California Rehabilitation INSTITUTE
A Cedars/UCLA Health Partnership

Scope of Services

California Rehabilitation Institute is committed to providing the highest level of safe, quality care to all those we serve. Our teams of medical rehabilitation specialists deliver carefully coordinated, comprehensive treatment to advance individual recovery. We embrace industry-recognized standards of excellence and strive for continuous quality improvement to optimize patient outcomes. These efforts have helped us earn the trust of patients, families and colleagues across our communities.

Our 138-bed hospital is located in Los Angeles, located on the Southeast corner of Century Park East and Olympic Boulevard in Century City. We offer highly integrated programs of care to treat each patient's complex medical rehabilitation needs.

California Rehabilitation Institute is accredited by The Joint Commission and CARF International for our adult comprehensive integrated inpatient rehabilitation program. Additionally, we are accredited by CARF for our stroke, brain injury and spinal cord specialty programs.

Who we serve

Patient profile

Comprehensive inpatient rehabilitation services are provided to patients 14 years and older who have experienced an injury or illness resulting in the loss of function (abilities) in activities of daily living (ADLs), mobility, cognition and/or communication.

Diagnoses treated

Our patients' diagnoses include, but are not limited to stroke, brain injury, spinal cord injury, neurological diseases (e.g., multiple sclerosis, ALS, polyneuropathy, Guillain-Barré syndrome, motor neuron disease), amputation, orthopedic injuries including complex fractures and joint replacement, major multiple trauma, cardiac conditions, cancer and transplants.

Admission guidelines

To be considered for admission, patients must be medically stable yet still require care by rehabilitation physicians and nurses. They must also have physical and/or functional needs that require highly-coordinated physical and occupational therapy and/or speech-language pathology and the capacity to participate in and benefit from such services within an established timeframe (average length of stay is 10-14 days).

We are committed to providing an inclusive rehabilitation environment, respectful of all individuals' race, color, religion, creed and/or national origin, ethnicity/cultural background, gender identity/ expression, sexual orientation, marital status, mental or physical disability and military/veteran status.

Patients who do not meet our hospital's admission criteria include those who present with behavioral limitations that pose an imminent risk to themselves or others and/or limit participating in an inpatient rehabilitation program or have medical needs beyond the scope of services offered including ventilators.

Referrals
Referrals for admission are accepted from private physicians, hospitals, other post-acute providers, insurance companies and agencies serving persons with disabilities. Patients may be admitted from a hospital, surgery center, clinic, skilled nursing and long-term care facilities, as well as from home.

Insurance
Our hospital participates with Medicare and most managed care plans, as well as workers' compensation, no-fault and other insurance providers. MediCal or out-of-network insurances are evaluated on a case-by-case basis. Fee schedules are available upon request.

Assessing patient needs

All patients are evaluated prior to admission to determine their potential to participate in and benefit from inpatient rehabilitation. This includes a review of their medical, physical, communication, cognitive and vision conditions, previous and current levels of function, and psychosocial and cultural background.

Once admitted, patients are assessed by the rehabilitation team – including physiatrists (doctors specializing in physical medicine and rehabilitation) or neuro rehabilitation physicians (neurologists specializing in rehabilitation); nurses; physical and occupational therapy and, if indicated, speech language pathology; pharmacists; dietitians and case managers. A behavioral assessment may also be conducted, if warranted, by our robust Neuropsychology team. The team will then work with the patient to establish goals and tailor treatment to address impairments in mobility, self-care, communication/ speech, cognition, vision and other areas. This plan is documented to guide care delivery and monitor outcomes, and is modified as needed.

Special needs
Our hospital also accommodates patients requiring special care needs, including colostomy care, gastrointestinal (PEG) feeding tubes, halo devices and external fixators, indwelling catheter, intravenous lines (e.g., PICC lines, Hickman and Broviac catheters, ongoing IV therapy), LVADs, Lifevest, nasogastric (NG) tubes for feeding and hydration, negative pressure wound therapy, orthotic and prosthetic prescription and training, and tracheostomy tubes.

