



Immanuel Rehabilitation Institute

Guidebook



Your First Choice in Rehab!
Since 1968



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Our History

CHI Health carries on the faith traditions of our founders:

The Sisters of Mercy, the Immanuel Lutheran communities, and the Jesuits of Creighton University. Each brought a distinct way of practicing the Christian faith, but all shared a calling and passion for serving those most in need in our community through compassionate care and excellence in medicine.

Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Vision

A healthier future for all—inspired by faith, driven by innovation, and powered by our humanity.

Core Values

Compassion

- Care with listening, empathy, and love.
- Accompany and comfort those in need of healing.

Inclusion

- Celebrate each person's gifts and voice.
- Respect the dignity of all.

Integrity

- Inspire trust through honesty.
- Demonstrate courage in the face of inequity.

Excellence

- Serve with fullest passion, creativity, and stewardship.
- Exceed expectations of others and ourselves.

Collaboration

- Commit to the power of working together.
- Build and nurture meaningful relationships.

Corporate Responsibility

CHI Health's Standards of Conduct are practical applications of our Core Values and distinctive cultural attributes. We will act in accordance with the following Standards of Conduct:

- Exercise good faith and honesty in all dealings and transactions.
- Create a workplace that fosters community, honors and cares for the dignity, safety, and well-being of all persons in mind, body, and spirit.
- Maintain a high level of knowledge and skill among all who serve in order to provide high quality care and safety.
- Observe all laws, regulations, and policies that govern what we do.
- Maintain the integrity and protect the confidentiality of the patient, resident, employee, and organizational information.
- Avoid conflicts of interest and/or the appearance of conflicts.
- Use our resources responsibly.

Patient Rights and Responsibilities

You have the right...

- To make decisions regarding your rehabilitation.
- To considerate and respectful care.
- To discuss with your physician your diagnosis, treatment, prognosis, and any instruction required for follow-up care.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your decision.
- To expect your personal privacy be respected and that all records pertaining to your care will be treated as confidential.
- To expect that CHI Health will provide reasonable care within its capacity without regard to race, creed, national origin, age, sex, handicap, or sources of payment.
- To know, by name, the physicians and staff caring for you.
- To choose participation in research projects, if appropriate.
- To expect reasonable continuity of care.
- To examine and receive explanation of the hospital bill.
- To know what hospital rules and regulations apply to you.
- To request a second medical opinion and change physicians or hospitals.
- To expect reasonable safety in hospital practice and environment.
- To be informed of the purpose of the patient assessment data collection.
- To have any patient assessment information that is collected remains confidential and secure.
- To be informed that the patient assessment information will not be disclosed to others except for legitimate purposes allowed by the Federal Privacy Act and State regulations.
- To refuse to answer patient assessment data questions.
- To see, review, and request changes on the patient assessment instrument.

You have the responsibility...

- To cooperate with your physician and healthcare personnel.
- To accept the consequences for your actions if you refuse treatment or do not follow the instruction of your caregivers.
- To participate in setting goals for your rehabilitation.
- To provide accurate information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- To notify your physician, Care Coordinator, or nurse if you do not understand your diagnosis, prognosis, treatment, or goals.
- To accept the financial obligation associated with your care.
- To know and follow hospital rules and regulations.
- To inform hospital personnel of your Advance Directives.
- To advise your nurse, Care Coordinator, or patient representative of any dissatisfaction you may have in regard to your care.
- To be considerate of the rights of others and to assist in control of noise.
- To respect the privacy of your roommate.

If you have any questions about your Rights and Responsibilities or feel your rights have been violated, please speak with a member of your care team.

Scope of Services

Comprehensive Integrated Inpatient Rehabilitation Program

The Comprehensive Integrated Inpatient Rehabilitation Program at Immanuel Rehabilitation Institute (IRI) is a person-focused, outcomes-based program for the care of the mind, body, and spirit of persons served through (1) acute care consultation and liaison services, (2) acute inpatient rehabilitation, (3) continuum of care, and (4) community-based resources and support for persons served. Acute inpatient rehabilitation services are provided 24 hours a day, 7 days per week. Outpatient services are provided, generally, Monday through Friday and can vary from 1 to 5 days of service; based on individualized needs. Persons served in this program range in age from 19 to 90+ years. The intent of the program is to assist each individual to reach their highest potential and return to an independent living situation.

Program Goals

- To provide evidenced-based assessment and treatment services to ensure that all persons served are cared for medically, emotionally and spiritually.
- To promote physical and psychological well being by minimizing risk factors, practicing preventative measures when possible, and recognizing the onset of complications. Focus is placed on assisting persons served to achieve the highest level of functional independence possible.
- To provide psychosocial support to families and persons served allowing them to determine the direction of their rehabilitation program with professional insight and input. Education emphasis is placed on persons served and family to promote independent decision making.
- To integrate persons served and family into their preferred living situation and the community so that a high quality of life is achieved.
- To ensure safety for persons served and the environments in which they participate and to provide resources for independent living and community integration.
- To provide follow up and life-long services for persons served, families, and support system for health and wellness promotion.

1. Acute Care Consultation and Liaison Services

Acute care consultation and liaison services include, but are not limited to:

- Psychiatry consultation to review, examine, assess and recommend appropriateness of acute rehab or another level of care.
- IRI admission coordinator and/or physiatrist consultation with persons served, referral sources, and multidisciplinary teams for purposes of collaborating and exchanging information, providing education, initiating discharge plans, and coordinating care that promotes appropriate transitions in the continuum of care for an optimal rehabilitation approach that will achieve expected outcomes for persons served.

2. Acute Comprehensive Integrated Inpatient Rehabilitation Program

Admission Criteria

1. Need for two or more skilled therapies (physical, occupational and/or speech therapy).
2. Requirement for intensive rehabilitation services with a minimum of 3 hours/day, at least, 5 days/week
3. Ability to participate and benefit from the intensity of services
4. Requirement of supervision by a rehabilitation physician at least 3 days/week
5. The complexity of needs requires an interdisciplinary team approach
6. Persons requiring mechanical ventilation and/or are under the age of 19 years are NOT accepted.

Transition/Continued Stay Criteria

1. Continues to achieve measurable progress
2. An interrupted stay may occur when a patient's medical needs cannot be met on the rehabilitation unit and he/she transfers off the unit for less than 72 hours

Discharge Criteria (Does not need to meet all criteria)

1. Person served has met rehabilitation/functional goals
2. Development of medical complications that does not allow person served to actively participate in the rehabilitation process
3. Person served is no longer progressing toward established goals
4. Services can be successfully provided at a lower level of care

Involuntary Discharge Criteria

1. Person served or family interactions disrupt rehabilitation progress
2. Person served becomes ill and needs another level of care
3. Person served is not participating in the rehabilitation process

Utilization Review Process

Reference: Utilization Review Plan for Inpatient Rehabilitation

Admission Review:

Referral sources may include; but are not limited to: physicians, case managers, social workers, trauma centers, acute medical facilities, skilled nursing facilities, home health and persons served/families. All referrals to inpatient rehabilitation shall be reviewed by an admission coordinator. All payer sources are accepted based upon authorization. Insurance, benefits and any associated fees are reviewed by an admission coordinator for discussion with persons served/families. An admission review record will be initiated where all required data and signatures will be entered as necessary for screening, pre-authorization, and generation of an admission order. Upon application of the criteria and standards the admission is determined to be medically necessary and appropriate, the case will then be assigned for concurrent review.

Concurrent Review:

At the time of admission, persons served are evaluated by the interdisciplinary team. Insurance, benefits and any associated fees are reviewed by case managers for discussion with persons served/families. The interdisciplinary team meets, at least, weekly during team conferences to discuss treatment plans and progress toward goals. Discussions at the initial team conference include, but are not limited to, medical concerns, estimated length of stay, discharge disposition, barriers to discharge, transition environment and treatment goals. Self-care and mobility measures are scored throughout the length of stay to provide objective measures of progress. Case management communicates directly with the patient, family and payer source throughout the stay for discharge planning. Need for resources, services, support and/or interventions are addressed at the beginning of services, at appropriate intervals, and at discharge/transition.

Medical / Physiological Sequelae:

- *Auto-immune disorders and immune suppression
- *Bowel function
- *Bladder function
- *Limb Loss
- *Dysphagia
- *Skin integrity
- *Infectious disorders
- *Musculoskeletal complications
- *Cardiovascular Status

- *Neurological changes
- *Nutrition/Hydration
- *Pain
- *Respiration
- *Sexual dysfunction/Fertility
- *Visual/Hearing/Perceptual deficits
- *Spasticity
- *Motor Function
- *Medication

Functional Interventions Addressed:

- *Activities of daily living
- *Cognition
- *Community integration
- *Durable Medical Equipment
- *Fall Assessment
- *Leisure and Recreation
- *Mobility
- *Personal Care Assistants
- *Seating
- *Impairment specific education

- *Assistive Technology
- *Communication
- *Driving
- *Environmental Modifications
- *Safety
- *Medication
- *Orthotics
- *Prosthetics
- *Vocational

Psychosocial Interventions Addressed:

- *Chemical abuse/dependency
- *Mental Health
- *Sexuality
- *Cognitive functioning
- *Pastoral Care *Life Roles

- *Family support/counseling
- *Peer Mentoring
- *Behavior
- *Cultural Considerations

Community Integration and Participation Interventions Addressed:

- *Community Re-Entry
- *Driving/Transportation
- *Durable Medical Equipment
- *Educational Classes and Training
- *Environmental Modifications
- *Family/Caregiver Involvement

- *Home Assessments
- *Personal Care Assistants
- *School Re-Integration
- *Sports-and-Leisure
- *Volunteer Opportunities
- *Work Re-Integration

Core Treatment Team

The core treatment team includes the patient and family, physician, rehabilitation nursing, case management, social work, physical therapy, occupational therapy, neuropsychology, speech therapy, therapeutic recreation, respiratory therapy, and dietary. Support for training and research endeavors are made available through collaboration with area colleges/ universities including CHI Health Creighton University Medical Center – Bergan Mercy, Creighton University School of Pharmacy and Allied Health and Nursing Division and Catholic Health Initiatives Institute for Research and Innovation (CIRI). The program provides numerous opportunities for offering health-care related continuing education and promotes evidenced-based knowledge within its practice.

The patient's needs and goals will determine the exact structure of the individualized treatment team. At least two therapies will be provided at a minimum of 3 hours per day, 5 days per week. Rehabilitation nursing is provided 24 hours per day, 7 days per week. Therapies operate during daytime hours. Weekend therapy is provided and individualized based on the need of the patient. Sunday is considered Family Day. Families are strongly encouraged to plan an activity either within the inpatient rehabilitation department or request a rehab physician order to go off site and observe performance with activities/ functional skills learned in therapies. Interpreter services or Language Access is utilized as needed. Cultural considerations are also addressed with the patient/family throughout the treatment planning process.

Additional services available by referral include; but are not limited to: palliative care, wound care, orthotics and prosthetics vendors, counseling, peer mentorship, durable medical equipment, sexual education, vocational rehabilitation, and vehicle modification.

Acute medical services, diagnostic imaging, laboratory services and pharmacy services are available 24 hours per day 7 days per week through CHI Health Immanuel which is physically attached to IRI.

Regarding response timeliness to orders and communicating results:

- Nursing staff is responsible for reviewing and acknowledging physician orders every two hours.
- Response to stat orders is within 30 minutes and abnormal results are verbally reported to the ordering physician.
- Laboratory and pharmacy services are available on-site 24 hours per day and 7 days per week with the capability of viewing results in the electronic health record (EHR).
- Specific medical and diagnostic services are also available on-site 24 hours per day and 7 days per week with the availability of calling in staff to perform testing, as needed, during off-hours. Results are available in the EHR.

Case management is responsible for discharge planning to outpatient, sub-acute, long-term care, assistive living, etc. in the community. Community resources are also coordinated such as transportation, Meals on Wheels, attendant services, etc. Vocational Rehabilitation services may be coordinated with the State of Nebraska or Goodwill Industries.

Persons Served and Family Education

Education is a primary focus of the Comprehensive Integrated Inpatient Rehabilitation Program. Persons served and families / support systems have access to their interdisciplinary care team, internet, computers, iPad, videos, and a variety of other written literature that address diagnosis, treatment and transitions across the lifespan. A support group and chaplain services are also available to persons served and families / support systems.

Primary and secondary prevention is addressed and reinforced by the interdisciplinary team; as necessary. Primary prevention may include, but are not limited to, home assessment, driving safety, substance abuse prevention and immunizations. Secondary prevention may include, but are not limited to, skin integrity and wound prevention, diabetic management, adverse drug reactions, contractures, DVT's, depression, falls, nutrition, infections, physical deconditioning and inactivity, or bowel and bladder function.

The Comprehensive Integrated Inpatient Rehabilitation Program case manager and/or social worker are responsible for assisting persons served and family with discharge planning and resource utilization. Community resource needs are assessed and obtained in conjunction with persons served, family and treatment team to allow for safe integration into an independent living situation when possible.

3. Continuum of Care - Comprehensive Integrated Inpatient Rehabilitation Program

After discharge from acute inpatient rehabilitation, outpatient services may include but are not limited to:

- PM&R Clinic:
 - Office visit with PM&R to follow up 4-6 weeks post-discharge from IRI Comprehensive Integrated Inpatient Rehabilitation Program with physiatrist evaluating functional levels, medical status, equipment needs, and management of other complex medical needs.
- Outpatient Therapy Services:
 - PT, OT, SLP, and TR services are offered at IRI and other CHI Health facilities or through a facility of persons served / family choice. Continuum of care for the Comprehensive Integrated Inpatient Rehabilitation Program at IRI continues to address resources, education, support, and interventions for the success of the individual including, but not limited to, health status, activity levels and participation, and environmental factors.

