

**CARF
Survey Report
for
Johns Hopkins
Bayview
Rehabilitation Unit**

Organization

Johns Hopkins Bayview Rehabilitation Unit
5505 Hopkins Bayview Circle, John R. Burton Pavilion
Baltimore, MD 21224

Organizational Leadership

Brian Lupus, PT
Manager Rehab Services, Program Manager

Margery Rodgers
Administrator of Rehab Services and PM&R



Three-Year Accreditation

Survey Dates

September 29-30, 2016

Survey Team

Timothy Leon Williams, OTR, M.B.A., Administrative Surveyor

Linda Williams-Brown, M.Ed., OTR/L, Program Surveyor

Programs/Services Surveyed

Inpatient Rehabilitation Programs - Hospital (Adults)

Inpatient Rehabilitation Programs - Hospital: Stroke Specialty Program (Adults)

Previous Survey

October 21-22, 2013

Three-Year Accreditation

Survey Outcome

Three-Year Accreditation

Expiration: November 30, 2019

SURVEY SUMMARY

Johns Hopkins Bayview Rehabilitation Unit (JHBRU) has strengths in many areas.

- The strong therapeutic recreation leadership and programming, including van transportation for community outings, are noteworthy.
- The organization utilizes an Independence Day to prepare persons served and families for return to the community.
- Administration is supportive, encourages inpatient rehabilitation, and is strategically planning for the future of the program.
- The rehabilitation service manager is working hard to incorporate programming to include interdisciplinary education and training for all staff, in conjunction with the nurse manager counterpart.
- The organization wishes to build on the strengths of its knowledge and experience to bring together all staff toward the common goal of the best inpatient rehabilitation experience for the persons served, families, and community at large.
- JHBRU has a dedicated interdisciplinary team, with four CRRNs and other nurses with certification in specialty areas on the team.
- The program has strong, enthusiastic physician leadership in its physical medicine and rehabilitation physicians.
- The admission team, nursing staff, therapy staff, social work staff, and dietitian staff are committed to the program as demonstrated by the high retention rate and longevity of staff in the program.
- The program has established a mentoring onboarding process to ensure that new staff members gradually transition into their role in the program with ease and comfort.
- The persons served and their families express high regards to the program for its outstanding techniques to ensure good patient care scores consistently in the program.
- The nursing care manager demonstrates strong leadership to the program and a commitment to excellence in nursing care for the patients on the unit.

JHBRU should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, JHBRU is part of a world-renowned medical system and a great example of inpatient rehabilitation care. The program demonstrates dedication to providing high-quality comprehensive rehabilitation services, along with stroke specialty services, as well, to the Baltimore community. The support of administration, the dedication of the rehabilitation nursing and therapy staffs, and the expertise and knowledge base of the physical medicine and rehabilitation physicians all meld into well-functioning rehabilitation operations. Referral sources and former persons served and families report satisfaction with service to the persons referred to the program. The organization has areas for improvement, including analysis of critical incidents and formal complaints, enhancing annual

assessment and training of competencies, and determining a performance target for satisfaction. JHBRU appears to have the ability and the willingness to make improvements in the areas identified in this report.

Johns Hopkins Bayview Rehabilitation Unit has earned a Three-Year Accreditation. The organization is recognized for its efforts to provide quality rehabilitation services and encouraged to continue to remain current with the CARF standards as it addresses the areas for improvement noted.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Description

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.

Consultation

- It is suggested that the organization communicate information to stakeholders in an understandable manner, such as using lay language and writing materials at the fifth-grade level.
-

C. Strategic Planning

Description

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

Description

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

Description

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

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Description

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

Description

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

There are no recommendations in this area.

H. Health and Safety

Description

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.1.

Sharps were found in the therapy gym areas in drawers and on a shelf. It is recommended that the organization keep all sharps locked up at all times to maintain a healthy and safe environment.

H.10.a. through H.10.b.(8)

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.

Consultation

- It is suggested that the organization include labels of weight constraints on all weight-bearing equipment, increase the number of shower rooms, and increase the option of daily showers to incorporate the preferences of persons served.

- It is suggested that the organization include education of families of the persons about fire safety and fire evacuation routes.
-

I. Human Resources

Description

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

I.4.b.