Provision of care

Hours of service
Inpatient care is provided 24 hours a day, seven days per week, including on-site physician, nursing, respiratory therapy, pharmacy, laboratory and radiology services. Physical, occupational and speech therapies are available daily from 7:30 a.m. to 7:00 p.m. Patients' schedules are established by the care team taking into consideration the individual preferences of the patients.

Rehabilitation team
The rehabilitation team is led by a physiatrist, a board-certified physician specializing in physical medicine and rehabilitation or neuro rehabilitation physician (neurologist who specialists in rehabilitation), and includes rehabilitation nurses, physical and occupational therapists, speech language pathologists, recreational therapists, respiratory therapists, dietitians, pharmacists, case managers/social workers, neuropsychologists, and other clinical, support and administrative staff.

A majority of our staff have advanced degrees and specialty certifications that enhance the

delivery of expert care, including: certified rehabilitation registered nurse (CRRN); wound care specialists; board certified clinical specialists in neurologic physical therapy (NCS); geriatric physical therapy; board certified in physical rehabilitation in occupational therapy (BCPR); vital stim and Lee Silverman Voice Treatment (LSVT) Loud and Big; certified brain injury specialists (CBIS); certified stroke rehabilitation Specialist (CSRS); multiple sclerosis certified specialist (MSCS); certified aging in place specialist (CAPs); assistive technology practitioner (ATP); seating and mobility specialist (SMS); vestibular certification lymphedema certification; and crisis prevention institute (CPI) specialist.

Staffing
Staffing is based on census, diagnosis, severity of injury/illness and intensity of services required by each patient, as well as by state practice guidelines for each discipline. Contract staff is available for coverage as needed.

Therapy schedules
The rehabilitation team sets each patient's treatment schedule. Patients are expected to participate in three hours of physical, occupational therapy and/or speech-language pathology per day, five days per week. If unable to tolerate these hours due to certain medical issues (e.g., chemotherapy, radiation, dialysis) or other extenuating circumstances, they may engage in 15 hours of therapy over a seven-day period with physician approval. On average, our patients participate in 3 hours of therapy each day Monday through Friday and less on Saturday and Sunday.

Scope of treatment
We offer a wide range of evidenced-based treatments, advanced techniques and innovative technologies to help rebuild strength and skills, restore function and mobility and optimize independence. This carefully coordinated, individualized approach guides patients toward their goals, including a safe and timely discharge to home or the next appropriate level of care.

Additional services
To best meet patients' complex needs, our hospitals offer additional or ancillary services, including but not limited to: nutritional guidance and dietary services, pharmacy services, respiratory therapy, recreational therapy, diagnostic radiology (including modified barium swallow evaluations, X-rays and ultrasound), laboratory services and neuropsychology services when indicated. Chaplaincy services/pastoral care and dialysis are available onsite.

Also available are prosthetic and orthotic services, wheelchair and mobility evaluations, vocational rehabilitation, vision assessments for patients with neuro-visual impairments, environmental assessments and social services. The interdisciplinary rehabilitation team helps determine and arrange for these services.

Role of family/support network
The involvement of family and caregivers is key to a patient's successful rehabilitation and safe discharge. The team will assess the family's ability and willingness to support and participate in the plan of care. Education, training, counseling and advocacy will be provided to help prepare them to meet the patient's needs going forward.

Practice guidelines
Our hospital follows the standards and guidelines established by federal, state, local and industry agencies, including the Centers for Medicare & Medicaid Services (CMS), CARF International, The Joint Commission and national boards/associations of medicine, nursing, therapy, pharmacy, respiratory, neuropsychology and others.

Evaluating and documenting patient progress

Ongoing assessment of a patient's medical condition, progress and changing rehabilitation needs is documented through the individualized, interdisciplinary plan of care, progress notes, team conference report, discharge summary and the 90-day post-discharge follow-up call.

Patient feedback

We gather patient feedback through patient/family conferences, education and training sessions, leadership rounding, patient satisfaction questionnaires (e-Rehab survey), 80 to 180-days post-discharge follow-up calls and both inpatient and outpatient support groups. Also in place is a complaint/grievance process should any concerns arise.