4. Community-Based Support and Resources

IRI is part of CHI Health which provides a range of services from trauma, acute medical, surgical care, acute rehabilitation, home health, durable medical equipment, outpatient services, specialty physician clinics, sports medicine, diabetes management, and advanced wound care. Other program resources include, but are not limited to:

- IRI: Sports and Leisure Program
- IRI: Driving Program
- IRI: Wheelchair Seating and Positioning
- IRI: Peer Mentoring
- IRI: Aquatics Program
- IRI: A Matter of Seconds program
- Respite Care/Personal Assistant Services: Sarah's Place, HELP Adult Services
- Eastern Nebraska Office on Aging
- Nebraska Vocational Rehabilitation
- Community transportation systems (Moby, Caliber Patient Care, Restore Transport Services, Taxi services, Metro Transit Omaha)
- Worker compensation and case management firms
- National Safety Council – Nebraska
- Durable medical equipment vendors
- Nebraska Adaptive Sports
- Paralympic Sports Club Omaha

Stroke Specialty Program

The Stroke Specialty Program at Immanuel Rehabilitation Institute (IRI) is a person-focused, outcomes-based program for the care of the mind, body, and spirit of persons served through (1) acute care consultation and liaison services, (2) acute inpatient rehabilitation, (3) continuum of care, and (4) community-based resources and support for persons served. Acute inpatient rehabilitation services are provided 24 hours a day, 7 days per week. Outpatient services are provided, generally, Monday through Friday and can vary from 1 to 5 days of service; based on individualized needs. Persons served in this program range in age from 19 to 90+ years. The intent of the program is to assist each individual to reach their highest potential and return to an independent living situation.

Program Goals

- To provide evidenced-based assessment and treatment services to ensure that all persons served are cared for medically, emotionally and spiritually.
- To promote physical and psychological well being by minimizing risk factors, practicing preventative measures when possible, and recognizing the onset of complications. Focus is placed on assisting persons served to achieve the highest level of functional independence possible.
- To provide psychosocial support to families and persons served allowing them to determine the direction of their rehabilitation program with professional insight and input. Education emphasis is placed on persons served and family to promote independent decision making.
- To integrate persons served and family into their preferred living situation and the community so that a high quality of life is achieved.
- To ensure safety for persons served and the environments in which they participate and to provide resources for independent living and community integration.
- To provide follow up and life-long services for persons served, families, and support system for health and wellness promotion.

1. Acute Care Consultation and Liaison Services

Acute care consultation and liaison services include, but are not limited to:

- Psychiatry consultation to review, examine, assess and recommend appropriateness of acute rehab or another level of care.
- IRI admission coordinator and/or physiatrist consultation with persons served, referral sources, and multidisciplinary teams for purposes of collaborating and exchanging information, providing education, initiating discharge plans, and coordinating care that promotes appropriate transitions in the continuum of care for an optimal rehabilitation approach that will achieve expected outcomes for persons served.

2. Acute Inpatient Stroke Specialty Program

Admission Criteria

1. Need for two or more skilled therapies (physical, occupational and/or speech therapy).
2. Requirement for intensive rehabilitation services with a minimum of 3 hours/day, at least, 5 days/week
3. Ability to participate and benefit from the intensity of services
4. Requirement of supervision by a rehabilitation physician at least 3 days/week
5. The complexity of needs requires an interdisciplinary team approach
6. Persons requiring mechanical ventilation and/or are under the age of 19 years are NOT accepted.

Transition/Continued Stay Criteria

1. Continues to achieve measurable progress
2. An interrupted stay may occur when a patient's medical needs cannot be met on the rehabilitation unit and he/she transfers off the unit for less than 72 hours

Discharge Criteria (Does not need to meet all criteria)

1. Person served has met rehabilitation/functional goals
2. Development of medical complications that does not allow person served to actively participate in the rehabilitation process
3. Person served is no longer progressing toward established goals
4. Services can be successfully provided at a lower level of care

Involuntary Discharge Criteria

1. Person served or family interactions disrupt rehabilitation progress
2. Person served becomes ill and needs another level of care
3. Person served is not participating in the rehabilitation process

Utilization Review Process

Reference: Utilization Review Plan for Inpatient Rehabilitation

Admission Review:

Referral sources may include; but are not limited to: physicians, case managers, social workers, trauma centers, acute medical facilities, skilled nursing facilities, home health and persons served/families. All referrals to inpatient rehabilitation shall be reviewed by an admission coordinator. All payer sources are accepted based upon authorization. Insurance, benefits and any associated fees are reviewed by an admission coordinator for discussion with persons served/families. An admission review record will be initiated where all required data and signatures will be entered as necessary for screening, pre-authorization, and generation of an admission order. Upon application of the criteria and standards the admission is determined to be medically necessary and appropriate, the case will then be assigned for concurrent review.

Concurrent Review:

At the time of admission, persons served are evaluated by the interdisciplinary team. Insurance, benefits and any associated fees are reviewed by case managers for discussion with persons served/families. The interdisciplinary team meets, at least, weekly during team conferences to discuss treatment plans and progress toward goals. Discussions at the initial team conference include, but are not limited to, medical concerns, estimated length of stay, discharge disposition, barriers to discharge, transition environment and treatment goals. Self-care and mobility measures are scored throughout the length of stay to provide objective measures of progress. Case management communicates directly with the patient, family and payer source throughout the stay for discharge planning. Need for resources, services, support and/or interventions are addressed at the beginning of services, at appropriate intervals, and at discharge/transition.

Medical / Physiological Sequelae:

- *Auto-immune disorders and immune suppression
- *Bladder function
- *Bowel function
- *Cardiovascular Status
- *Diabetes
- *Dysphagia
- *Hyperlipidemia
- *Hypertension
- *Infectious disorders
- *Medication
- *Musculoskeletal complications
- *Neurological changes
- *Nutrition/Hydration
- *Pain
- *Respiration
- *Sexual dysfunction/Fertility
- *Skin integrity
- *Spasticity
- *Stroke Prophylaxis
- *Visual/Hearing/Perceptual deficits

Functional Interventions Addressed:

- *Activities of daily living
- *Assistive Technology
- *Cognition
- *Communication
- *Community Participation
- *Deconditioning
- *Durable Medical Equipment
- *Environmental Modifications
- *Fall Assessment
- *Leisure and Recreation
- *Mobility
- *Orthotics
- *Prosthetics
- *Personal Care Assistants
- *Safety
- *Seating
- *Stroke education
- *Vocational

Psychosocial Interventions Addressed:

- *Adjustment to Disability
- *Behavior
- *Chemical abuse/dependency
- *Cognitive functioning
- *Cultural Considerations
- *Family support/counseling
- *Life Roles
- *Mental Health
- *Pastoral Care
- *Peer Mentoring
- *Sexuality

Community Integration and Participation Interventions Addressed:

- *Community Access
- *Driving/Transportation
- *Durable Medical Equipment
- *Educational Classes and Training
- *Environmental Modifications
- *Family/Caregiver Involvement
- *Home Assessments
- *Personal Care Assistants
- *School Re-Integration
- *Sports-and-Leisure
- *Volunteer Opportunities
- *Work Re-Integration

Core Treatment Team

The core treatment team includes the patient and family, physician, rehabilitation nursing, case management, social work, physical therapy, occupational therapy, neuropsychology, speech therapy, therapeutic recreation, respiratory therapy, and dietary. Support for training and research endeavors are made available through collaboration with area colleges/ universities including CHI Health Creighton University Medical Center – Bergan Mercy, Creighton University School of Pharmacy and Allied Health and Nursing Division and Catholic Health Initiatives Institute for Research and Innovation (CIRI). The program provides numerous opportunities for offering health-care related continuing education and promotes evidenced-based knowledge within its practice.

The patient's needs and goals will determine the exact structure of the individualized treatment team. At least two therapies will be provided at a minimum of 3 hours per day, 5 days per week. Rehabilitation nursing is provided 24 hours per day, 7 days per week. Therapies operate during daytime hours. Weekend therapy is provided and individualized based on the need of the patient. Sunday is considered Family Day. Families are strongly encouraged to plan an activity either within the inpatient rehabilitation department or request a rehab physician order to go off site and observe performance with activities/ functional skills learned in therapies. Interpreter services or Language Access is utilized as needed. Cultural considerations are also addressed with the patient/family throughout the treatment planning process.

Additional services available by referral include; but are not limited to: palliative care, wound care, orthotics and prosthetics vendors, counseling, peer mentorship, durable medical equipment, sexual education, vocational rehabilitation, and vehicle modification.

Acute medical services, diagnostic imaging, laboratory services and pharmacy services are available 24 hours per day 7 days per week through CHI Health Immanuel which is physically attached to IRI.

Regarding response timeliness to orders and communicating results:

- Nursing staff is responsible for reviewing and acknowledging physician orders every two hours.
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- Laboratory and pharmacy services are available on-site 24 hours per day and 7 days per week with the capability of viewing results in the electronic health record (EHR).
- Specific medical and diagnostic services are also available on-site 24 hours per day and 7 days per week with the availability of calling in staff to perform testing, as needed, during off-hours. Results are available in the EHR.

Case management is responsible for discharge planning to outpatient, sub-acute, long-term care, assistive living, etc. in the community. Community resources are also coordinated such as transportation, Meals on Wheels, attendant services, etc. Vocational Rehabilitation services may be coordinated with the State of Nebraska or Goodwill Industries.

The treatment team works closely with the local school systems in coordinating children/ adolescents' return to learning. School personnel may attend weekly team meetings to assist in the transition from rehab to school. If appropriate, a tutor is arranged throughout the child/adolescent's hospitalization. Siblings and peers of persons served are encouraged to participate in the rehabilitation process as deemed appropriate by the physician and treatment team.

Persons Served and Family Education

Education is a primary focus of the Stroke Specialty Program. Persons served and families / support systems have access to their interdisciplinary care team, IRI stroke education book, internet, computers, iPad, videos, and a variety of other written literature that address diagnosis, treatment and transitions across the lifespan. A support group and chaplain services are also available to persons served and families / support systems.

Primary and secondary prevention is addressed and reinforced by the interdisciplinary team; as necessary. Primary prevention may include, but are not limited to, home assessment, driving safety, substance abuse prevention and immunizations. Secondary prevention may include, but are not limited to, skin integrity and wound prevention, diabetic management, adverse drug reactions, contractures, DVT's, depression, falls, nutrition, infections, physical deconditioning and inactivity, or bowel and bladder function.

The Stroke Specialty Program case manager and/or social worker are responsible for assisting persons served and family with discharge planning and resource utilization. Community resource needs are assessed and obtained in conjunction with persons served, family and treatment team to allow for safe integration into an independent living situation when possible.

3. Continuum of Care - Stroke Specialty Program

After discharge from acute inpatient rehabilitation, outpatient services may include but are not limited to:

- PM&R Clinic:
 - Office visit with PM&R to follow up 4-6 weeks post-discharge from IRI Stroke Specialty Program with physiatrist evaluating functional levels, medical status, equipment needs, and management of other complex medical needs.
- Outpatient Therapy Services:
 - PT, OT, SLP, and TR services are offered at IRI and other CHI Health facilities or through a facility of persons served / family choice. Continuum of care for the Stroke Specialty Program at IRI continues to address resources, education, support, and interventions for the success of the individual including, but not limited to, activity levels and participation, cognitive status, behavior status, communication status and life-long planning.

4. Community-Based Support and Resources

IRI is part of CHI Health which provides a range of services from trauma, acute medical, surgical care, acute rehabilitation, home health, durable medical equipment, outpatient services, specialty physician clinics, sports medicine, diabetes management, and advanced wound care. Other program resources include, but are not limited to:

- IRI: A Matter of Seconds program
- IRI: Stroke Support & Education Group
- IRI: Sports and Leisure Program
- IRI: Driving Program
- IRI: Wheelchair Seating and Positioning
- IRI: Peer Mentoring
- IRI: Aquatics Program
- Respite Care/Personal Assistant Services: Sarah's Place, HELP Adult Services
- Eastern Nebraska Office on Aging
- Nebraska Vocational Rehabilitation
- Community transportation systems (Moby, Caliber Patient Care, Restore Transport Services, Taxi services, Metro Transit Omaha)
- Worker compensation and case management firms
- National Safety Council – Nebraska
- Durable medical equipment vendors
- Nebraska Adaptive Sports

Brain Injury Specialty Program

The Brain Injury Specialty Program at Immanuel Rehabilitation Institute (IRI) is a person-focused, outcomes-based program for the care of the mind, body, and spirit of persons served through (1) acute care consultation and liaison services, (2) acute inpatient rehabilitation, (3) continuum of care, and (4) community-based resources and support for persons served. Acute inpatient rehabilitation services are provided 24 hours a day, 7 days per week. Outpatient services are provided, generally, Monday through Friday and can vary from 1 to 5 days of service; based on individualized needs. Persons served in this program range in age from 12 to 90+ years. The intent of the program is to assist each individual to reach their highest potential and return to an independent living situation.

Program Goals

- To provide evidenced-based assessment and treatment services to ensure that all persons served are cared for medically, emotionally and spiritually.
- To promote physical and psychological well-being by minimizing risk factors, practicing preventative measures when possible, and recognizing the onset of complications. Focus is placed on assisting persons served to achieve the highest level of functional independence possible.
- To provide psychosocial support to families and persons served allowing them to determine the direction of their rehabilitation program with professional insight and input. Education emphasis is placed on persons served and family to promote independent decision making.
- To integrate persons served and family into their preferred living situation and the community so that a high quality of life is achieved.
- To ensure safety for persons served and the environments in which they participate and to provide resources for independent living and community integration.
- To provide follow up and life-long services for persons served, families, and support system for health and wellness promotion.

1. Acute Care Consultation and Liaison Services

Acute care consultation and liaison services include, but are not limited to:

- Psychiatry consultation to review, examine, assess and recommend appropriateness of acute rehab or another level of care.
- IRI admission coordinator and/or physiatrist consultation with persons served, referral sources, and multidisciplinary teams for purposes of collaborating and exchanging information, providing education, initiating discharge plans, and coordinating care that promotes appropriate transitions in the continuum of care for an optimal rehabilitation approach that will achieve expected outcomes for persons served.

