S LIVES
- Competencies of personnel
- Education and training of the children/adolescents served and their families/support systems
- Program-specific information-gathering requirements
- Communication with the school system
- Input into the overall program related to medical issues
- Opportunity for families to remain with children/adolescents 24 hours a day (inpatient or residential)

Note: Recommendations, consultation, and exemplary conformance in this section of the report include all portions of Section 3 of the standards manual that were applied to the specialty program.

Recommendations
J.20.b.(1) through J.20.b.(5)(c)
Although the organization has recently begun gathering data following discharge for the persons served with a diagnosis of stroke, the data have not been analyzed. It is recommended that at least annually the stroke specialty program address performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of the persons served, their families/support systems, and healthcare providers.

J.25.a.(1) through J.25.b.(5)(c)
The medical director and clinical team are knowledgeable about stroke risk factors; however, the program has not established indicators to measure the percentage of persons served who are in compliance with evidence-based guidelines at discharge. It is recommended that the stroke specialty program have indicators to measure the percentage of persons served who, at the time of discharge/transition, are in compliance with evidence-based guidelines to manage diabetes, hyperlipidemia, hypertension, and stroke prophylaxis. It should, at least annually, address performance in relationship to established targets in each area; trends; actions for improvement; results of the performance improvement plans; and necessary education and training of the persons served, their families/support systems, and healthcare providers.

Consultation
- The organization might want to draw on the resources of acute hospitals to build guidelines into its electronic medical records that could be utilized by other national organizations that accredit acute hospital stroke programs.