Discharge planning

Returning a patient to home and/or the community is the goal of rehabilitation. Our case managers work closely with the patient, family and rehabilitation team to determine the most appropriate discharge setting. The planning process begins at the time of admission and continues throughout the patient's stay with Care Partner meetings, multiple hands-on family training sessions and individual activities that support the successful transition from hospital to home.

As needed, therapists may provide an on-site or virtual home assessment to recommend modifications or special equipment that may help to ensure a safe discharge. The team will also assist in identifying vendors and other resources.

Our specialized programs and services

The guiding philosophy of all our programs and services is to provide comprehensive, compassionate care and advanced treatment to individuals with complex medical rehabilitation needs from the time of injury or illness through long-term community follow-up. Our goal is to optimize each patient's medical, physical, psychological, behavioral, communication, cognitive, vision, social, recreational and vocational potential and quality of life.

Spinal cord injury program

Our hospitals' spinal cord injury (SCI) program provides a highly structured, carefully coordinated system of care for persons with SCI. This includes individuals with spinal dysfunction due to traumatic injury resulting from motor vehicle crashes, falls, acts of violence, sports or recreational activities, etc., or from a non-traumatic disease, such as tumors, infection, cervical stenosis with myelopathy or surgery.

Patients with complete or incomplete spinal injuries at any level may be admitted into our program. Individuals on a ventilator are not accepted. We also admit patients with a concurrent brain injury, fractures, cardiac issues and other conditions. Additional patient populations, including those with multiple sclerosis, Guillain-Barré syndrome and motor neuron disease, may also be considered for admission.

Our team of SCI specialists addresses the wide range of individual needs, including bladder, bowel or respiratory function, mobility, activities of daily living, instrumental activities of daily living, skin integrity, nutrition, cognition, and psychological, emotional, behavioral or sexual concerns and other issues/co-morbidities. We also provide resources for research that would be appropriate to the spinal cord injury population. In additional to resources for research, we partner for peer support with Triumph Foundation which brings together patients and families with specially trained, certified volunteers having experienced a spinal cord injury for peer-to-peer mentoring.

Stroke program
Our stroke rehabilitation program focuses on the often-complex needs of individuals who have experienced an ischemic stroke (when blood flow to the brain is blocked), hemorrhagic stroke (bleeding in the brain) or transient ischemic attack (TIA or a mini-stroke). The focus is on prevention, recognition, assessment and treatment of conditions related to stroke and its complications. We also focus on promotion of lifestyle changes including reduction of risk factors, functional independence, psychological and social coping and adaptation skills, community integration and participation in life roles and provision of services for families/support systems.

In addition to medical and nursing oversight, our experienced team of stroke/neuro rehabilitation specialists provide a range of physical and occupational therapy, speech-language pathology, and cognitive therapies to improve recovery. This includes: hands-on treatment and advanced technologies, such as videofluoroscopy/modified barium swallows and electrical stimulation, to help diagnose and treat swallowing disorders; body-weight supported treadmill training (BWSTT) and Woodway to improve gait performance and mobility; constraint induced movement therapy (CIMT); mirror therapy; functional electrical stimulation bicycles to strengthen motor function; robotic therapies, including the EksoNR exoskeleton, ArmeoSpring and Virtualis virtual reality to help build new neural pathways; and prism adaptation treatment and Bioness Integrated Therapy Systems to address visual impairments. We also provide resources for education and research that would be appropriate to the stroke population.

Brain injury program
The brain injury (BI) program provides a continuum of services from inpatient rehabilitation to outpatient services to long-term follow up. Individuals may be admitted to this program with an acquired BI including, but not limited to, traumatic, non-traumatic or anoxic BI, brain tumor or aneurysm. They must also be assessed at Level III or higher on the standardized Rancho Los Amigos Scale of cognitive functioning to be considered for admission. Patients in a coma or persistent vegetative state who do not demonstrate a purposeful response to their surroundings are not appropriate candidates for admission.