2. Acute Brain Injury Specialty Program

Admission Criteria

1. Need for two or more skilled therapies (physical, occupational and/or speech therapy).
2. Requirement for intensive rehabilitation services with a minimum of 3 hours/day, at least, 5 days/week
3. Ability to participate and benefit from the intensity of services
4. Requirement of supervision by a rehabilitation physician at least 3 days/week
5. The complexity of needs requires an interdisciplinary team approach
6. Persons requiring mechanical ventilation and/or are under the age of 12 years are NOT accepted.
7. Brain Injury is related to trauma, pathology, disease or surgical procedure

Transition/Continued Stay Criteria

1. Continues to achieve measurable progress
2. An interrupted stay may occur when a patient's medical needs cannot be met on the rehabilitation unit and he/she transfers off the unit for less than 72 hours

Discharge Criteria (Does not need to meet all criteria)

1. Person served has met rehabilitation/functional goals
2. Development of medical complications that does not allow person served to actively participate in the rehabilitation process
3. Person served is no longer progressing toward established goals
4. Services can be successfully provided at a lower level of care

Involuntary Discharge Criteria

1. Person served or family interactions disrupt rehabilitation progress
2. Person served becomes ill and needs another level of care
3. Person served is not participating in the rehabilitation process

Utilization Review Process

Reference: Utilization Review Plan for Inpatient Rehabilitation

Admission Review:

Referral sources may include; but are not limited to: physicians, case managers, social workers, trauma centers, acute medical facilities, skilled nursing facilities, home health and persons served/families. All referrals to inpatient rehabilitation shall be reviewed by an admission coordinator. All payer sources are accepted based upon authorization. Insurance, benefits and any associated fees are reviewed by an admission coordinator for discussion with persons served/families. An admission review record will be initiated where all required data and signatures will be entered as necessary for screening, pre-authorization, and generation of an admission order. Upon application of the criteria and standards the admission is determined to be medically necessary and appropriate, the case will then be assigned for concurrent review.

Concurrent Review:

At the time of admission, persons served are evaluated by the interdisciplinary team. Insurance, benefits and any associated fees are reviewed by case managers for discussion with persons served/families. The interdisciplinary team meets, at least, weekly during team conferences to discuss treatment plans and progress toward goals. Discussions at the initial team conference include, but are not limited to, medical concerns, estimated length of stay, discharge disposition, barriers to discharge, transition environment and treatment goals. Functional Independence Measures (FIM) is scored throughout the length of stay to provide objective measures of progress. Case management communicates directly with the patient, family and payer source throughout the stay for discharge planning. Need for resources, services, support and/or interventions are addressed at the beginning of services, at appropriate intervals, and at discharge/transition.

Medical / Physiological Sequelae:

- *Auto-immune disorders and immune suppression
- *Bladder function
- *Bowel function
- *Cardiovascular Status
- *Dysphagia
- *Infectious disorders
- *Medication
- *Musculoskeletal complications

- *Neurological changes
- *Nutrition/Hydration
- *Pain
- *Respiration
- *Sexual dysfunction/Fertility
- *Skin integrity
- *Spasticity
- *Visual/Hearing/Perceptual deficits

Functional Interventions Addressed:

- *Activities of daily living
- *Assistive Technology
- *Brain Injury education
- *Cognition
- *Communication
- *Community Participation
- *Durable Medical Equipment
- *Environmental Modifications
- *Fall Assessment

- *Leisure and Recreation
- *Mobility
- *Orthotics
- *Personal Care Assistants
- *Prosthetics
- *Safety
- *Seating
- *Vocational

Psychosocial Interventions Addressed:

- *Adjustment to Disability
- *Behavior
- *Chemical abuse/dependency
- *Cognitive functioning
- *Cultural Considerations
- *Family support/counseling

- *Life Roles
- *Mental Health
- *Pastoral Care
- *Peer Mentoring
- *Sexuality

Community Integration and Participation Interventions Addressed:

- *Community Access
- *Driving/Transportation
- *Durable Medical Equipment
- *Educational Classes and Training
- *Environmental Modifications
- *Family/Caregiver Involvement

- *Home Assessments
- *Personal Care Assistants
- *School Re-Integration
- *Sports-and-Leisure
- *Volunteer Opportunities
- *Work Re-Integration

Core Treatment Team

The core treatment team includes the patient and family, physician, rehabilitation nursing, case management, social work, physical therapy, occupational therapy, neuropsychology, speech therapy, therapeutic recreation, respiratory therapy, and dietary. Support for training and research endeavors are made available through collaboration with area colleges/ universities including CHI Health Creighton University Medical Center – Bergan Mercy, Creighton University School of Pharmacy and Allied Health and Nursing Division and Catholic Health Initiatives Institute for Research and Innovation (CIRI). The program provides numerous opportunities for offering health-care related continuing education and promotes evidenced-based knowledge within its practice.

The patient's needs and goals will determine the exact structure of the individualized treatment team. At least two therapies will be provided at a minimum of 3 hours per day, 5 days per week. Rehabilitation nursing is provided 24 hours per day, 7 days per week. Therapies operate during daytime hours. Weekend therapy is provided and individualized based on the need of the patient. Sunday is considered Family Day. Families are strongly encouraged to plan an activity either within the inpatient rehabilitation department or request a rehab physician order to go off site and observe performance with activities/ functional skills learned in therapies. Interpreter services or Language Access is utilized as needed. Cultural considerations are also addressed with the patient/family throughout the treatment planning process.

Additional services available by referral include; but are not limited to: palliative care, wound care, orthotics and prosthetics vendors, counseling, peer mentorship, durable medical equipment, sexual education, vocational rehabilitation, and vehicle modification.

Acute medical services, diagnostic imaging, laboratory services and pharmacy services are available 24 hours per day 7 days per week through CHI Health Immanuel which is physically attached to IRI.

Regarding response timeliness to orders and communicating results:

- Nursing staff is responsible for reviewing and acknowledging physician orders every two hours.
- Response to stat orders is within 30 minutes and abnormal results are verbally reported to the ordering physician.
- Laboratory and pharmacy services are available on-site 24 hours per day and 7 days per week with the capability of viewing results in the electronic health record (EHR).
- Specific medical and diagnostic services are also available on-site 24 hours per day and 7 days per week with the availability of calling in staff to perform testing, as needed, during off-hours. Results are available in the EHR.

Case management is responsible for discharge planning to outpatient, sub-acute, long-term care, assistive living, etc. in the community. Community resources are also coordinated such as transportation, Meals on Wheels, attendant services, etc. Vocational Rehabilitation services may be coordinated with the State of Nebraska or Goodwill Industries.

The treatment team works closely with the local school systems in coordinating children/ adolescents' return to learning. School personnel may attend weekly team meetings to assist in the transition from rehab to school. If appropriate, a tutor is arranged throughout the child/adolescent's hospitalization. Siblings and peers of persons served are encouraged to participate in the rehabilitation process as deemed appropriate by the physician and treatment team.

Persons Served and Family Education

Education is a primary focus of the Brain Injury Specialty Program. Persons served and families / support systems have access to their interdisciplinary care team, IRI brain injury education book, internet, computers, iPad, videos, and a variety of other written literature that address diagnosis, treatment and transitions across the lifespan. A support group and chaplain services are also available to persons served and families / support systems.

Primary and secondary prevention is addressed and reinforced by the interdisciplinary team; as necessary. Primary prevention may include, but are not limited to, home assessment, driving safety, substance abuse prevention and immunizations. Secondary prevention may include, but are not limited to, skin integrity and wound prevention, diabetic management, adverse drug reactions, contractures, DVT's, depression, falls, nutrition, infections, physical deconditioning and inactivity, or bowel and bladder function.

The Brain Injury Specialty Program case manager and/or social worker are responsible for assisting persons served and family with discharge planning and resource utilization. Community resource needs are assessed and obtained in conjunction with persons served, family and treatment team to allow for safe integration into an independent living situation when possible.

3. Continuum of Care - Brain Injury Specialty Program

After discharge from acute inpatient rehabilitation, outpatient services may include but are not limited to:

- PM&R Clinic:
 - Office visit with PM&R to follow up 4-6 weeks post-discharge from IRI Brain Injury Specialty Program with physiatrist evaluating functional levels, medical status, equipment needs, and management of other complex medical needs.
 - A comprehensive annual review addressing, but not limited to, prevention and early intervention of medical, functional, behavioral, cognitive, self-care, equipment and/or community integration concerns.
- Outpatient Therapy Services:
 - PT, OT, SLP, and TR services are offered at IRI and other CHI Health facilities or through a facility of persons served / family choice. Continuum of care for the Brain Injury Specialty Program at IRI continues to address resources, education, support, and interventions for the success of the individual including, but not limited to, activity levels and participation, cognitive status, behavior status, communication status and life-long planning.

4. Community-Based Support and Resources

IRI is part of CHI Health which provides a range of services from trauma, acute medical, surgical care, acute rehabilitation, home health, durable medical equipment, outpatient services, specialty physician clinics, sports medicine, diabetes management, and advanced wound care. Other program resources include, but are not limited to:

- RI: A Matter of Seconds program
- IRI: Brain Injury Support & Education Group
- IRI: Sports and Leisure Program
- IRI: Driving Program
- IRI: Wheelchair Seating and Positioning
- IRI: Peer Mentoring
- IRI: Aquatics Program
- Respite Care/Personal Assistant Services: Sarah's Place, HELP Adult Services
- Eastern Nebraska Office on Aging
- Quality Living Inc. (QLI) support group
- Nebraska Vocational Rehabilitation
- Community transportation systems (Moby, Caliber Patient Care, Restore Transport Services, Taxi services, Metro Transit Omaha)
- Worker compensation and case management firms
- National Safety Council – Nebraska
- Durable medical equipment vendors
- Nebraska Adaptive Sports
- Paralympic Sports Club Omaha

Amputation Specialty Program

The Amputation Specialty Program at Immanuel Rehabilitation Institute (IRI) is a person-focused, outcomes-based program for the care of the mind, body, and spirit for persons with an amputation through (1) acute care consultation and liaison services, (2) acute inpatient amputation rehabilitation, (3) continuum of care, and (4) community-based resources and support for persons with limb loss. Acute inpatient rehabilitation services are provided 24 hours a day, 7 days per week. Outpatient services are provided, generally, Monday through Friday and can vary from 1 to 5 days of service; based on individualized needs. Persons served in this program range in age from 19 to 90+ years. Persons served with limb loss ages 12-18 years will participate in the Comprehensive Integrated Inpatient Rehabilitation Program. The intent of the program is to assist each individual to reach their highest potential and return to an independent living situation.

Program Goals

- To provide evidenced-based assessment and treatment services to ensure that all persons served are cared for medically, emotionally and spiritually.
- To promote physical and psychological well-being by minimizing risk factors, practicing preventative measures when possible, and recognizing the onset of complications. Focus is placed on assisting persons served to achieve the highest level of functional independence possible.
- To provide psychosocial support to families and persons served allowing them to determine the direction of their rehabilitation program with professional insight and input. Education emphasis is placed on persons served and family to promote independent decision making.
- To integrate persons served and family into their preferred living situation and the community so that a high quality of life is achieved.
- To ensure safety for persons served and the environments in which they participate and to provide resources for independent living and community integration.
- To provide follow up and life-long services for persons served, families, and support system for health and wellness promotion.

1. Acute Care Consultation and Liaison Services

Acute care consultation and liaison services include, but are not limited to:

- Physiatry consultation to review, examine, assess and recommend appropriateness of acute rehab or another level of care.
- Coordination of the Program with CHI Health acute care therapists and nurses to optimize pre-surgical and post-surgical rehabilitation approach to the potential or actual amputee.
- IRI admission coordinator and/or physiatrist consultation with potential or actual amputee and acute care providers for purposes of education, discharge planning, pain management, amputation length, and post-surgical dressing type.
- IRI admission coordinator and/or physiatrist consultation with persons served, referral sources, and multidisciplinary teams for purposes of collaborating and exchanging information, providing education, initiating discharge plans, and coordinating care that promotes appropriate transitions in the continuum of care for an optimal rehabilitation approach that will achieve expected outcomes for persons served.

2. Acute Inpatient Amputation Rehabilitation

Admission Criteria

1. Need for two or more skilled therapies (physical, occupational and/or speech therapy).
2. Requirement for intensive rehabilitation services with a minimum of 3 hours/day, at least, 5 days/week
3. Ability to participate and benefit from the intensity of services
4. Requirement of supervision by a rehabilitation physician at least 3 days/week
5. The complexity of needs requires an interdisciplinary team approach
6. Persons requiring mechanical ventilation and/or are under the age of 12 years are NOT accepted.

Transition/Continued Stay Criteria

1. Continues to achieve measurable progress
2. An interrupted stay may occur when a patient's medical needs cannot be met on the rehabilitation unit and he/she transfers off the unit for less than 72 hours

Discharge Criteria (Does not need to meet all criteria)

1. Person served has met rehabilitation/functional goals
2. Development of medical complications that does not allow person served to actively participate in the rehabilitation process
3. Person served is no longer progressing toward established goals
4. Services can be successfully provided at a lower level of care

Involuntary Discharge Criteria

1. Person served or family interactions disrupt rehabilitation progress
2. Person served becomes ill and needs another level of care
3. Person served is not participating in the rehabilitation process

Utilization Review Process

Reference: Utilization Review Plan for Inpatient Rehabilitation

Admission Review:

Referral sources may include; but are not limited to: physicians, case managers, social workers, trauma centers, acute medical facilities, skilled nursing facilities, home health and persons served/families. All referrals to inpatient rehabilitation shall be reviewed by an admission coordinator. All payer sources are accepted based upon authorization. Insurance, benefits and any associated fees are reviewed by an admission coordinator for discussion with persons served/families. An admission review record will be initiated where all required data and signatures will be entered as necessary for screening, pre-authorization, and generation of an admission order. Upon application of the criteria and standards the admission is determined to be medically necessary and appropriate, the case will then be assigned for concurrent review.

