

5.28 Rehabilitation and Discharge Planning—TYPE II

Applicable Levels

LI, LII, LIII, PTCL, PTCII

Definition and Requirements

All trauma centers must have a process to determine the level of care patients require after trauma center discharge, as well as the specific rehabilitation care services required at the next level of care. The level of care and services required must be documented in the medical record.

Additional Information

The level of care identifies the optimal disposition of the patient taking into account their needs; options include home with services, outpatient rehabilitation, an inpatient rehabilitation hospital, a skilled nursing facility, or a long-term acute care hospital. The specific services required might include rehabilitation expertise that focuses on spinal cord injury, TBI, musculoskeletal rehabilitation, or others relevant to the needs of the patient.

Discharge planning should also ensure a patient-centered approach. The core of a patient-centered approach is the acknowledgment that patients' perspectives can be integrated into all aspects of the planning, delivery, and evaluation of trauma center care.¹ A series of clinical trials conducted in US trauma care systems²⁻⁴ suggest that patient-centered care transition interventions can address patients' post-injury concerns, enhance patient self-efficacy, and are associated with clinically relevant reductions in post-injury inpatient and emergency department health service use.

Level I and II trauma centers should adopt a means of facilitating the transition of patients into the community using patient-centered strategies such as the following:

- Peer-to-peer mentoring
- A trauma survivors program
- Participation in the American Trauma Society's Trauma Survivors Network program⁵
- Continuous case management that elicits and addresses patient concerns and links trauma center services with community care

Patient-centered trauma care is an area that can benefit from ongoing integration of research findings and evolving expert opinion.

Measures of Compliance

- Review of process during site visit
- Chart review

Resources

None

References

1. Committee on Quality of Health Care in America, Institute of Medicine. *Crossing the Quality Chasm*. Institute of Medicine; 2001.
2. Gassaway J, Jones ML, Sweatman WM, et al. Effects of Peer Mentoring on Self-Efficacy and Hospital Readmission after Inpatient Rehabilitation of Individuals with Spinal Cord Injury: A Randomized Controlled Trial. *Arch Phys Med Rehabil*. 2017;98(8):1526–1534.e2. doi:10.1016/j.apmr.2017.02.018.
3. Zatzick D, Russo J, Thomas P, et al. Patient-Centered Care Transitions after Injury Hospitalization: A Comparative Effectiveness Trial. *Psychiatry*. 2018;81(2):141–157. doi:10.1080/00332747.2017.1354621.
4. Major Extremity Trauma Rehabilitation Consortium. Early Effects of the Trauma Collaborative Care Intervention: Results from a Prospective Multicenter Cluster Clinical Trial. *J Orthop Trauma*. 2019;33(11):538–546. doi:10.1097/BOT.0000000000001581.
5. American Trauma Society. Available at: <https://www.amtrauma.org/>. Accessed February 5, 2022.