Inpatient rehabilitation focuses on restoring the individual’s strengths, skills and functional independence. In addition, we can partner with cognitive rehabilitation programs that provide comprehensive post-acute community re-entry services, helping to prepare persons with acquired brain injury to return to independent living and productive activity at home and/or in the community. We offer a daily structured interdisciplinary cognitive-based group program for patients to attend two hours a day (BRAIN program) in order for patients to receive peer support and work on cognitive and behavioral strategies.

We also serve as an important resource to brain injury providers, organizations and other entities both in our local communities and across the country. We also provide resources for research that would be appropriate to the brain injury population.

Amputation program
Focusing on post-surgical, prosthetic and outpatient/community reintegration, our amputation rehabilitation program advances the recovery for individuals with upper or lower extremity limb loss due to a traumatic injury or surgery resulting from vascular disease, diabetes, cancer, infection, excessive tissue damage, neuropathies or other conditions.

Our holistic, interdisciplinary approach assures proper wound care and limb management; increases an individual's strength, coordination and endurance and decreases pain; provides the expert fitting and custom-manufacture of a prosthesis to meet personal lifestyle needs; trains individuals on the use and maintenance of their device; helps to avoid secondary

complications and facilitates the transition to life ahead. We also introduce advances in prosthetic design, make adjustments to current devices, offer guidance to meet changing lifestyle needs and provide access to a variety of resources.

In addition to support groups, we partner for peer support with the national Amputee Coalition, which brings together patients and families with specially trained, certified amputee volunteers for peer-to-peer mentoring. We also provide resources for research that would be appropriate to the amputation population.

Orthopedic program
Individuals who have undergone joint replacement, experienced a musculoskeletal injury, sustained bone trauma or have been diagnosed with a degenerative joint disease may be candidates for this specialized orthopedic rehabilitation program. Treatment is tailored to individual needs to build strength and endurance, restore physical function, mobility, and daily activities and minimize pain and avoid complications.

Among the range of treatment offered are electrical stimulation, treadmill training, assistive equipment and technologies, advanced pain management including pharmacological intervention and alternative treatment, such as acupuncture and therapeutic taping, as appropriate.

Neurological program
Our hospital's neurorehabilitation program offers a coordinated, interdisciplinary continuum of inpatient through outpatient care for individuals with multiple sclerosis (MS), Guillain-Barré syndrome, critical illness myopathy and other neurological diseases. Treatment is tailored to address acute or changing needs related to balance, strength, endurance, mobility cognition, communication, swallowing, bowel/bladder function, vision, self-care and participation in activities of daily living.

The rehabilitation team includes psychologists, wheelchair seating and assistive technology practitioners and cognitive rehabilitation specialists. Patients may also benefit from the hospital's support groups and community integration activities.

Medically complex program
Our hospital provides an interdisciplinary program of care to meet the needs of individuals following organ transplantation, infections, pulmonary disease, post-COVID issues and other complex medical issues. This program addresses the scope of the patient's rehabilitation needs including strength, endurance, mobility, activities of daily living skills, cognition and respiratory issues.

Cancer rehabilitation program
We offer cancer survivors the coordinated treatment, education and support to help restore or maintain function. This program addresses the wide range of issues patients may experience as a result of this disease and its treatment, including but not limited to musculoskeletal and/or neuromuscular disorders, radiation fibrosis, lymphedema, post-surgical pain syndrome and fatigue. Through the program's restorative, transitional and supportive pathways, we work to optimize the individual's quality of life, focusing on strength, endurance, balance, mobility, functional abilities/daily activities, memory and concentration, speech and swallowing, pain management, fatigue and lymphedema reduction.

Cardiac recovery program
The cardiac recovery program is an inpatient rehabilitation level of for individuals who have undergone recent cardiac surgery, including coronary artery bypass, valve replacement, aortic

aneurysm repair, left ventricular assist (LVAD) or heart transplant. It is designed to help patients manage the healing process and regain the strength, skills and strategies to return home safely. An interdisciplinary team of medical rehabilitation specialists, as well as consulting cardiologists, pulmonologists and others as needed, coordinate care and provide education and support to patients and families.