Concurrent Review:

At the time of admission, persons served are evaluated by the interdisciplinary team. Insurance, benefits and any associated fees are reviewed by case managers for discussion with persons served/families. The interdisciplinary team meets, at least, weekly during team conferences to discuss treatment plans and progress toward goals. Discussions at the initial team conference include, but are not limited to, medical concerns, estimated length of stay, discharge disposition, barriers to discharge, transition environment and treatment goals. Functional Independence Measures (FIM) is scored throughout the length of stay to provide objective measures of progress. Case management communicates directly with the patient, family and payer source throughout the stay for discharge planning. Need for resources, services, support and/or interventions are addressed at the beginning of services, at appropriate intervals, and at discharge/transition.

Medical / Physiological Sequelae:

- *Auto-immune disorders and endocrine disorders
- *Bowel and bladder function
- *Cardiovascular status
- *Dysphagia
- *Limb Loss
- *Medication
- *Musculoskeletal complications
- *Neurological changes & sensation

- *Nutrition/hydration & weight management
- *Pain
- *Renal disease
- *Respiration & pulmonary function
- *Sexual dysfunction/Fertility
- *Skin integrity & wound healing
- *Spasticity
- *Visual/Hearing/Perceptual deficits
- *Infectious disorders and prevention

Functional Interventions Addressed:

- *Activities of daily living
- *Assistive & Adaptive Technology
- *Community integration
- *Community Participation
- *Driving
- *Durable Medical Equipment
- *Environmental Modifications
- *Leisure, Recreation, & wellness

- *Limb loss education
- *Mobility
- *Orthotic and pedorthic services
- *Personal Care Assistants
- *Prosthetics
- *Safety
- *Seating
- *Vocational Training

Psychosocial Interventions Addressed:

- *Adjustment to Disability
- *Cultural Considerations
- *Family support/counseling
- *Life Roles
- *Mental Health

- *Pastoral Care/Spiritual support
- *Peer Mentoring
- *Sexuality
- *Substance abuse & tobacco cessation

Community Integration and Participation Interventions Addressed:

- *Community Re-Entry
- *Driving/Transportation
- *Durable Medical Equipment
- *Educational Classes and Training
- *Environmental Modifications
- *Family/Caregiver Involvement

- *Home Assessments
- *Personal Care Assistants
- *School Re-Integration
- *Sports and Leisure
- *Volunteer Opportunities
- *Work Re-Integration

Core Treatment Team

The core treatment team includes the patient and family, physician, rehabilitation nursing, case management, social work, physical therapy, occupational therapy, neuropsychology, speech therapy, therapeutic recreation, respiratory therapy, and dietary. Support for training and research endeavors are made available through collaboration with area colleges/ universities including CHI Health Creighton University Medical Center – Bergan Mercy, Creighton University School of Pharmacy and Allied Health and Nursing Division and Catholic Health Initiatives Institute for Research and Innovation (CIRI). The program provides numerous opportunities for offering health-care related continuing education and promotes evidenced-based knowledge within its practice.

The patient's needs and goals will determine the exact structure of the individualized treatment team. At least two therapies will be provided at a minimum of 3 hours per day, 5 days per week. Rehabilitation nursing is provided 24 hours per day, 7 days per week. Therapies operate during daytime hours. Weekend therapy is provided and individualized based on the need of the patient. Sunday is considered Family Day. Families are strongly encouraged to plan an activity either within the inpatient rehabilitation department or request a rehab physician order to go off site and observe performance with activities/ functional skills learned in therapies. Interpreter services or Language Access is utilized as needed. Cultural considerations are also addressed with the patient/family throughout the treatment planning process.

Additional services available by referral include; but are not limited to: palliative care, wound care, orthotics and prosthetics vendors, counseling, peer mentorship, durable medical equipment, sexual education, vocational rehabilitation, and vehicle modification.

Acute medical services, diagnostic imaging, laboratory services and pharmacy services are available 24 hours per day 7 days per week through CHI Health Immanuel which is physically attached to IRI.

Regarding response timeliness to orders and communicating results:

- Nursing staff is responsible for reviewing and acknowledging physician orders every two hours.
- Response to stat orders is within 30 minutes and abnormal results are verbally reported to the ordering physician.
- Laboratory and pharmacy services are available on-site 24 hours per day and 7 days per week with the capability of viewing results in the electronic health record (EHR).
- Specific medical and diagnostic services are also available on-site 24 hours per day and 7 days per week with the availability of calling in staff to perform testing, as needed, during off-hours. Results are available in the EHR.

Case management is responsible for discharge planning to outpatient, sub-acute, long-term care, assistive living, etc. in the community. Community resources are also coordinated such as transportation, Meals on Wheels, attendant services, etc. Vocational Rehabilitation services may be coordinated with the State of Nebraska or Goodwill Industries.

Persons Served and Family Education

Education is a primary focus of the Amputation Specialty Program. Persons served and families / support systems have access to their interdisciplinary care team, IRI amputation resource guide, internet, computers, iPad, videos, and a variety of other written literature that address diagnosis, treatment and transitions across the lifespan. A support group and chaplain services are also available to persons served and families / support systems.

Primary and secondary prevention is addressed and reinforced by the interdisciplinary team; as necessary. Primary prevention may include, but are not limited to, home assessment, driving safety with seatbelt use and proper wheelchair tie down, substance abuse prevention and immunizations. Secondary prevention may include, but are not limited to, skin integrity and wound prevention, diabetic management, adverse drug reactions, contractures, DVT's, depression, falls, nutrition, infections, physical deconditioning and inactivity, or bowel and bladder function.

The Amputation Specialty Program case manager and/or social worker are responsible for assisting persons served and family with discharge planning and resource utilization. Community resource needs are assessed and obtained in conjunction with persons served, family and treatment team to allow for safe integration into an independent living situation when possible.

3. Continuum of Care - Amputation Specialty Program

After discharge from acute inpatient rehabilitation, outpatient services may include but are not limited to:

- PM&R Amputee Clinic:
 - Office visit with PM&R to follow up 4-6 weeks post-discharge from IRI Amputation Specialty Program with PT and prosthetist recommendations to determine prosthetic candidacy, perform functional level assessments, advance wound healing, treat pain, and manage other complex medical conditions.
- Outpatient Therapy Services:
 - PT, OT, SLP, and TR services are offered at IRI and other CHI Health facilities or through a facility of persons served / family choice. Outpatient rehabilitation provided at IRI continues to address resources, education, support, and interventions for the success of the individual with amputation including, but not limited to, functional activities, community integration and participation, and psychosocial and behavioral needs.

4. Community-Based Amputation Support and Resources

IRI is part of CHI Health which provides a range of services from trauma, acute medical, surgical care, acute rehabilitation, home health, durable medical equipment, outpatient services, specialty physician clinics, sports medicine, diabetes management, and advanced wound care. Other program resources include, but are not limited to:

- IRI: Spinal Cord Support & Education Group
- IRI: Sports and Leisure Program
- IRI: Open Gym
- IRI: Driving Program
- IRI: Wheelchair Seating and Positioning
- IRI: Peer Mentoring
- IRI: Aquatics Program
- IRI: A Matter of Seconds program
- Amputee Coalition
- Nebraska Adaptive Sports
- Paralympic Sports Club Omaha
- Respite Care/Personal Assistant Services: Sarah's Place, HELP Adult Services
- Eastern Nebraska Office on Aging
- Quality Living Inc. (QLI) support group
- Nebraska Vocational Rehabilitation
- Community transportation systems
 - (Moby, Caliber Patient Care, Restore Transport Services, Taxi services, Metro Transit Omaha)
- Worker compensation and case management firms
- National Safety Council – Nebraska
- Durable medical equipment vendors (Hangar, Burton, Lifestyles)

Spinal Cord Specialty Program

The Spinal Cord Specialty Program at Immanuel Rehabilitation Institute (IRI) is a person-focused, outcomes-based program for the care of the mind, body, and spirit of persons with a spinal cord dysfunction through (1) acute care consultation and liaison services, (2) acute inpatient spinal cord rehabilitation, (3) outpatient spinal cord rehabilitation, and (4) community-based resources and support for persons with spinal cord impairment. Acute inpatient rehabilitation services are provided 24 hours a day, 7 days per week. Outpatient services are provided, generally, Monday through Friday and can vary from 1 to 5 days of service; based on individualized needs. Persons served in this program range in age from 12 to 90+ years. The intent of the program is to assist each individual to reach their highest potential and return to an independent living situation.

Program Goals

- To provide evidenced-based assessment and treatment services to ensure that all persons served are cared for medically, emotionally and spiritually.
- To promote physical and psychological well-being by minimizing risk factors, practicing preventative measures when possible, and recognizing the onset of complications. Focus is placed on assisting persons served to achieve the highest level of functional independence possible.
- To provide psychosocial support to families and persons served allowing them to determine the direction of their rehabilitation program with professional insight and input. Education emphasis is placed on persons served and family to promote independent decision making.
- To integrate persons served and family into their preferred living situation and the community so that a high quality of life is achieved.
- To ensure safety for persons served and the environments in which they participate and to provide resources for independent living and community integration.
- To provide follow up and life-long services for persons served, families, and support system for health and wellness promotion.

1. Acute Care Consultation and Liaison Services

Acute care consultation and liaison services include, but are not limited to:

- Physiatry consultation to review, examine, assess and recommend appropriateness of acute rehab or another level of care.
- IRI admission coordinator and/or physiatrist consultation with persons served, referral sources, and multidisciplinary teams for purposes of collaborating and exchanging information, providing education, initiating discharge plans, and coordinating care that promotes appropriate transitions in the continuum of care for an optimal rehabilitation approach that will achieve expected outcomes for persons served.

2. Acute Inpatient Spinal Cord Rehabilitation

Admission Criteria

1. Need for two or more skilled therapies (physical, occupational and/or speech therapy).
2. Requirement for intensive rehabilitation services with a minimum of 3 hours/day, at least, 5 days/week
3. Ability to participate and benefit from the intensity of services
4. Requirement of supervision by a rehabilitation physician at least 3 days/week
5. The complexity of needs requires an interdisciplinary team approach
6. Persons requiring mechanical ventilation and/or are under the age of 12 years are NOT accepted.
7. Persons served include persons with traumatic or non-traumatic injuries including, but not exclusive to, incomplete or complete spinal cord injury at all levels, transverse myelitis, multiple sclerosis, Guillain-Barre, post-operative spine surgeries, spinal stenosis, central cord injuries, cauda equina syndrome, and tumors. ASIA levels A-D are appropriate for admission. The majority of co-morbidities are accepted and evaluated on admission. See also: Medical / Physiological Sequelae

Transition/Continued Stay Criteria

1. Continues to achieve measurable progress
2. An interrupted stay may occur when a patient's medical needs cannot be met on the rehabilitation unit and he/she transfers off the unit for less than 72 hours

Discharge Criteria (Does not need to meet all criteria)

1. Person served has met rehabilitation/functional goals
2. Development of medical complications that does not allow person served to actively participate in the rehabilitation process
3. Person served is no longer progressing toward established goals
4. Services can be successfully provided at a lower level of care

Involuntary Discharge Criteria

1. Person served or family interactions disrupt rehabilitation progress
2. Person served becomes ill and needs another level of care
3. Person served is not participating in the rehabilitation process

Utilization Review Process

Reference: Utilization Review Plan for Inpatient Rehabilitation

Admission Review:

Referral sources may include; but are not limited to: physicians, case managers, social workers, trauma centers, acute medical facilities, skilled nursing facilities, home health and persons served/families. All referrals to inpatient rehabilitation shall be reviewed by an admission coordinator. All payer sources are accepted based upon authorization. Insurance, benefits and any associated fees are reviewed by an admission coordinator for discussion with persons served/families. An admission review record will be initiated where all required data and signatures will be entered as necessary for screening, pre-authorization, and generation of an admission order. Upon application of the criteria and standards the admission is determined to be medically necessary and appropriate, the case will then be assigned for concurrent review.

Concurrent Review:

At the time of admission, persons served are evaluated by the interdisciplinary team. Insurance, benefits and any associated fees are reviewed by case managers for discussion with persons served/families. The interdisciplinary team meets, at least, weekly during team conferences to discuss treatment plans and progress toward goals. Discussions at the initial team conference include, but are not limited to, medical concerns, estimated length of stay, discharge disposition, barriers to discharge, transition environment and treatment goals. Functional Independence Measures (FIM) is scored throughout the length of stay to provide objective measures of progress. Case management communicates directly with the patient, family and payer source throughout the stay for discharge planning. Need for resources, services, support and/or interventions are addressed at the beginning of services, at appropriate intervals, and at discharge/transition.

