



The Appropriate Inclusion of Rehabilitation Nurses Wherever Rehabilitation Is Provided

An ARN Position Statement

The goal of Rehabilitation is to restore mental and physical abilities lost to disease or injury. (National Cancer Institute, 2013). Underlying the concept of physical rehabilitation is the specialty of rehabilitation nursing. Rehabilitation nursing is defined as the diagnosis and treatment of human responses of individuals and groups to actual and potential health problems related to impairments in function and lifestyle (ARN Standards and Scope, 2014). Foremost, the nurses' role is to enable individuals to achieve and maintain a maximal level of function and independence. The client, their significant others, and multiple professionals work as a team to achieve this goal. Rehabilitation nurses are an integral part of the interprofessional team. Attaining that goal depends on the participation of many members of the rehabilitation team, including the client, significant others, and various professionals.

Current Status:

In the current chaotic and rapidly changing health care delivery system in this country, persons with disabilities and chronic illness are especially vulnerable. ARN is committed to promoting the health and welfare of persons with disabilities and ensuring that all persons receive the right care at the right time by the right provider. The Affordable Care Act (ACA) seeks to instill more quality into the United States healthcare system. The primary focus of ACA is to provide better more affordable care and to improve the overall health of the community. The future of health care points to the rehabilitation nurse serving in a key role as navigator to persons served and key decision makers in facilitating access to rehabilitation, setting goals and optimizing the resources available in the community. Rehabilitation nurses need to be included in rehabilitation care wherever it is provided, as they are most qualified to recognize and address the patient's functional needs and identify the most appropriate post-acute care (PAC) setting to meet those needs.

The Centers for Medicare and Medicaid cost of care reports indicate an increase in utilization of Post-acute care settings (acute rehabilitation, skilled nursing, long term acute care and home health care). More than 10 million Medicare beneficiaries are admitted to PAC settings and 200 million in outpatient settings. \$178 billion paid for inpatient and outpatient services and \$8 billion for uncompensated care costs, a three percent increase was sustained in 2014-2015 alone. Payments in 2015 included skilled nursing facilities (SNFs)-\$29.8 billion, home health agencies (HHAs) -\$18.1 billion, inpatient rehabilitation facilities, (IRFs)- \$7/4 billion, and long-term care hospitals (LTCHs) -\$5.3 billion. Spending totaled \$60 billion (MedPAC, 2021). The MedPAC

outcome data suggests that quality of care across the inpatient rehabilitation industry remained fairly stable between 2015 through and 2019. Successful discharge to home was 65.5% in 2019 (MedPAK, 2021). We believe this would not be accomplished without rehabilitation nurses.

Why is the rehabilitation nurse essential to quality care?

- Rehabilitation nurses address the full range of human experiences and responses to health and illness.
- Rehabilitation Nurses are experienced in dealing with families coping with lifelong issues.
- Rehabilitation nurses provide a holistic approach to care.
- Rehabilitation nurses are skilled in team dynamics and integration.
- Rehabilitation nurses educate clients and their families to help them control and manage the wide range of challenges associated with chronic illness or disability.
- Rehabilitation nurses form partnerships with clients and other healthcare providers to provide the best possible outcomes.

Health care is being delivered in an increasing number of settings across the care continuum. Those settings may include: the home, the critical care hospital, outpatient facility, Program of All-inclusive Care for the Elderly (PACE), Long Term Acute Care Hospital (LTAC), Skilled Nursing Facility (SNF), Subacute Facility and Inpatient Rehabilitation Facility (IRF/IRU). To provide the best possible outcomes for persons with disabilities and chronic illness and to greatly reduce long-term costs in our health care system, rehabilitation nurses must be included where ever care is delivered in the healthcare continuum.

The following was developed by the Health Policy Committee of the Association of Rehabilitation Nurses. It identifies the issue and explains why rehabilitation nurses need to be included in the management of care wherever rehabilitation is provided.

Due to the effects of health care reform, hospital downsizing, managed care, and the diversification of health care settings (i.e., home care and outpatient clinics), the inclusion of the rehabilitation nurse in the health care for rehabilitation clients is often omitted.

As the trend "rehabilitation without walls" continues, rehabilitation clients need to become more educated and empowered about their health care needs and increase family involvement in their care. Team collaboration among health care providers should be a priority, so that timely, cost effective, and future-oriented client outcomes can be accomplished. When immediate emergencies common to specific rehabilitation clients are not addressed or recognized quickly, cost-effective and quality care are not being provided. This results in medical complications, causing clients to be re-admitted to the healthcare setting, which could have been avoided by the appropriate inclusion of rehabilitation nurses to provide proper patient education.

Position Statement

The major goal of rehabilitation as described in The Specialty Practice of Rehabilitation: A Core Curriculum, 8th Ed. (Vaughn, 2019) is improvement in quality of life. We believe that the rehabilitation nurse is best able to assist clients in meeting this goal.

We believe that the rehabilitation nurse offers:

- a holistic approach to care; looking at the whole client
- skills in team dynamics and integration
- specialty expertise, having an exceptional knowledge base of the unique needs and problems of the rehabilitation client
- experience in dealing with families coping with lifelong issues
- the vision of viewing the client through the continuum of illness to wellness

We believe that the rehabilitation nurse promotes the "well role" versus the "sick role" encouraging self-care and independence by the client.

As such, any setting that is encouraging and promoting the independence and/or maximal function of the rehabilitation client requires the expertise of a rehabilitation nurse in the assessment, implementation, and evaluation of a rehabilitation program.

Recommendations:

We believe that any agency which delivers rehabilitation services must utilize the expertise of a Certified Rehabilitation Registered Nurse (CRRN) for the orientation process and education of staff; "to orient and teach the appropriate rehabilitation methods." At the minimum, we believe that rehabilitation nurses should be "on staff" as appropriate and/or available as "consultants" to meet the needs of the rehabilitation population being served.

We believe that the rehabilitation nurse, through specialty knowledge and expertise, promotes and maintains the client's level of functioning, whereas eliminating future hospital and other health care setting re-admissions. This reduces cost while maintaining quality of care and client outcome realization. We believe this is only possible if the rehabilitation nurse is included in the rehabilitation process in all health care settings.

Updated by the Continuing Education Provider Unit in 2024.

References:

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