Requirements for Admission*

- Patient must be medically stable.
- Patient must demonstrate readiness for rehabilitation.
- Services must be reasonable and necessary.

* See definitions and guidelines under Admission Criteria section for details.

CMS-13 Rehabilitation Diagnoses

- Stroke
- Brain injury
- Spinal cord injury
- Neurological disorders such as multiple sclerosis or Guillain-Barre Syndrome
- Fracture of femur (hip fracture)
- Replacement of lower extremity joint (only if bilateral, obese > 50% BMI, or > 85 years old)
- Amputation
- Active osteoarthritis in three or more weight-bearing joints
- Rheumatoid arthritis: active, involving multiple joints
- Systemic vasculitis with joint inflammation, after failing outpatient treatment
- Major multiple trauma
- Burns
- Congenital deformities

Other Diagnoses

- Complex spine surgeries
- Encephalopathy
- Guillain-Barre
- Cancer
- Cardiac disease
- Critical illness myopathy
- Deconditioning
- Diabetes with neuropathy
- Poorly controlled diabetes
- Dialysis
- Lupus
- Lymphedema
- Recovery from multiple system failure
- Pain management
- Post-polio
- Status-post CVA, BI, or SCI
- Respiratory disease
- Spasticity

To make a referral:

Please call the Admissions Department at 612-863-4457.

Please fax the following information to 612-863-2591:

- face sheet
- history and physical
- results of consultations
- diagnostics
- therapists’ and social workers’ initial evaluations and therapy notes (past two days)
- labs and vitals (past 72 hours)
- current medications.

For patients with a spinal cord injury, please fax the ASIA scale and NIF.

After we review the records, you will receive a call from one of our team members to discuss the results of the assessment and help facilitate admission, if appropriate.
Admission Criteria

The following criteria must be met prior to admitting a patient to the rehabilitation unit at Courage Kenny Rehabilitation Institute.

Medical Stability

- Confirmed rehabilitation diagnosis.
- Medical tests/procedures required for diagnosis have been completed.
- Stable pulse, blood pressure or respiratory rate.
- Patients accepted with:
  > short-term IV heparin drip, IVs and/or piggybacks.
  > wound vacs/drains that are portable.
  > oxygen, nocturnal BIPAP, CPAP, tracheostomy (if suctioning every two hours or more is not needed).
- Planned/anticipated removal of naso-gastric tube for feeding. If needed long-term, should have PEG/pic line inserted and functioning, 24 hours before admission. Nocturnal TPN is okay.
- No medical or psychiatric problems that preclude full participation in rehabilitation program, i.e., pain adequately controlled for program.
- No remote telemetry.
- Not accepted:
  > patients with chest tubes.
  > patients with ventilators.
  > patient-controlled analgесics.

Rehabilitation Readiness

- Patient’s special needs have been determined.
- Treatment for other co-morbidities can occur, e.g., dialysis, radiation, IVIG (near completion), but should not interfere with patient’s ability to participate in rehabilitation.
- Opportunity for community discharge is considered at admit.
- Patient is willing to participate in a rehabilitation program.
- Patient must be able to participate in an intensive therapy program, i.e., 3 hours per day, 5-6 days per week.
- Caregivers, if anticipated, are identified prior to admission and are willing and able to participate in the plan of care.

Reasonable and Necessary Criteria

- Patient requires care by a physician with training or experience in rehabilitation to assess and manage active medical problems such as pain, diabetes, hypertension, pulmonary embolus, dysphagia and renal disease.
- Patient requires 24/7 rehabilitation nursing care for bowel/bladder control, minimize risk factors for falls, enforce activity restrictions, manage skin conditions, medication administration, education.
- Patient must require at least two of the following rehabilitation services:
  > physical therapy.
  > occupational therapy.
  > speech-language pathology.
  > orthotics/prosthetics therapy.
- Patient requires a coordinated interdisciplinary team approach to rehabilitation.
- Expectation exists for significant functional improvement.
- Abbott Northwestern and United hospitals serve people 18 years of age and older.

Other Information

- Admits can take place on weekends, if pre-authorized by insurance plan and a physician is available to admit.
- We can accommodate bariatric patients.