Medical / Physiological Sequelae:

- *Abnormal Tone
- *Autonomic Dysfunction
- *Body Composition
- *Bladder Function
- *Bowel Function
- *Circulation/Cardiac Dysfunctions
- *Demyelinating Disorders
- *Diabetes
- *DVT / PE
- *Dysphagia
- *Fertility
- *Heterotopic Ossification
- *Infectious Management
- *Medication

Functional Interventions Addressed:

- *Activities of Daily Living
- *Assistive Technology
- *Behavior
- *Cognition
- *Communication
- *Community Integration
- *Community Participation
- *Driving
- *Durable Medical Equipment
- *Emergency Preparedness
- *Environmental Modifications and Safety

Psychosocial Interventions Addressed:

- *Adjustment to Disability
- *Aging with a SCI
- *Behavioral Health
- *Cultural Considerations
- *Family / support system counseling

Community Integration and Participation Interventions Addressed:

- *Community Re-Entry
- *Community Access
- *Driving/Transportation
- *Durable Medical Equipment
- *Educational Classes and Training
- *Environmental Modifications
- *Family/Caregiver Involvement

- *Men's Health Issues
- *Musculoskeletal Complication
- *Neurological Changes
- *Nutrition
- *Obesity
- *Oncology Treatment
- *Pain
- *Respiration
- *Renal Dysfunction*Sexual Function
- *Skin Integrity
- *Vision
- *Women's Health Issues
- *Wound Care

- *Leisure and Recreation
- *Mobility
- *Occupation
- *Orthoses
- *Personal Care Assistants
- *Prostheses
- *Safety
- *Seating and Positioning
- *School Integration
- *Spinal Cord Dysfunction Education

- *Life Roles
- *Peer Mentoring
- *Substance Use
- *Sexual Adjustment

- *Home Assessments
- *School Re-Integration
- *Sports-and-Leisure
- *Volunteer Opportunities
- *Work Re-Integration

Core Treatment Team

The core treatment team includes the patient and family, physician, rehabilitation nursing, case management, social work, physical therapy, occupational therapy, neuropsychology, speech therapy, therapeutic recreation, respiratory therapy, and dietary. Support for training and research endeavors are made available through collaboration with area colleges/ universities including CHI Health Creighton University Medical Center – Bergan Mercy, Creighton University School of Pharmacy and Allied Health and Nursing Division and Catholic Health Initiatives Institute for Research and Innovation (CIRI). The program provides numerous opportunities for offering health-care related continuing education and promotes evidenced-based knowledge within its practice.

The patient's needs and goals will determine the exact structure of the individualized treatment team. At least two therapies will be provided at a minimum of 3 hours per day, 5 days per week. Rehabilitation nursing is provided 24 hours per day, 7 days per week. Therapies operate during daytime hours. Weekend therapy is provided and individualized based on the need of the patient. Sunday is considered Family Day. Families are strongly encouraged to plan an activity either within the inpatient rehabilitation department or request a rehab physician order to go off site and observe performance with activities/ functional skills learned in therapies. Interpreter services or Language Access is utilized as needed. Cultural considerations are also addressed with the patient/family throughout the treatment planning process.

Additional services available by referral include; but are not limited to: palliative care, wound care, orthotics and prosthetics vendors, counseling, peer mentorship, durable medical equipment, sexual education, vocational rehabilitation, and vehicle modification.

Acute medical services, diagnostic imaging, laboratory services and pharmacy services are available 24 hours per day 7 days per week through CHI Health Immanuel which is physically attached to IRI.

Regarding response timeliness to orders and communicating results:

- Nursing staff is responsible for reviewing and acknowledging physician orders every two hours.
- Response to stat orders is within 30 minutes and abnormal results are verbally reported to the ordering physician.
- Laboratory and pharmacy services are available on-site 24 hours per day and 7 days per week with the capability of viewing results in the electronic health record (EHR).
- Specific medical and diagnostic services are also available on-site 24 hours per day and 7 days per week with the availability of calling in staff to perform testing, as needed, during off-hours. Results are available in the EHR.

Case management is responsible for discharge planning to outpatient, sub-acute, long-term care, assistive living, etc. in the community. Community resources are also coordinated such as transportation, Meals on Wheels, attendant services, etc. Vocational Rehabilitation services may be coordinated with the State of Nebraska or Goodwill Industries.

The treatment team works closely with the local school systems in coordinating children/ adolescents' return to learning. School personnel may attend weekly team meetings to assist in the transition from rehab to school. If appropriate, a tutor is arranged throughout the child/adolescent's hospitalization. Siblings and peers of persons served are encouraged to participate in the rehabilitation process as deemed appropriate by the physician and treatment team.

Persons Served and Family Education

Education is a primary focus of the Spinal Cord Specialty Program. Persons served and families / support systems have access to their interdisciplinary care team, IRI spinal cord education book, internet, computers, iPad, videos, and a variety of other written literature that address diagnosis, treatment and transitions across the lifespan. A support group and chaplain services are also available to persons served and families / support systems.

Primary and secondary prevention is addressed and reinforced by the interdisciplinary team; as necessary. Primary prevention may include, but are not limited to, home assessment, driving safety with seatbelt use and proper wheelchair tie down, substance abuse prevention and immunizations. Secondary prevention may include, but are not limited to, skin integrity and wound prevention, diabetic management, adverse drug reactions, contractures, DVT's, depression, falls, nutrition, infections, physical deconditioning and inactivity, or bowel and bladder function.

The Spinal Cord Specialty Program case manager and/or social worker are responsible for assisting persons served and family with discharge planning and resource utilization. Community resource needs are assessed and obtained in conjunction with persons served, family and treatment team to allow for safe integration into an independent living situation when possible.

3. Outpatient Medical Rehabilitation - Spinal Cord Specialty Program

After discharge from acute inpatient rehabilitation, outpatient services may include but are not limited to:

- PM&R Clinic:
 - Office visit with PM&R to follow up 4-6 weeks post-discharge from IRI Spinal Cord Specialty Program with physiatrist evaluating functional levels, medical status, equipment needs, and management of other complex medical needs.
 - A comprehensive annual review addressing, but not limited to, prevention and early intervention of medical, functional, psychological, self-care, equipment, transportation and/or community integration concerns.
- Outpatient Therapy Services:
 - PT, OT, SLP, and TR services are offered at IRI and other CHI Health facilities or through a facility of persons served / family choice. Outpatient Medical Rehabilitation for the Spinal Cord Specialty Program provided at IRI continue to address resources, education, support, and interventions for the success of the individual with spinal cord dysfunction including, but not limited to, re-hospitalization, adjustment to disability, health promotion, independence and autonomy, and return to productive activity.

4. Community-Based Spinal Cord Support and Resources

IRI is part of CHI Health which provides a range of services from trauma, acute medical, surgical care, acute rehabilitation, home health, durable medical equipment, outpatient services, specialty physician clinics, sports medicine, diabetes management, and advanced wound care. Other program resources include, but are not limited to:

- IRI: Spinal Cord Support & Education Group
- IRI: Sports and Leisure Program
- IRI: Open Gym
- IRI: Driving Program
- IRI: Wheelchair Seating and Positioning
- IRI: Peer Mentoring
- IRI: Aquatics Program
- IRI: A Matter of Seconds program
- Respite Care/Personal Assistant Services: Sarah's Place, HELP Adult Services
- Eastern Nebraska Office on Aging
- Quality Living Inc. (QLI) support group
- Nebraska Vocational Rehabilitation
- Community transportation systems (Moby, Caliber Patient Care, Restore Transport Services, Taxi services, Metro Transit Omaha)
- Worker compensation and case management firms
- National Safety Council – Nebraska
- Durable medical equipment vendors
- Nebraska Adaptive Sports
- Paralympic Sports Club Omaha



Welcome to Immanuel Rehabilitation Institute

This guidebook will strengthen your understanding of the rehabilitation program at CHI Health Immanuel Rehabilitation Institute and what you can expect during your stay.

What To Expect

- Your length of stay is dependent upon your diagnosis, rehab needs, and progress
- A Rehab Physician will see you 5-7 days a week
- A Hospitalist or Internal Medicine Physician will see you daily
- Therapies provided a minimum of 3 hours per day, 5 days a week
 - Wear clothing suitable for therapies
- Nursing hourly rounding assists in proactively meeting your needs
- For your safety, fall prevention is provided by your rehab team
 - Gait belts are used for your safety
 - Bed/chair alarms and low beds are routinely used for fall prevention
 - We request staff or trained family members accompany patients to the bathroom
 - Camera monitoring may be used for your safety
 - For your safety, check with your nurse to go off the unit
- All patients must be back on the unit by 8:30 pm with approved requests
- Bathing offered, at least, every other day
- Lunch and dinner are served in the dining areas
- Ongoing education by your rehab team to help you manage your healthcare needs
- Family participation in your therapies and nursing care is encouraged
- Family members are encouraged to participate in Caregiver Training
- Assistance will be provided for transition to home or other care setting before discharge

CHI Health campuses are smoke and nicotine free

What is Inpatient Rehabilitation?

Definition of Inpatient Rehabilitation

Inpatient rehabilitation is the process of providing coordinated comprehensive services appropriate to the needs for persons with a disability. It is designed to achieve improved health, welfare, and the realization of one's maximum physical, social, psychological, and vocational potential.

Rehabilitation is a unique form of medical care. It is considered the third stage of medical care following preventative medicine (first stage) and curative medicine (second stage). Rehabilitation focuses on maximizing function and improving the quality of life when cure (complete recovery) is questionable.

The same diagnosis or injury can lead to different levels of ability in different people as each individual is unique with varying backgrounds and personalities.

Many factors contribute to a successful rehab outcome. Although complete recovery may not always be possible, removal of contributing factors may lessen the degree of the disability.

What Factors Can Affect the Rehabilitation Process?

Factor	Affect
Nutrition	Obesity or malnutrition can limit and/or slow progress.
Medications	Can cause drowsiness, depression, weakness, nausea.
Psychological	Depression and/or hopelessness attitude.
Medical	Preexisting medical problems, pain, and medical conditions related to the injury.
Orthopedic	Fractures that limit mobility.
Deconditioning	Resulting from immobilization.

Who's Who in Rehabilitation?

Persons Served, Family, Support System

You and your loved ones are the most important members of the rehabilitation team. During the initial days after admission, goals will be set by clinicians with your input. It is important to talk about specific concerns, desires, and needs you have. We encourage consistent involvement in all aspects of the rehabilitation process to reach your goals.

Physiatrist

Physiatrists are physicians who specialize in physical medicine and rehabilitation. He/she collaborate with the interdisciplinary team to provide coordinated care that's developed to best meet your individual needs.

They complete daily rounds to stay informed of your progress and answer any questions you may have regarding your care.

Neuropsychologist

Neuropsychologists have specialized training in the assessment and management of difficulties with thinking, memory, emotions, or behavior that are the direct result of interference with brain functioning, such as in cases of stroke or brain injury.

Neuropsychologists coach people through difficult life changes like "talking through" this challenging time, assisting in understanding and managing behaviors and emotions, or providing education about the emotional adjustment process.

Social Work

A social worker provides counseling for persons served and family/support system during their stay to assist with support and adjustments to life changing illness or injury.

Case Manager

A case manager will be assigned to assist in coordinating your rehabilitation care, financial and social needs, and discharge arrangements. They will coordinate weekly interdisciplinary team meetings to review and discuss progress toward established goals, revision of goals, and determining any barriers limiting progress. The case manager will meet with you and/or your family following each team meeting to discuss progress and barriers to discharge.

Rehabilitation Nursing

Rehabilitation nurses help individuals across the lifespan who are affected by chronic illness or physical disability to achieve their greatest potential, adapt to their disabilities, and work toward productive, independent

lives. They take a holistic approach to meeting patients' medical, vocational, educational, environmental, and spiritual needs.

Rehabilitation nurses work with individuals and their families soon after the onset of a disabling injury or chronic illness. They continue to provide support in the form of patient and family education and empower these individuals when they go home or return to work or school. The rehabilitation nurse often teaches patients and their caregivers how to access systems and resources. Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment.

Rehabilitation nurses base their practice on rehabilitative and restorative principles by:

- managing complex medical issues
- collaborating with other professionals or disciplines
- providing ongoing patient/caregiver education
- setting goals for maximal independence
- establishing plans of care to maintain optimal wellness

Physical Therapist (PT)

Physical therapists works to improve your progress in mobility, transfers, ambulation, endurance, balance, coordination, range of motion, strength, and motor control. This is achieved through a variety of activities such as hi-lo mat exercises, standing, and walking.

Safety awareness is incorporated into the program to provide the most benefit in your recovery.

Physical therapists will provide care-giver training to family/support system on functional skills. They will also order equipment when applicable.

Occupational Therapist (OT)

The occupational therapist will help you become independent in daily activities. Treatment can focus on upper extremity strengthening, coordination, range of motion, or visual/perceptual skills.

Self-care skills such as grooming, dressing, and bathing are addressed along with instruction in transfer skills and home adaptation. The occupational therapist will assist in obtaining proper equipment to meet your needs, (i.e., wheelchair, bathroom equipment).

Functional activities such as homemaking, meal planning and preparation, money management, and telephone use are also addressed. The occupational therapists also assist in the planning community outings, such as going to the grocery store, mall, bank, or movies. They provide training on how to successfully re-enter the community settings.

When appropriate, an occupational therapist will perform a driving evaluation to assess your visual/perceptual skills, reaction times, and cognitive skills. Behind-the-wheel assessments are also completed to assess your potential for returning to driving.

Who's Who in Rehabilitation?

Speech/Language Pathologist (SLP)

Speech Language Pathologist's evaluate and treat communication, cognition, and swallowing disorders.

A communication evaluation includes the assessment of language use and understanding motor-speech skills, reading comprehension, writing, cognition, reasoning, and memory skills.

You may experience swallowing problems due to impaired oral motor control. SLPs evaluate, treat, and recommend home exercise programs.

Speech/language therapy services provide strategies and techniques to improve communication skills. This may include alternative forms of communication like computers or alphabet boards. Behavior modification techniques may be used to improve appropriate behaviors and decrease agitation. Care-giver training is provided when appropriate.

Therapeutic Recreation Specialist (TR)

Certified Therapeutic Recreation Specialists work with persons served, family and support systems to maximize functional skills and perform the following duties:

- Assist persons served to compensate for loss of movement and function through adaptive devices and equipment.

- Provide opportunities for taking functional skills learned in a clinical setting and applying them to a community setting.
- Improve peer and family relations through social skills training.
- Integrate past leisure or vocational interest into current skills and opportunities.
- Provide a variety of environmental stimulation to increase cognitive functioning.
- Provide a link to community resources.

Respiratory Therapist

Respiratory therapists are involved in the diagnosis and treatment of lung problems. Due to a lack of activity, lung secretions can accumulate and cause poor lung expansion. They may use medications, chest therapy, and hyperinflation techniques to re-expand the lungs. If a tracheostomy (breathing tube) is needed, humidity is routinely added to help keep the lung secretions thin. Respiratory therapists also provided tests to ensure blood oxygen levels are appropriate.