Although the organization completes assessment of competency skills for some staff in certain clinical areas, it is recommended that the organization annually assess the current competencies of personnel. The organization could redevelop the therapy competency assessment to include care for persons with spinal cord injury, limb loss, and brain injury and suggest that nursing consider developing a similar skills assessment tool.

I.5.a.(2)

I.5.b.(1)

Although the organization completes assessment of competency skills for some staff in certain clinical areas, it is recommended that the organization provide documented personnel training at regular intervals that addresses the identified competencies needed by personnel. This could include training for treatment of persons with brain injury, spinal cord dysfunction, and limb loss.

I.6.b.(4)(a)

Although annual performance evaluations are completed, it is not evident that nursing addressed objectives set in the last evaluation period. Performance evaluations for all personnel directly employed by the organization should be used to assess performance related to objectives established in the last evaluation period.

J. Technology

Description

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
 - Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
 - Training for personnel, persons served, and others on ICT equipment, if applicable
 - Provision of information relevant to the ICT session, if applicable
 - Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
 - Emergency procedures that address unique aspects of service delivery via ICT, if applicable
-

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Description

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

K.4.a. through K.4.b.(3)

In order to enhance the rehabilitation experience of the persons served and families, it is recommended that the organization conduct annual written analyses of all formal complaints and determine trends, areas needing performance improvement, and actions to be taken.

L. Accessibility

Description

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

Key Areas Addressed

- Written accessibility plan(s)
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the managers of the comprehensive integrated inpatient rehabilitation program make their contact information clearly known to persons served and families, such as posting on a sign in the unit or placing business cards in the Patient Education binders.
-

M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, 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.7.d.

Although the organization is transitioning to a new vendor for measurement of patient satisfaction, it is not evident that there is a performance target and no industry benchmarking for the current tool for comparison. The organization expects to have benchmarking capabilities with a new vendor's tool and database. For each service delivery performance indicator, the organization should determine a performance target based on an industry benchmark, based on the organization's performance history, or established by the organization or other stakeholder.

N. Performance Improvement

Description

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

There are no recommendations in this area.

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
 - Provision of services to any persons who require ventilatory assistance
-

Recommendations

There are no recommendations in this area.

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

There are no recommendations in this area.

Consultation

- The program provides an individualized written disclosure statement to each person served. It is suggested that the program place a copy of the disclosure statement in the patient's Rehabilitation Unit Patient and Family Centered, Educational Binder and Discharge Planner.
-

D. The Rehabilitation and Service Process for Specific Diagnostic Categories

Key Areas Addressed

- Provision of services to any persons with limb loss, acquired brain injury, or spinal cord dysfunction
-

Recommendations

D.3.

It is recommended that all personnel serving persons with limb loss demonstrate competencies in amputation management.

D.11.a.(1) through D.11.b.(9)

It is recommended that the program provide education to both clinical and nonclinical personnel who have contact with the persons served with brain injury and their families/support systems. The education should be provided at orientation and regular intervals and include, but not be limited to, neuroanatomy, etiology and epidemiology of acquired brain injury, facilitating behavioral supports, cognitive and communication interventions, recognition and reporting of suspected abuse and neglect, setting and maintaining professional boundaries, medical complications, and risks associated with brain injury.

D.13.

It is recommended that personnel who serve persons with spinal cord dysfunction demonstrate competencies in spinal cord dysfunction management.

SECTION 3. PROGRAM STANDARDS

A. Comprehensive Integrated Inpatient Rehabilitation Program

Inpatient Rehabilitation Program - Hospital (Adults)

Key Areas Addressed

- Preadmission assessment
- Privileging process
- Appropriate placement in the continuum of services
- Secondary prevention
- Rehabilitation nursing services
- Rehabilitation physician/medical services and management
- Program-specific information-gathering requirements
- Information gathering regarding durability of outcomes

***Note:** Recommendations, consultation, and exemplary conformance in this section of the report do not include those specific to specialty programs included in the survey. If specialty program accreditation was sought, 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.*

Recommendations

There are no recommendations in this area.

K. Stroke Specialty Program

Inpatient Rehabilitation Program - Hospital: Stroke Specialty Program (Adults)

- Standards in Section 3.A. Comprehensive Integrated Inpatient 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

- 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

***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

There are no recommendations in this area.