Dietician

On admission a dietician will complete a nutritional assessment to determine your current nutritional status. Factors studied include height and weight, laboratory values, appetite, swallowing/chewing difficulties, diet, and previous medical and/or social history. Once the assessment is complete, calorie and

protein needs are calculated, and nutrition is adjusted to meet your needs. If you have questions or concerns regarding nutritional care, please contact the rehabilitation dietitian at (402) 572-2423.

Pastoral Care

Trauma of injury and hospitalization can present spiritual and emotional concerns therefore a Chaplain is available on the rehabilitation unit. Pastoral care includes spiritual counseling, prayer, devotional material, and general conversation and support.

If you wish to visit with a Chaplain, call extension 2164.

Adaptive Technology

Adaptive technology consists of an interdisciplinary evaluation team to provide information on devices or strategies necessary to increase your physical and cognitive independence. An evaluation is conducted by a licensed speech/language pathologist or occupational therapist. Adaptive technology goals include achieving maximum independence, effective communication increasing vocational/educational skills, and performing activities of daily living.

Home Health

Home Health Care provides care to meet the skilled needs of those bound in their home due to short-term or chronic illness, recovery from surgery, or other conditions. Home Health Care may include Nursing, Home Health Aides, Social Work, Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, and a Dietician.

Private care services provide additional support and care when needed to remain living in the home. Service availability depends on the provider. Private care services may include RNs and LPNs, personal care assistants, and homemaker services.

Home Medical Equipment (HME) services include respiratory services and oxygen therapy, in home equipment and supplies, crutches, walkers and wheelchairs, and apnea monitors. HME technicians provide convenient in-home delivery and setup, education, and full instructions on equipment.

Aquatic Therapy

Aquatic Therapy primarily focuses on balance, coordination, walking, joint motion, muscle strength, and endurance. The pool temperature is kept between 90°-95°F and is unique to the region with moveable flooring that allows variable water depths and easy accessibility.

What is a Typical Rehabilitation Schedule?

7:00 – 9:00 a.m. Activities of Daily Living (ADLs) with Occupational Therapist and/or Nursing
Breakfast in room or in Breakfast Club with Speech Pathologist

9:00 a.m. – 12:00 p.m. Therapy Sessions

- Physical Therapy • Therapeutic Recreation
- Occupational Therapy • Speech Therapy

12:00 – 1:00 p.m. Lunch

1:00 – 4:00 p.m. Therapy Sessions

- Physical Therapy • Therapeutic Recreation
- Occupational Therapy • Speech Therapy

4:30 – 8:30 p.m. Visitors welcome

5:00 – 6:30 p.m. Dining

6:30 – 8:30 p.m. Therapeutic activities

7:00 – 9:00 p.m. ADLs and prepare for bed. Bathing provided every other day.

Room	Patient's Name							Team
Date/Time	Sat May 5	Sun May 6	Mon May 7	Tues May 8	Wed May 9	Thurs May 10	Fri May 11	
7:30								
8:00	OT	OT	Dressing with OT	Dressing with OT	Dressing with OT	Dressing with OT	Dressing with OT	
8:30		PT	Breakfast Club	Breakfast Club	Breakfast Club	Breakfast Club	Breakfast Club	
9:00	PT			SP	SP	SP	SP	
9:30				PT	TR		PT	
10:00				PT	PT	PT	PT	
10:30			OT	OT	PT	PT		
11:00			Outing with PT and SP		OT			
11:30								
12:00								
12:30								
1:00	PT		PT	PT	PT	PT	PT	
1:30						OT		
2:00								
2:30								
3:00								
3:30								
4:00								

PT = Physical Therapy
OT = Occupational Therapy

SP = Speech Therapy
TR = Therapeutic Recreation

ADL= Activities of Daily Living

Discharge Planning

A case manager will begin coordinating discharge plans upon admission.

Throughout the rehabilitation process education and training will be provided to you, family and support system in the following areas:

1. Medical problems
2. Medications
3. Nutrition
4. Home assessments
5. Equipment needs
6. Discharge destination
7. Coordination of follow-up appointments like primary care physician, physiatry, outpatient therapy, equipment vendor, community resources, driver evaluation, vocational rehabilitation.
8. Home exercise programs
9. Activities of Daily Living
10. Disease management, prevention of further injury

Care Conferences / Family Day / Victory Day

Team Conference

The interdisciplinary team formally meets with your physiatrist each week to review progress, barriers to discharge and discharge plans. The team will also discuss education and equipment needs prior to discharge. The case manager will share a summary of the meeting with you.

Family Care Conference

Family Care Conferences are scheduled as needed by a case manager. During the meeting goals are coordinated, discharge planning and education are discussed and questions will be answered.

Family Day – Sundays

Sunday schedules are not structured to be as intense as they are Monday-Saturday because we encourage family members and/or primary caregivers to visit or participate in planned activities like therapeutic leave, picnic in the park, church, etc.

It is also a day to practice skills learned throughout the week. Visit with your case manager to discuss options available. Therapeutic Leave does require physician approval and private insurers may restrict or deny requests.

Victory Day

“Victory Day” is unique to Immanuel Rehabilitation Institute and it’s a celebration of reaching your highest level of independence. You will complete functional activities like walking, transferring, bathing, dressing and a variety of activities of daily living as independently as possible.

Rebuilding Lives,
Restoring Hope



Family & Support System Information

1. Clothing

Loose-fitting, comfortable clothes are best for therapy. Family and/or support system is responsible for laundering clothes. A washer and dryer is available on the rehab unit, along with laundry detergent. All clothes should be clearly marked with the name of the patient.

- Four pairs of pants/shorts
- Four shirts/blouses
- Four pairs of underwear
- Four bras
- Four pairs of socks
- Slippers with nonslip soles
- Outdoor jacket/sweater
- Sweat suit (optional)
- Swimsuit (optional)
- Pajamas
- One pair of comfortable walking shoes (see therapist if ankle braces needed)

If needed, bring:

- Dentures
- Walker, cane, wheelchair
- Hearing aids
- Razor and shaving supplies
- Eyeglasses or contact lenses
- Cosmetics
- Toiletries: shampoo, lotion
- Toothpaste, toothbrush

2. Valuables

It is recommended that no articles of value be left with the patient, since these articles may be damaged, lost, or stolen.

3. Telephone

Phones are provided in each room. To dial an outside line, press "9," then the number.

Phone numbers are listed as (402) 717-64 (room #).

Charge Nurse: (402) 572-6560.

4. Patient's Food

Because of potential swallowing difficulties or dietary restrictions, families and visitors are requested not to provide food or drink until chewing and swallowing have been evaluated by a licensed clinician.

Breakfast: 7:30 a.m. – 8:30 a.m.
Lunch: 12:00 p.m. – 1:00 p.m.
Dinner: 5:30 p.m. – 6:30 p.m.

5. Smoking

All CHI Health campuses are "Smoke-Free and Nicotine-Free".

6. Drugs and Alcohol

Use of illegal drugs is prohibited by NE state law. Possession or use of illegal drugs may expedite discharge plans. All medications (prescribed or over-the-counter) brought from home must be reported to a physician, identified by pharmacy, and given to rehab nurse.

7. Consent Forms

If applicable, persons served, family and/or support systems will be asked to sign a consent form to authorize photographing, tape recording, and/or videotaping.

Consent forms for special procedures are obtained by nursing after explanation by a physician.

CHI Health complies with Health Insurance Portability and Accountability Act (HIPAA) regulations and a release of information form is required to send information to insurance companies, third party payers, or other outside agencies.

8. Dining Facilities for Visitors

Restaurants are available throughout the Omaha area. Contact case manager for assistance.

Immanuel cafeteria is located in the basement (Button "1" in elevator).

Breakfast: 7:00 a.m. – 10:00 a.m.

Lunch: 11:00 a.m. – 2:00 p.m.

Subway® is located near the cafeteria and service hours are:

Sunday 7:30 a.m. – 2:00 p.m.

Monday – Thursday 10:00 a.m. – 2:00 a.m.

Friday 10:00 a.m. – 10:00 p.m.

Saturday 7:30 a.m. – 10:00 p.m.

9. Lodging

Holiday Inn Express Hotel and Suites
6939 N. 102nd Circle
402-505-8181

30% off standard rate for families of patients

Fairfield Inn and Suites Omaha NW
7101 N. 102nd Circle
402-999-8089

Family & Support System Information

10. Visiting Hours

General visiting hours for family members are flexible in order to meet your needs and any family needs. Overnight stays by family members should be coordinated with the Nursing staff when you are first admitted. Visiting hours for non-family is between 4:30pm - 8:30pm. Minors must be accompanied by an adult at all times.

11. Community Re-entry

This is an important component of your program that bridges the transition from rehabilitation to home. Possible outings are trips to a shopping mall, grocery store, bank, movie theater, golf course, restaurant etc.

12. Therapeutic Leave (TL)

TL helps identify important concerns observed in the home and community that need addressed prior to discharge. TL is your time to practice learned skills and identify needs prior to discharge. TL is available when medically stable and family/support system have completed caregiver training from therapies and nursing. TL must be approved by a physician and private insurers.

13. Gift Shop

For information please call 402-572-2037.

14. Mail

To send mail address as follows:

Patient's Name
Room # (if known)
 Immanuel Rehabilitation Institute
 6901 North 72nd Street
 Omaha, NE 68112

Outgoing mail is picked up at the nurse station. Postage stamps and stationery are available for purchase in the Gift Shop. A mailbox is located outside the main hospital entrance lobby doors.

15. Notary Public

Please ask the case manager for assistance.

16. CHI Health Immanuel Campus Map



CHI HEALTH IMMANUEL:

Administration	Lobby Level
Cardiopulmonary Rehabilitation	1st Floor - Lower Level
Chapel	Lobby Level
Coffee Shop	Lobby Level
Conference Center	1st Floor - Lower Level
Diagnostic Center	Lobby Level
Dining Center	1st Floor - Lobby Level
Emergency Department	Lobby Level
Gift Shop	Lobby Level
Healing Gardens	Lobby Level
Heart & Vascular Specialists	Elevator B to 3rd Floor
Neurology Clinic	Lobby Level, Suite 2400
Outpatient Pharmacy	Lobby Level
Outpatient Rehabilitation Registration	Lobby Level
Aquatic Center/Therapy Gym/Back Clinic (717-BACK)	Lobby Level
Pharmacy	Lobby Level
Procedure Center Registration	Lobby Level
Release of Information	1st Floor - Lower Level
Volunteer Services	Lobby Level

CHI HEALTH IMMANUEL PATIENT ROOMS:

Patient Care Unit	Floor/Unit/Rooms
Best Beginning Maternity Center	5West (501-521)
General Med and Oncology	7West (701-721)
Heritage Center	8East (836-849)
Inpatient Rehabilitation	Lobby Level (REH 1-35)
Inpatient Psychiatric Behavioral Units	4th Floor (401-439)
Intensive Care Unit (ICU)	4North
Medical/Surgical	5East
Medical Surgical and Orthopedics	7East (736-756)
Nebraska Spine Hospital	8West (801-821)
Post Intensive Care Unit (PINS)	6West (601-621)

IMMANUEL MEDICAL BUILDING ONE:

Steier Pharmacy	Lobby IMC One
Surgery Group	Suite 5500

CHI Health Clinic (CHIHC)	Floor/Suite
Bone Health Institute	Suite 7400
Cardiology	Suite 3100
Center for Mental Health	Suite 4300
Ear, Nose & Throat	Suite 3100
Endocrinology	Suite 3100
Family Care Clinic	Suite 3100
Family Care Clinic	Suite 6200
Nephrology	Suite 3100
Neuropsychology Program	Suite 4700
Orthopedics	Suite 7500
Podiatry	Suite 7500
Pulmonology	Suite 6200
Rheumatology	Suite 3100
Sleep Disorders Center	Suite 6100
Surgery	Suite 3100
Women's Health	Suite 4500

IMMANUEL MEDICAL BUILDING TWO:

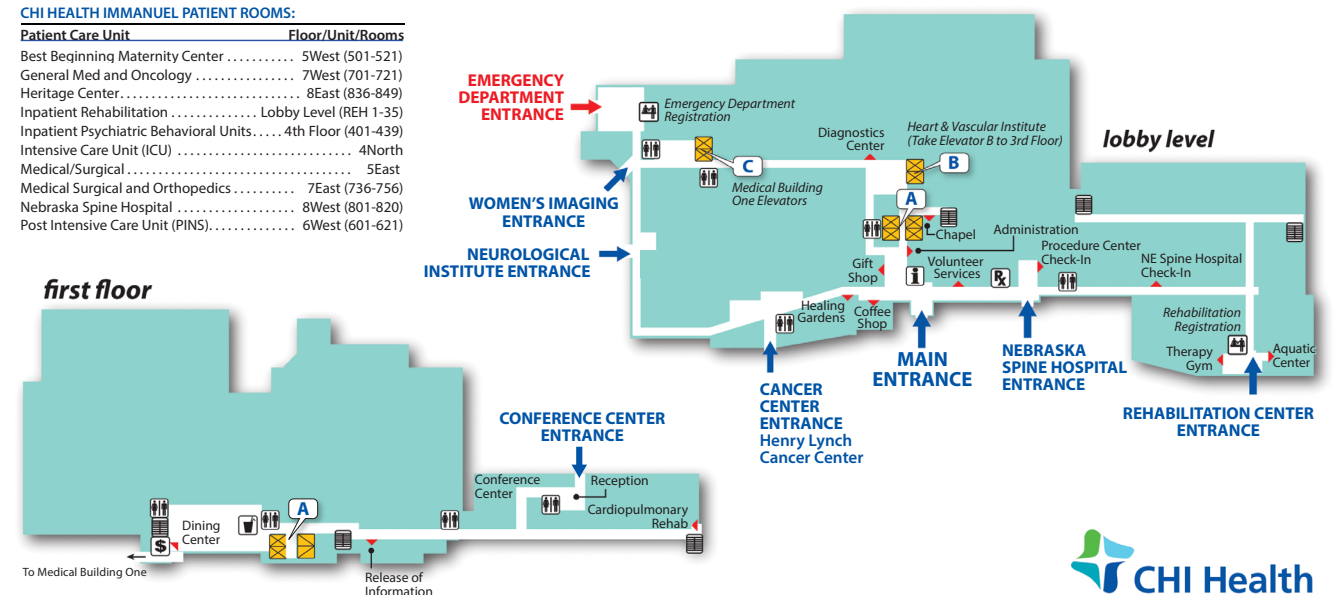
Brumm Eye Clinic	Suite 105
CHI Health Occupational Medicine	Suite 205
Family ENT	Suite 207
Wound Care	Suite 200

IMMANUEL MEDICAL BUILDING THREE:


Adult Partial Hospital Program	Suite 307/311
Children's Partial Psychiatric Associates	Suite 301 & 302
Hospital Program	Suite 101
Medical Weight Management	Suite 303 & 304
Psychiatric Immediate Care Clinic	Suite 204

Legend

- Information
- Restrooms
- ATM
- Elevators
- Retail Pharmacy
- Registration
- Stairs
- Vending




Support Groups



Amputee Education & Support Group


This group is designed to promote health and healing following limb loss for both the survivor and family. Participants will be provided with education, support, and networking opportunities.

Join us on the 1st Monday of every month
Noon - 1:00 p.m.
Immanuel Conference Center
Centennial Room

 RSVP or Questions:
Call Jena at 402-572-2276 or email to
jena.munson@commonspirit.org

Immanuel Rehabilitation Institute
6901 North 72nd Street
Omaha, NE 68122


Hello humankindness®



Brain Injury Support Group

Brain injuries change lives. Our brain injury support group will allow individuals with brain injuries and their family members to meet others with similar experiences. The group offers valuable emotional support, information, and resources.

Join us on the 2nd Tuesday of every month
6 - 7:30 p.m.
Immanuel Conference Center
Centennial Room
Snacks are Provided

 RSVP or Questions:
402-680-7861 or ahupka@yahoo.com

Immanuel Rehabilitation Institute
6901 North 72nd Street
Omaha, NE 68122

Hello humankindness®



Spinal Cord Injury Support Group


Spinal cord injuries change lives. Our support group will allow for the opportunity to meet others with similar experiences. The group offers valuable emotional support, information, and resources.

Join us on the first Wednesday of every month
noon - 1 p.m.
Immanuel Conference Center
Centennial Room
Snacks are Provided

 RSVP or Questions:
rachel.woodward@commonspirit.org

Immanuel Rehabilitation Institute
6901 North 72nd Street
Omaha, NE 68122

Hello humankindness®




Stroke Support Group

This group is designed to promote health and healing following a stroke for both the caregiver and survivor. Participants will be provided with education, support, and networking opportunities.

Join us on the first Tuesday of every month
4:30 - 5:30 p.m.
Immanuel Conference Center
Snacks and refreshments provided

*Subject to change, please call for most current dates/times

 RSVP or Questions:
402-572-2918 or 402-572-2887

Immanuel Rehabilitation Institute
6901 North 72nd Street
Omaha, NE 68122

Hello humankindness®

Resources

Multiple Sclerosis (MS)

National Multiple Sclerosis Society
www.nmss.org

Organization with a mission to end the devastating effects of MS. Provides valuable information on MS, research, treatments, and local MS chapters.

Multiple Sclerosis Foundation, Inc.
www.msfocus.org

Foundation that provides free support services in the United States for anyone who is interested or diagnosed with MS.

Parkinson's Disease

Parkinson's Disease Foundation
www.pdf.org

Valuable information on Parkinson's disease, research, support, and opportunities for education about the disease.

American Parkinson's Disease Association, Inc.
www.apdaparkinson.org

Organization dedicated to finding the cure to Parkinson's disease. Offers facts, support groups, local chapters, and how to get involved in finding the cure.

Cancer

National Cancer Institute
www.nci.nih.gov

International organization focused on research, funding, statistics, and pertinent information related to cancer of all kinds.

American Cancer Society
www.cancer.org

Organization whose mission is to help victims of cancer and their families through providing research, support, information on early detection, treatment, and education.

Fibromyalgia

Fibromyalgia Network
www.fmnetnews.com

Valuable resources on fibromyalgia syndrome and chronic fatigue syndrome, including research, treatments, techniques in coping, journal resources, and support.

National Fibromyalgia Research Association (NFRA)
www.painfromfibromyalgia.com

Group focused on finding a cure for fibromyalgia syndrome through education and treatment.

Accessibility

Home Access Solutions
www.homeaccesssolutions.blogspot.com

Accessible home modification.

Web Accessibility in Mind
www.webaim.org

Provides information, training courses, and other valuable resources to assist people with disabilities to access the internet more independently.

National Center on Accessibility (NCA)
www.ncaonline.org

Prominent leader in the inclusion of people with disabilities in recreation, parts, and tourism.

Asktooltalk.com: Accessibility
www.asktooltalk.com

Articles, ideas, coming shows, and frequently asked questions on design and construction of accessible kitchens, bathrooms, and wheelchair ramps.

Wheelchair Sports

Wheelchair Sports Equipment Spin life
www.spinlife.com

Shop for all of your wheelchair sports needs such as sport chairs, scooters, cushions, parts, tires, and other accessories.

Wheelchair Sports and Recreation Association
www.wheelchairsportsandrecreation.com

Provides an avenue to help those who use wheelchairs in everyday life to gain independence through recreation and sports.

Adaptive Technologies

Woodlake Technologies
www.woodlaketechnologies.com

Source for people with disabilities to find a wide range of equipment, software, training, and funding assistance related to adaptive technology.

Synapse
www.synapseadaptive.com

Provides information on adaptive and assistive technologies for people with disabilities to use in the workplace, home, or out and about.

Disability Resource Directory
www.blvd.com

Adaptive computer equipment and software, augmentative communications, adaptive devices for the blind and visually impaired and hearing impaired devices.

Assistive Technologies Inc.
<http://accesstechnologiesinc.org/>

Company dedicated to helping people with disabilities to overcome their disabilities in the workplace, school, and home through the use of assistive devices.

Stroke

National Stroke Association
www.stroke.org

National voluntary health care organization that focuses on treatment, prevention, research and rehabilitation for victims and survivors of stroke.

American Stroke Association
www.strokeassociation.org

Organization dedicated to decreasing disability and mortality rates of stroke by utilizing educational programs, advocacy, and special services.

www.americanheart.org

Site of the American Stroke Association which is a division of the American Heart Association. Contains a wide variety of information including statistics, information about women and strokes, and links to other sites.

www.aphasia.org

Information, news, and research about aphasia.

www.hemikids.org

Information, news and research about aphasia.

www.pediatricstrokenetwork.com

Pediatric Stroke Network

Brain Injury

Brain Injury Association of America
www.biausa.org

Creating a brighter tomorrow for victims of brain injury through research, prevention, education, and advocacy.

Traumatic Brain Injury Survival Guide
www.tbiguide.com

Survival guide for victims and families dealing with traumatic brain injury, written by neuropsychologist Dr. Glen Johnson.

Resources

Brain Injury (continued)

National Resource Center for Traumatic Brain Injury
<http://www.tbinrc.com/>

Information pertaining to brain injury rehabilitation. Provides extensive frequently asked questions and directory of experts.

Brain Injury Center
<http://thebraininjurycenter.com/>

Avenue to information pertaining to acquired brain injury such as stroke, trauma, tumors, anoxia, and infection.

Betsy's Support Page for Traumatic Brain Injury
www.betsysupportpage.com

Provides support, information, and suggestions for family members and caregivers of victims suffering from traumatic brain injury.

NE Brainstorm
www.braininjury.ne.gov

Nebraska's Brain Injury Resource Network
1 (800) 742-7594

Amputee

Amputee Coalition of America
<https://www.amputee-coalition.org/>

Valuable resources on fibromyalgia syndrome and chronic fatigue syndrome, including research, treatments, techniques in coping, journal resources, and support.

Pain

www.aapainmanage.org

www.painfoundation.org

www.merck.com

www.mayoclinic.com

Spinal Cord Injury

National Spinal Cord Injury Association
www.spinalcord.org

Association dedicated to providing information and support for those who are living with spinal cord injury, their families, and other professionals.

Foundation for Spinal Cord Injury Prevention
www.fscip.org

A valuable network providing resources and support for survivors of spinal cord injury and their families.

Spinal Cord Injury Information Network
www.spinalcord.uab.edu

Important information and resources from many different centers, researchers, educators, and organizations pertaining to spinal cord injury.

Paralyzed Veterans of America
www.pva.org

Discusses neurogenic bowel among many other topics.

Facing Disability
<https://facingdisability.com>

FacingDisability.com was specifically created to connect families who suddenly have to deal with a spinal cord injury to people like them who have already been there.

Meditations

Immanuel Rehabilitation Institute rebuilds lives and restores hope by providing care for the body, mind, and spirit of every person.

The following meditations are offered for spiritual support of both you and your family.

If you would like to speak to a chaplain, please ask your nurse or call ext. 2164.



Hope

When I was in college, a banner appeared along a wall in my church. It showed a bird sitting on a branch, and on the banner was written, "Faith is the bird that feels the light and sings while the dawn is still dark."

When times are dark, faith and hope may be hard to come by. Like faith, however, hope is a "bird" that flies in the face of discouragement. Hope is our ability to believe that the future holds goodness.

There are times when hope seems far off, or even impossible to maintain. The problems that surround us seem insurmountable, and we may feel like burdens left for others to bear. In the worst of these times, we may even wish for death.

Such feelings are echoed in Scripture. "Why did I not die at birth?" Job cries, and a psalmist writes, "I grow weary because of my moaning; every night I drench my bed with tears." Even Jesus, hanging on the cross, finally says, "My God, my God, why have you forsaken me?"

But the pattern in Scripture is one of hope: finally such cries of hopelessness are answered with reassurance. "I am like a sparrow, Lord, lonely on the housetop," says the writer of Psalm 102. "But you, O Lord, endure forever and your name from age to age. You will arise and have compassion." And that is the pattern. Ultimately, all cries of anger, grief, and despair, are answered with the promise of God's presence and compassion. Even the grief of Jesus is healed and his cry of loneliness and pain is replaced by the promise given to all, "I am with you always."

To have hope does not mean we know exactly what the future will be. To have hope does not mean our lives will move in exactly the directions we would have chosen for ourselves. To have hope, though, means that we trust in the future - that in spite of limitations, we will again find purpose and peace.

When we have some sense of God's presence, we have, regardless of our circumstances, the seeds of hope.



Grief

Human emotions can be wondrous or devastating – and almost anything in between. Grief, the pain that comes from loss, is one of the most difficult feelings with which to cope. It also, however, is the work we must do to move from hopelessness to hope.

We normally expect to grieve when someone we love dies. Grief also emerges, though, when we experience other losses or changes: job loss, financial setback, divorce, illness, or accident.

Patients in Rehab, and their families and friends, can expect to feel grief - even profound grief. Regardless of the specific illness or accident that brings them to Rehab, regardless even of any encouraging possibilities, loss and change are part of Rehab.

Grief can take different forms. It can appear, for example, as tearfulness, lethargy, loss of appetite, depression, or sleeplessness. It carries anger - anger at oneself, at others, at circumstances, at God. It can surface at odd and unexpected moments. Family members may even experience anger at the patient and then feel guilty and confused by their own reactions.

Grief, however, is a natural and inevitable part of loss or change. No one is immune from it. A faith in God or a natural optimism does not protect anyone from such pain - and no one need take grief as a sign of weakness or faithlessness. Scripture is filled with voices of outrage and pain, just as it is filled with voices of healing and hope.

Living with grief is difficult and uncomfortable. We may try to deny it or to rush through it. Grief, however, prepares the way for what is new - and for what can even be good. It is only when we let go of the way things used to be that we can embrace the goodness and possibilities that are to come.

Coping Together

When a family member or close friend is hospitalized, changes come and adjustments are necessary. Even a short hospital stay can be difficult; when that stay stretches out over weeks or months, many feelings and concerns arise. Such reactions are normal - the following is a list of typical concerns:

1. Anxiety, grief and/or guilt
2. Anger and frustration
3. High expectations (at times unrealistic?)
 - of patient
 - of hospital and staff
 - of self
4. Financial concerns
5. Coping with personality changes of patient
6. Balancing needs of patient with other personal needs
 - spouse/children
 - job
 - self ("what are my limits?")
7. Concerns about the future as well as possible changes in lifestyle
8. Spiritual crises

Not everyone will always face all these feelings and concerns, and the list is not necessarily complete! But, long-term hospitalizations make many demands. How can family and friends best cope?

First: accept that you are under stress. You will not be able to accomplish all the tasks you normally complete. Too, your emotions may seem overwhelming and confusing. This is also a reaction to stress.

Second: ask for help. Hospital staff and programs are in place to help you cope. If you are connected to a church or synagogue, let your pastor, priest, or rabbi know of your needs. Let others give you the support they offer, as well.

Third: take time for yourself. You will do better over the long haul, and offer better long-term support to the patient, if you build in time to relax, either alone or with friends.

Finally: let yourself be nourished spiritually. Nature, music, prayer, reading, conversation - there are many ways we can find strength spiritually. And when we are strengthened spiritually, we are also strengthened physically and emotionally.

Depression

Depression is not simply having a case of the blues. Depression is the result of loss. It is difficult to endure, and sometimes difficult to move past.

Patients (and those who care about them) very often experience depression as the result of the illness or injury that has brought them to Rehab. This depression is usually marked by a sense of hopelessness. It usually carries a lot of hidden anger and frustration. It can be characterized by a sense of overwhelming sadness, or by a disinterestedness of life.

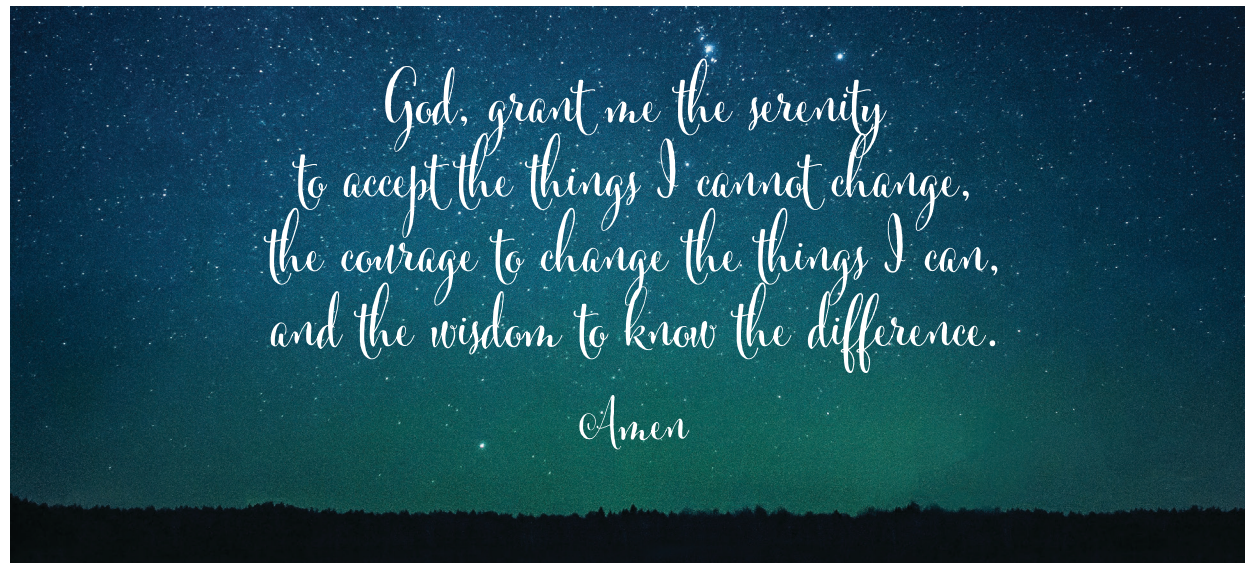
Depression is almost always a spiritual problem as well as an emotional one. Spirituality and religion are not necessarily the same things. We may not be involved in a congregation, we may not profess faith - but we all have basic assumptions about how our lives are given meaning. These assumptions form our spirituality. When our lives seem purposeless, or hopeless, we have work to do spiritually to again find a sense of purpose and hope.

This work begins with an acceptance of the changes and losses we have experienced. It means struggling with questions about where our worth comes from - even about what it means to be human. And, it means making a leap - believing we will again find hope, even before we actually find it.

Coping with depression is best accomplished by using the staff people available to give help - both therapists and chaplains. Depression is not easy to endure, but it is a natural reaction to loss. Time and talk are your best allies in finding a sense of peace and hope.

The Serenity Prayer

One of the simplest, wisest, most helpful of prayers was written many years ago by a pastor and teacher named Reinhold Niebuhr. It has come to be known as the Serenity Prayer and it says this:



Serenity, acceptance, courage, and wisdom are not easy to come by. And they do not come all at once, once and for all, in tidy packages. Serenity, acceptance, courage, and wisdom are gifts of spiritual growth - received over a lifetime and deepened by both faith and struggle.

To pray for these things means we are ready to live with open hearts. It means we are ready to accept our humanness - that we need not and cannot control all things. It also means, however, that we will accept responsibility for the quality and character of our lives.

To be serene does not mean we are perfect, or untouched by life. And, serenity is not like a freckle - something we'll always have, once we get it. Serenity is a sense of peace and connection to God. It ebbs and flows, and sometimes comes much more easily than others. It is rooted, though, in our ability to let God be in charge of our day.

It is rooted in our sense that God is always working on our behalf - and that God will bring good out of even painful times. As the Psalmist says, "I waited patiently for the Lord; he inclined to me and heard my cry. He drew me up from the desolate pit, out of the miry bog, and....put a new song in my mouth." (Psalm 40)

When our lives are grounded in a trust in God's love, we find a new perspective. We are able to meet challenges that might have been overwhelming otherwise. We are able to better accept the strengths and weaknesses in others around us - and ourselves. By praying the Serenity Prayer we are reminded that all of life is lived in the context of God's grace.

Self-Pity or Sorrow?

It is one thing to speak of grief. It is another to unravel some of the characteristics of grief. Grief is the inevitable result of loss, and it shows itself through pain, tearfulness, depression - and in other ways as well. Grief feels like an enemy - but the truth is it comes to us as a friend.

In an article entitled "The Goodness of Grief," a theologian named John Raines talks about the value of grief. He says it is the work of grief to open us up to our own futures. And he says that grief can only do its work when we see the difference between self-pity and sorrow.

He writes: "Just as grief preserves the meaningfulness of the past, it also opens us - slowly - to a new future. Grief is a midwife; it lets the journey continue....Grief slowly gives us permission to say yes to life, to want life, to think that we deserve life."

It is possible, however, for the process of grieving to get stuck. Pain or bitterness may become so intense that we deny the feelings - and so never work through them. When grief gets stuck, it can become self-pity.

Raines writes, "Just as grief heals us so we can begin reaching out to new meanings, grief can move us beyond self-pity - first to sorrow and then to compassion....Sadness and self-pity happen to us; sorrowing is something we do to get our lives moving again.

When we sorrow, we admit our feelings and face them. We reach out for the help and support we need to get through. We trust that the future will be better than the past - that we can find new happiness and fulfillment. What's more, sorrow can give us a sense of compassion, which helps us to help others as they grieve.

Grief is an inevitable part of life, but self-pity and despair need not be. Grief can indeed become a friend - a companion that guides us through the sorrow to hope.

Growing Close to God

Relationships seem always filled with ups and downs. There are times, with any family member or friend, when we feel especially close or distant. Sometimes these feelings are connected to specific incidents. Other times the ebb and flow seem mysterious, hard to understand. This cycle plays itself out in several areas of our lives: families, friends, jobs, health and in our relationship with God.

Most of us have had spiritual moments that were very special and meaningful to us. A beautiful sunset or a special conversation may suddenly give us a sense of peace. We may not have been thinking about God, but we were aware of a deep connection to life.

At other times, such moments are clearly the result of our faith. In a time of joy we feel an urgency to show our gratitude, to express thanks to God. In times of pain and darkness, when we feel especially alone and weary, we may read a passage of Scripture or say a prayer that opens us to a strength we couldn't have found on our own. (Sometimes, the difficult times are made even worse because God seems far away or because we are angry at God.)

Such cycles in our faith are natural, and even to be expected. Certain avenues help us deepen our relationship to God, however.

1

Seek silence. Silence is often hard to come by - and not always easy to live with - but take a few minutes each day to be as alone as possible. You may have things to tell God, and that is fine. But be sure to take a few deep breaths and see what feelings and ideas bubble up during the silence. These can often give us a sense of direction for the day.

2

Build on your strengths. Pay attention to the things that naturally help you feel closer to God. It may be music, readings, conversation, time alone. It may be handwork, woodworking, or some other activity. Whatever it is, do it or have someone else give assistance.

3

Find your natural prayer-life. We are often told that we need a devotional structure - one half-hour every morning, for example. That is very helpful for some people - and very tedious for others.

4

Listen to your dreams. Clergy as well as psychologists are beginning to again see the importance of dreams in our spiritual lives. If a dream seems especially important, find someone to talk it over with.

Positive-Thinking

A great-uncle of mine fought in the trenches during World War I. On occasion, when I was growing up, he would tell stories of that time. Most of his stories were about his service during the Occupation and about the very human and hospitable people he met in Germany. Although he had seen violent action in the trenches during the war itself, he did not often speak of those times or of the friends he saw killed and wounded. He focused instead on the healing times that followed.

Another veteran I knew had a different attitude. Although he fought in the same war, and actually saw less action than my uncle, his stories were filled with bitterness and anger especially toward God. In fact, that attitude of bitterness and frustration filled his life.

Two people can face very similar experiences with very different attitudes. Much of how we respond to change or crisis is rooted in our personalities and histories. But, attitude is also a matter of choice.

"Think positively" is not just a quick suggestion. Positive thinking - choosing to see life in as optimistic way as possible - can bring about physical, emotional, and spiritual healing. And it makes coping with permanent changes far more bearable. Thinking positively does not mean denying reality. It means putting things in their best light.

Some days inevitably go better than others. We cannot control all the circumstances we have to deal with. But we can choose how we will respond to those circumstances and we may be surprised to see just what a shift in attitude can do!

"When old words die out on the tongue, new melodies break forth from the heart; and where the old tracks are lost, new country is revealed with its wonders."

- Rabindranath Tagore

Life-Review

As we live, we change and experience change. Adjusting and readjusting to new responsibilities, relationships, living places, and physical, emotional, intellectual, and spiritual transitions become important tasks of living.

Sometimes, however, such changes and adjustments are especially difficult. Illness, injury, divorce, and death are four sorts of transitions particularly hard to make. When changes of deep intensity occur, many individuals go through a "life-review." It is a time that demands understanding and patience.

A life-review is a time of pain and questioning. It is a struggle for deeper maturity and acceptance, and can take place both consciously and unconsciously. Such a review raises questions like these:

1. What has my life been about?
2. How do I feel about that life?
3. What changes are taking place?
4. What do I want to do with the remainder of my life?

A life-review can produce feelings of despair and disgust. It can produce deep bitterness and a sense of incompleteness. It can also, however, motivate a person to find a new sense of life and purpose and a new sense of connection to God. It also can result in a profound acceptance:

1. Acceptance of what life has or has not given.
2. Acceptance of what she/he has or has not made of life.
3. Acceptance of self as part success/part failure.
4. Acceptance of self as part health/part disease.
5. Genuine and deep-seated unconditional acceptance of one's life as that life has been lived and experienced.
6. Sense of unity and satisfaction.

A life-review can be understood as a conversion experience - a time of intense turmoil and struggle that opens up into new awareness and peace. Such times may not be easy - but they can be invaluable gifts to heart and spirit.



Regrets

I have got some God.
They are stuck deep inside
like weeds in a garden.
Sometimes they grow so thick
they threaten to take over,
choking the sensitive spots,
blocking out the little blooms
in my life.

God, I am sorry
for some of the choices
I have made. But help
me not to waste my life
regretting. Help me
to make amends
where I can
and to forgive myself
for the rest.
Grant me the ability
to nurture the flowers
in my life,
not the weeds.

Self-Worth

Our society works overtime to tell us just who a worthwhile or acceptable person will be. We grow up judging ourselves by these standards. Some of these measuring sticks are helpful - but others are not. Ask yourself these questions:

“Am I the right age, sex, color, or size?”

“Do I make enough money and live in the right neighborhood?”

“Do my children, friends, spouse, behave themselves?”

“Do I drive the right car?”

“Do I hold the right job?”

“Do I go to the right place of worship?”

“Do I wear the right clothes?”

“Am I a burden to anyone?”

Thinking about these things is not always bad - but worrying about them too much can be destructive. We can judge ourselves too harshly - and end up feeling inadequate, even worthless, if we do not measure up.

Persons who face new physical limitations are often overwhelmed by feelings of inadequacy. They may feel that the changes they face make them less valuable, even less lovable, than before. Because our society puts such an emphasis on perfection, especially physical perfection, these feelings are often difficult to avoid.

Not everything we are taught, however, is true. We have been taught to believe that our worth comes from what we do and how we look. It does not. No matter how hard this may be to accept, our worth is grounded in something else. Our worth is grounded in the fact that we are loved by God.

Some of us have grown up hearing this in sermons. It's still hard to believe. Some of us have never heard the idea - or agreed with it! But it is true, no matter how hard we might resist it. We do not earn the right to be loved - we simply are loved and worthwhile.

Obviously, we want to give what we can to those we care about. We want to respect ourselves and our abilities. We want to feel good about the things we do. These goals are healthy and important. However, even these goals must be grounded in something deeper. They are grounded in this: God's love and grace and acceptance are gifts to us. And so we are gifts to others. When we can begin to accept this, we can begin to accept other good things as well.

Why Me?

One of the most painful spiritual questions we can struggle with is “why me?” Why has this happened to me? What did I do to deserve this? Why is God letting this go on?

Such questions are the questions of suffering; when we fall prey to an accident or illness, when something seems terribly wrong, we may feel angry and betrayed. It may seem as though life - even God - has not met our expectations.

In Scripture, the question is asked most clearly and persistently by Job. His losses are overwhelming: family, riches, and health all disappear. Virtually everything that gave his life meaning and joy and satisfaction is gone, and even his faith is a source of pain. He feels betrayed by the God he has loved. He demands to know why he was even born.

Job is not answered with easy assurances. Instead, he is challenged by God - challenged to live with the fact that, in this world, not every question is clearly answered. To have faith does not mean we have precise explanations of why things happen as they do. Rather, faith means trusting God to be at work even in the darkness and confusion and pain. When Job recognizes this, he says, “I had heard of you by the hearing of the ear, but now my eye sees you.”

The question “why me?” must finally lead to another question: “what now?”

- How can I reclaim my life?
- How can I find a new sense of purpose?
- How can I feel a sense of God's love?

These questions are not easily answered either, but these are the questions that open the door to hope.

The Greatest Challenge

Climbing a beanstalk to heaven,
finding the rainbow's pot of gold,
touching the first star I see at night.

These are nothing, God,
compared to the task you've given me
to live my life fully to its very end.

Hear my good intentions,
Spirit of All.
Only aid me
in fulfilling this miracle.



Meditations in this series were written by Rev. Daphne Hamburg while she was a chaplain at CHI Health Immanuel

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